1						29	3 9	333	42	36 1	0 9	
Form 990-T	1 E	Exempt Orga	nization Bus	sine	ss Inco						1545-0687	
		a)	and proxy tax und	er se	ction 6033	(e))				0	140	
	For ca	lendar year 2018 or other tax y			, and end				I	2)18	
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numb	w.irs.gov/Form990T for in ers on this form as it may	be ma	de public if you	r organiz		a 501(c)(3			blic Inspection ganizations Onl	
A Check box if address changed			LD Check box if name c				ND		(Emp	oyer identifi loyees' trus ictions)	cation number t, see	
B Exempt under section	Print	OPHTHALMOLO		.011	111 1151	VI			3	34-0812556		
X 501(c <u>9(3</u>)	or		m or suite no. If a P.O. box	k, see ir	structions.					ated busine	ss activity code	
408(e) 220(e)	Туре		ILLE PIKE, N				_				,	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code										
529(a)	<u> </u>	ROCKVILLE,							541	800_		
C Book value of all assets at end of year		F Group exemption nun	nber (See instructions.)	>		-\ 44		401/	\		Other trust	
H Enter the number of the	89.	G Check organization ty	pe X 501(c) corp	3	1 501(c) trust	بامد مطه		a) trust		Other trust	
trade or business here	Ū		Dusilesses.	<u> </u>			•	(or first) u e Parts I-V		than one		
			ous sentence, complete Pa	arts I an							•	
business, then complete			ous somemos, complete re		a II, complete a	001100011						
I During the tax year, was			affiliated group or a parei	nt-subs	idiary controlled	group?			Ye	s X	No	
		tifying number of the pare							_			
J The books are in care of							one num	ber 🕨 🕽	240-			
Part I Unrelate	d Tra	de or Business In	come		(A) Incor	ne	(1	3) Expense	es		C) Net	
1a Gross receipts or sale			4									
b Less returns and allo			_ c Balance ►	1c								
2 Cost of goods sold (2			<u> </u>					
3 Gross profit, Subtrac				3 4a			- 5	FCE	VE	5		
4 a Capital gain net incor	•	art II, line 17) (attach For	m 4797)	4a 4b		-	<u> </u>		V 4	3		
c Capital loss deductio			111 47 37)	4c		Y	2	p. 4	2015	Ÿ		
•		ship or an S corporation (attach statement)	5		18	RI N	0 / 2 /	. 601	58		
6 Rent income (Schedi			,	6						743		
7 Unrelated debt-finance		me (Schedule E)		7			Ü	GDE	ATF		1	
8 Interest, annuities, ro	yaltıes, a	and rents from a controlled	d organization (Schedule F)	8		*					_	
9 Investment income of	f a section	on 501(c)(7), (9), or (17)	organization (Schedule G)									
10 Exploited exempt act	•	•		10	-							
11 Advertising income (กร.การพระพาก 1	11	50	115.					58,115	
		ns; attach schedule) SS	TATEMENT I	12		$\frac{115.}{115.}$					58,115	
13 Total. Combine line: Part II Deduction			ere (See instructions fo				<u> </u>			<u>. </u>	30,113	
(Except for	contrib	utions, deductions mu	st be directly connected	d with	the unrelated	busines	s incom	e)				
14 Compensation of of	ficers, d	rectors, and trustees (Sch	hedule K)	-					14			
15 Salaries and wages									15			
16 Repairs and mainter	nance								16			
17 Bad debts									17			
18 Interest (attach sch	edule) (s	ee instructions)							18		6,922	
19 Taxes and licenses	10-		l-s\						19 20		0,944	
		e instructions for limitatio	in rules)		1.4	21			20			
21 Depreciation (attach 22 Less depreciation c		n Schedule A and elsewhe	are on return		├	2a			22b			
23 Depletion	wiiii6U V	ii Conodule A and elsewit	oro on roturn		٤	<u>,</u>			23			
24 Contributions to de	ferred co	mpensation plans							24			
25 Employee benefit pi									25			
26 Excess exempt exp	-	chedule I)							26			
27 Excess readership of									27			
28 Other deductions (a	ttach sc	nedule)							28			

32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrélated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Total deductions. Add lines 14 through 28

29

30

Form **990-T** (2018)

29

30

6,922.

