	For	,990-T	E	Exempt Organization Bu			ax <u>Returr</u>	1	OMB No 1545-0047
	·	(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2019							2040
			Forcal					<u> 10</u>	2019
	Depart	tment of the Treasury at Revenue Service	>	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	A [Check box if address changed	ì	Name of organization (NOI	D Employer identification number (Employees' trust, see instructions)			
	B E	Exempt undigr section Print INSTITUTE, INC.							6-6066325
	X] 501(6)(3)	Or	Number, street, and room or suite no. If a P.O. b	ox, see ir	istructions.			ated business activity code nstructions)
		408(e) 220(e)	Туре	4930 DEL RAY AVE City or town, state or province, country, and ZIP				4	
	上	408A530(a) 529(a)		541800					
	C Boo	ok value of all assets and of year							
		73,089,2		G Check organization type 🕨 🗶 501(c) co	4) trust	Other trust
			-	ition's unrelated trades or businesses.	1		the only (or first) u		
		de or business here					complete Parts I-V.		
				ice at the end of the previous sentence, complete F	arts I an	d II, complete a Schedule	M for each addition	nal trade	or
		siness, then complete I							es X No
				poration a subsidiary in an affiliated group or a pare	ent-subs	diary controlled group?	• 1	Y6	S A NO
				tifying number of the parent corporation.		Talanh	one number 🕨 3	1016	542055
	Pa			de or Business Income		(A) Income	(B) Expense		(C) Net
		Gross receipts or sale			T	(71) 111001110	(5) 2.350,100		
		Less returns and allow		c Balance	10		L L	4	
		Cost of goods sold (S			2				
		Gross profit. Subtract		· '	3				
		Capital gain net incom			4a		13/	, ,	
<u>4</u>		• •	•	Part II, line 17) (attach Form 4797)	46		./ `.		
	C	Capital loss deduction	for trus	sts	4c	•			
Ą.	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		٠, ٠		
NQ.	6	Rent income (Schedul	le C)		6				
Z	7	Unrelated debt-finance	ed incon	ne (Schedule E)	7				
NA		•		nd rents from a controlled organization (Schedule F					
•				on 501(c)(7), (9), or (17) organization (Schedule G		25 501			25 501
Î		Exploited exempt activ	•		10	35,591.			35,591.
	11	Advertising income (S		·	11	18,000.	, · · · ·		18,000.
		Other income (See ins			12	175,975. 229,566.	14.		175,975.
		rt II Deduction		ot Taken Elsewhere (See instructions	13		<u> </u>		229,566.
	Га			be directly connected with the unrelated busi					
	14							14	
	15	Salaries and wages	iocio, un	RECE	IVE	D		15	
	16	Repairs and mainten	ance			S		16	
	17	Bad debts		S MAR 8	- 200			17	
	18	Interest (attach sche	dule) (se	ee instructions) MAR 8	20.	1 8		18	
	19	Taxes and licenses						19	13,350.
	20	Depreciation (attach	Form 45	ogDE	N.	20			
	21	Less depreciation cla	umed or	Schedule A and elsewhere on return		21a		21b	
	22	Depletion						22	
	23	Contributions to defe	erred cor	mpensation plans				23	
	24	Employee benefit pro						24	
	25	Excess exempt exper						25	35,591.
	26	Excess readership co				 ==-		26	11,762.
	27	Other deductions (att				SEE STAT	EMENT 2	27	2,900.
	28	Total deductions. Ad						28	63,603.
	29	/		ncome before net operating loss deduction. Subtra				29	165,963.
	30	,	erating I	oss arising in tax years beginning on or after Janu	ary 1, 20	18		1 _	^
	\mathcal{J}	(see instructions)		Outhership 2007 1 - 50				30_	0. 165,963.
	3/1			ncome. Subtract line 30 from line 29				31	Form 990-T (2019)
	953\Q	1 V1-27-20 LMA FO	raper	work Reduction Act Notice, see instructions.			1	V	Tolin 300 T (2019)

,		
	949) AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE, II	N 36-6066325 Page 2
<u> </u>	Total Unrelated Business Taxable Income	165 062
	at of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{32}{83}$ 165,963.
	ounts paid for disallowed fringes Hitable contributions (see instructions for limitation rules) STMT 3	16,496.
	al unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 35	35 149,467.
	luction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	7 36
	al of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 149,467.
	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
	elated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	148,467.
Part W	Tax Computation	
40 /Org	anizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	→ 40 31,178.
41 Trus	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	111
L	Tax rate schedule or Schedule D (Form 1041)	> 41
_	xy tax. See instructions	→ 42
, , ,	rnative minimum tax (trusts only)	43
	on Noncompliant Facility Income. See instructions	1 31 170
	al. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	$\frac{1}{45}$ 31,178.
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	
,	er credits (see instructions) 46b	7
	eral business credit Attach Form 3800 46c	7
	dit for prior year minimum tax (attach Form 8801 or 8827)	
e Tota	of credits. Add lines 46a through 46d	46e
47 Sub	tract line 46e from line 45	47 31,178.
48 Oth	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schoolule)	
	il tax. Add lines 47 and 48 (see instructions)	49 31,178.
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
-		-
	9 estimated tax payments	⊣
	deposited with Form 8868 51c 51c 51d 51d	!
_	kup withholding (see instructions) Stit S	
_	er credits, adjustments, and payments. Form 2439	7
	Form 4136	
52 Tota	I payments Add lines 51a through 51g	\$2 186,023.
	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	59
54 Tax	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\$ \$4
	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$5 154,845.
	r the amount of line 55 you want. Credited to 2020 estimated tax 154,845. Refunded	<u> </u>
Part VI	Statements Regarding Certain Activities and Other Information (see Instructions)	1,4,1,4
	ny time during the 2019 calendar year, did the organization have an interest in or a signature or other authority a financial account (bank, securibes, or other) in a foreign country? If "Yes," the organization may have to file	Yes No
	EN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country	1 1
here		(x (
	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a loreign trust?	X
	es," see instructions for other forms the organization may have to file.	
	r the amount of tax-exempt interest received or accrued during the tax year 🕨 💲	
C:	Under penalties of perpay, I declare that I have examined this return, including accompanying achedules and statements, and to the best of my know correct, and coppolete. Declaration of preparer (other than taxpayer) is based on all information of which properer has any knowledge.	rledge and belief, it is true
Sign Here	correct, and copplete Declaration of preparer (other than taxpeyer) is based on all information of which proper or has any knowledge VICE PRESIDENT,	May the IRS discuss this return with
HALA		the preparer shown below (see
		unstructiona)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN
Paid	FREDERICK LONGWOOD 2/12/2021 self- employe	P00439715
Prepare	S . DOW TIO AT D	
Use On	2021 L STREET NW #400	<u> </u>
		202-293-2200
		C 000-T (2010)