51,193.

51,193.

Form 990-T	(2018) OPHTHALMOLOGY, INC.	4-0812	2556	Page 2
Part I				
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	51,193.
34	Amounts paid for disallowed fringes	ŀ	34	26,791.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	<u> </u>		
36			36	77 984
	lines 33 and 34		37	77,984.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3/	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		۱ ۵۰	76,984.
	enter the smaller of zero or line 36		38	10,304.
	V Tax Computation			16,167.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶	39	10,10/.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	.		
	Tax rate schedule or Schedule D (Form 1041)	▶	40	
41	Proxy tax. See instructions	▶	41	
42	Alternative minimum tax (trusts only)		42	·
43	Tax on Noncompliant Facility Income. See instructions	ļ.	43	- 12 12=
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	16,167.
Part \	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b			
C	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	16,167.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	16,167.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018 50a	393.		
		,047.	- 1	
		,600.		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	-		
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
	Other credits, adjustments, and payments: Form 2439		- 1	
y	Form 4136 Other Total 50g		- 1	
51	Total payments. Add lines 50a through 50g		51	12,040.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	ŀ	52	
52 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	.	53	4,127.
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	. St	55	
Part \			33]	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	٠,		Yes No
56				163 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			X
	here	trunt?	_	$ +$ $\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	Justr		 ^
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	ot of my know	lodge and	haliaf it is true
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	it of my knowl	iouge and	Jones, it is ude,
Sign	A C A L DEPOSITE DEDECOME	May		discuss this return with
Here	Signature of Officer Date EXECUTIVE DIRECTO			shown below (see
		_	ructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Chec		PTIN	
Paid		employed		0025002
Prepa	rer YUNG-HEE GALLINARO Jung the 11/15/2019			0035293
Use C	Firm's name CLIFTONLARSONALLER LLP - Firm	ı's EIN 🕨	41	-0746749
	901 N. GLEBE ROAD, SUITE 200			00 000
	Firm's address ► ARLINGTON, VA 22203 Pho	ne no. 5°		27-9500
823711 01	-09-19			Form 990-T (2018)

ASSOCIATION FOR RESEARCH IN VISION AND

Form 990-J (2018) OPHTHALMOLOGY, INC.

34-0812556

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valu	iation N/A			
1 Inventory at beginning of year	1		6 In	ventory at end of yea	r		6
2 Purchases	2		7 c	ost of goods sold. Su	ıbtract l	ine 6	
3 Cost of labor	3		fr	om line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			lir	ne 2		L	7
(attach schedule)	4a		8 D	o the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		pı	operty produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			e organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Pers	onal Property	Leas	ed With Real Prop	perty)
1. Description of property							
(1)							
(2)							
(3)			-				
(4)	-						
		ed or accrued				2/a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal pro	ol property (if the percental operty exceeds 50% or if on profit or income)	age	columns 2(a) and	1 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.	.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	e instructi	ons)			
		-	,	Gross income from		 Deductions directly conn to debt-finance 	ected with or allocable
1. Description of debt-fi	nanced property		or	allocable to debt- nanced property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		-	1				
(2)							
(3)		-					
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. (Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0.	0.
Total dividends-received deductions in	ncluded in column	1 8				<u> </u>	0.
							Form 990-T (2018)

Form 990-T (2018) OPHTHA	LMOLO	GY, IN	C.	_			-10	- 41 -	34-08			<u>,</u>
Schedule F - Interest,	Annuitie	es, Royalt	ies, ar					atio	ns (see ins	structio	ns)	_
Name of controlled organizat	ion	2. Empli identifica numbi	tion	3. Net unr	Controlled O	4. Tot	ons al of specified ments made	includ	rt of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5	
(1)								\vdash				_
(2)		· · · -										_
(3)					_		-					_
(4)				-		<u> </u>						_
Nonexempt Controlled Organi	zations											_
7. Taxable Income		unrelated income see instructions)	(loss)	9. Total	of specified pay made	ments	10. Part of colur in the controlli gross		nization's		eductions directly connecte th income in column 10	rd
(1)						•						
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals									0.		0	١.
Schedule G - Investme	nt Inco	me of a S	ection	501(c)(7). (9). or	(17) Or	ganization	1				_
(see instr					.,, (-,,	(,	J					
1. Desc	ription of inco	ome			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)										-		
(2)												
(3)		_										
(4)									<u> </u>			_
					Enter here and Part I, line 9, co	olumn (A)					Enter here and on page Part I, line 9, column (B	3)
Totals					<u> </u>	0.		_				<u>.</u>
Schedule I - Exploited (see instru	•	t Activity	Incom	e, Othe			ng Income	 -	,			
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly c		4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												_
(3)												
(4)											5.4.1	_
Totals .	page 1	re and on 1, Part I, , col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertision	na Inco	0.	etruotio-	0.	i							_
Part I Income From I					solidated	Basis	<u>.</u>					_
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c	tising gain of 2 minus ain, comput arough 7	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2)			-					-				
(3)		-										
(4)												_

Form **990-T** (2018)

Totals (carry to Part II, line (5))

Form 990-J (2018) OPHTHALMOLOGY, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)							
(3)			•				
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.	,			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER	INCOME	STATEMENT	1
DESCRIPTION			AMOUNT	
JOB POSTINGS			58,11	L5.
TOTAL TO FORM 990-T, PA	AGE 1, LINE 12		58,11	L5.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Officialed Trade of Dusiliess

OMB No 1545-0687

ENTITY

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY, INC.

Employer identification number 34-0812556

Unrelated business activity code (see instructions)

Describe the unrelated trade or business

INSIGHT NEWSLETTER

Out 1. Unrelated Trade or Business Income

Pa				(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances	c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4 a	Capital gain net income (attach Schedule D)		4a		-	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach	Form 4797)	4b	-		
С	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation statement)	on (attach	5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a contorganization (Schedule F)	rolled	8			
9	Investment income of a section 501(c)(7), (9), or (1 organization (Schedule G)	7)	9			
10	Exploited exempt activity income (Schedule I)		10	2,708.		2,708.
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule)		12			
13	Total. Combine lines 3 through 12		13	2,708.		2,708.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	2,708.
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28_	
29	Total deductions. Add lines 14 through 28			29	2,708.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	ne 29 f	rom line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form **990-T** (2018)

4 – N	01	2 5	- C	
4 – 11	~ 1		~~	

		Exempt	Controlled Or	ganızatı	ons				
Name of controlled organiza	tion 2. Em	ication (loss) (see	related income e instructions)	4. Tot payr	al of specified nents made	ınçlud	rt of column 4 led in the contation's gross	trolling	6. Deductions directly connected with income in column 5
<u></u>									
(1)									
(2)						├			
_(3)								-	
(4)	<u> </u>					L		1	
Nonexempt Controlled Organ	izations							,	
7. Taxable Income	8. Net unrelated incor (see instruction		of specified payn made	nents	10. Part of colui in the controlli gross	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(1)									
	 							<u> </u>	
(2)				-					
(3)								ļ	
(4)	<u> </u>							<u> </u>	
Totals					Add colun Enter here and line 8, c		e 1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part i, une 8, column (B)
Schedule G - Investme	ent Income of a	Section 501/c)/	(7) (9) or (17) 0	ganization			L	
	ructions)		, 	17, 01					1 5
1. Desc	cription of income		2. Amount of	ncome	 Deduction directly connectly connectly connectly. 	cted	4. Set- (attach s	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)		-		Î					1
(3)			†						
	-						 		
(4)			Enter here and o	0.0000 1			l		Enter here and on page 1
			Part I, line 9, col						Part I, line 9, column (B)
Totals			<u> </u>	,					<u>.l</u>
Schedule I - Exploited (see instru	•	/ Income, Othe	r Than Ad	vertisi	ng Income	•	_		
		3	4. Net incom	e (loss)	_				7. Excess exempt
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	from unrelated business (col minus columr gain, compute through	trade or umn 2 3) If a cols 5	 Gross inco from activity t is not unrelat business inco 	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1) INSIGHT									
(2) NEWSLETTER	2,708.	0.	2	708.		0.	220	,097	2,708.
	2,700.	•		. • •			 	, , , , ,	+ 2,,000
(3)	-		 				 		
(4)							<u> </u>		
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,							Enter here and on page 1,
	line 10, col (A)	line 10, col (B)							Part II, line 26
Totals	2,708.	0.	.l				•		2,708.
Schedule J - Advertisi			· 						<u> </u>
	Periodicals Rep		scolidated	Racic					
Part I Income From	eriodicais nep	orted on a Con	Isolidated	Dasis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulat		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								$\neg \neg$	-
(2)			_					$\neg \neg$	
(2)			\dashv						
(3)							<u> </u>		
(4)					1		<u> </u>		
									