AMERICAN GASTROENTEROLOGICAL ASSOCIATION

Form 990-T (2019) INSTITUTE, INC.

36-6066325 Page 3

Schedule A - Cost of Goods Sold. Ente	r method of inven	tory valuation N/A		
1 Inventory at beginning of year 1		6 Inventory at end of year	ur	6
2 Purchases 2		7 Cost of goods sold. S	ubtract line 6	
3 Cost of labor 3		from line 5. Enter here	and in Part I,	
4 a Additional section 263A costs		line 2		7
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?		
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property L	eased With Real Pr	operty)
1. Description of property				
(1)				
(2)				
(3)				
(4)				
·	ved or accrued	**************************************		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge 3(a) Deductions dir columns 2(ectly connected with the income in (a) and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total 0.	Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enhere and on page 1, Part I, line 6, column (A)	>		0 . (b) Total deductions Enter here and on page Part I, line 6, column (B)	1, .
Schedule E - Unrelated Debt-Financed	Income (see	instructions)		
		2. Gross income from	 Deductions directly to debt-fit 	connected with or allocable nanced property
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (ettach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition 5. Average debt on or allocable to debt-financed of or property (attach schedule) debt-fine	e adjusted basis allocable to anced property th 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)		%		
			Enter 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 included in column	n 8			0.

AMERICAN GASTROENTEROLOGICAL ASSOCIATION Form 990-T (2019) INSTITUTE, INC. 36-6066325 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) -**Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 2. Employer identification number , Net urrelated income oss) (see instructions) 4. Total of specified payments made 1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) 11. Deductions directly connected with income in column 10 9. Total of specified payments (see instructions) _(1) (2)(3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I. line 8, column (A) line 8, column (B) 0 0. Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4. Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page 1 Part I, line 9, column (8) Part I, line 9, column (A) 0. **Totals** Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt from unrelated trade or business (column 2 minus column 3) If a 2. Gross 5. Gross income directly connected with production 6. Expenses attributable to expenses (column 6 minus column 5, related business from activity that is not unrelated 1. Description of exploited activity Income from of unrelated column 5 but not more than trade or husiness compute cols 5 through 7 STMT 4 (1) WEBSITE (2) ADVERTISING 35,591 35,591. 527,215 35. 591 (3) (4) Enter nere and on Enter here and Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) 35,591 35,591 Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

. 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) AGA PERSPECTIVES	18,000.	´ 0.	基础的证据	0.	.11,762.	MENGER COM
(2)				_		
(3)				`		
(4)					•	
*						•
Totals (carry to Part II, line (5))	18,000.	.0.	18,000.		11,762.	11,762.
•					· · · · · · · · · · · · · · · · · · ·	5 990-T (0010)

Form 990-T (2019) INSTITUTE, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical fisted 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	▶	18,000.	0.	基框 100 产品的		经验证证证	11,762
		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 26
Totals, Part II (lines 1-5)	>	18,000.	0.				11,762

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 (2019)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
CONTRACTUAL PAYMENTS F	OR ADVERTISING REVENUE	175,975.
TOTAL TO FORM 990-T, P	AGE 1, LINE 12	175,975.
FORM 990-T \	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION	EXPENSE	2,900.
	AGE 1, LINE 27	2,900.

ORM 990-T	CONTRIBUTIONS SUMMAR	Υ	STATEMENT 3
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 62,926 YEAR 2015 565,521 YEAR 2016 YEAR 2017 11,500 YEAR 2018		
TOTAL CARF	YOVER ENT YEAR 10% CONTRIBUTIONS	639,947	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	639,947 16,496	_
EXCESS 100	TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	623,451 0 623,451	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		 16,496
TOTAL CONT	RIBUTION DEDUCTION		16,496

FORM 990-T	SCHEDULE I - EXPENSES NOT WITH PRODUCTION OF UNRELA			STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RELATED EXPEN	SES - SUBTOTAL -	1	527,215.	527,215.
TOTAL OF FORM	990-T, SCHEDULE I, COLUMN	5		527,215.