Totals (carry to Part II, line (5))	▶ I	ı	1		4		I		

FORM 990-T (M) SCHEDULE I - EXPEN WITH PRODUCTION OF	STATEMENT			
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
WEBSITE EXPENSES - SUBTO	——————————————————————————————————————	220,097.	220,09	97.
TOTAL OF FORM 990-T, SCHEDULE I, CO	DLUMN 6		220,09	∍7.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning _______, and ending

OMB No 1545-0687

2

ENTITY

2018

Open to Public Inspection for

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

(c)(3). 501(c)(3) Organizations Only

Name of the organization

ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY, INC.

Employer identification number 34-0812556

Unrelated business activity code (see instructions)

511120

Describe the unrelated trade or business

EDITORIAL

Describe the unrelated flade of business								
Pa	Unrelated Trade or Business Income	•		(A) Income	(B) Expenses	(C) Net		
1a	Gross receipts or sales							
b	Less returns and allowances c	Balance 🕨	1c					
2	Cost of goods sold (Schedule A, line 7)		2					
3	Gross profit Subtract line 2 from line 1c		3					
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)		5					
6	Rent income (Schedule C)		6					
7	Unrelated debt-financed income (Schedule E)		7					
8	Interest, annuities, royalties, and rents from a control	led						
	organization (Schedule F)	l.	8					
9	Investment income of a section 501(c)(7), (9), or (17)				j			
	organization (Schedule G)	l.	9					
10	Exploited exempt activity income (Schedule I)	,	10		60.001	44 071		
11	Advertising income (Schedule J)	ļ	11	24,950.	69,921.	-44,971.		
12	Other income (See instructions, attach schedule)	1	12		60.001	44 071		
13	Total. Combine lines 3 through 12		13	24,950.	69,921.	-44,971.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21		 	
22	Less depreciation claimed on Schedule A and elsewhere on return	22	a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	1,580.
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28	29	1,580.		
30	Unrelated business taxable income before net operating loss deduction. Subtract	30	-46,551.		
31	Deduction for net operating loss arising in tax years beginning on or after Januar				
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			 32	-46,551.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

1,580.

OPHTHALMOLOGY, INC.
Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

24,950.

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)] , [
3)] [
(4)						
otals (carry to Part II, line (5))	0.	. 0.				
Part II Income From Peri columns 2 through 7 or			rate Basis (For eac	ch periodical liste	d in Part II, fill in	
	2. Gross	3 Durant	4. Advertising gain	5 Circulation	6 Readership	7. Excess readership

columns 2 through 7 on	a line-by-line basis)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) IOVS	10,727.	42,561.	-31,834.			
(2) JOV	6,495.	21,212.	-14,717.			
(3) TVST	7,728.	6,148.	1,580.		215,752.	1,580.
(4)						
Totals from Part I	0.	0.			,	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			•	Enter here and on page 1, Part II, line 27

69,921

Totals, Part II (lines 1-5)