



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

04/01/2008, and ending

03/31/2009

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Termination
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization **AMERICAN GASTROENTEROLOGICAL**
Doing Business As **ASSOCIATION, INC.**
Number and street (or P.O. box if mail is not delivered to street address)
4930 DEL RAY AVENUE
City or town, state or country, and ZIP + 4
BETHESDA, MD 20814

D Employer identification number

20-2986410

E Telephone number

(301) 654-2055

G Gross receipts \$ 5,214,393.

H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: 501(c) (6) (insert no.) 4947(a)(1) or 527J Website: ► WWW.GASTRO.ORGK Type of organization Corporation Trust Association Other ► L Year of formation 2005 M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO CARRY OUT PROGRAMS RELATING TO THE BUSINESS AND PUBLIC POLICY INTERESTS OF ITS MEMBERS.
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
3	Number of voting members of the governing body (Part VI, line 1a) 3 11
4	Number of independent voting members of the governing body (Part VI, line 1b) 6
5	Total number of employees (Part V, line 2a) 5 4
6	Total number of volunteers (estimate if necessary) 6 55
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a
b	Net unrelated business taxable income from Form 990-T, line 34 7b
	Prior Year Current Year
8	Contribution and grants (Part VIII, line 1h) 30,000. NONE
9	Program service revenue (Part VIII, line 2g) 3,874,785. 5,156,581.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,208. 43,212.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 198. 14,600.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,988,191. 5,214,393.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 NONE
14	Benefits paid to or for members (Part IX, column (A), line 4) 0 NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 444,804. 643,528.
16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 NONE
b	Total fundraising expenses, Part IX, column (D), line 25) 0 NONE
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,970,158. 3,781,606.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,414,962. 4,425,134.
19	Revenue less expenses. Subtract line 18 from line 12 573,229. 789,259.
	Beginning of Year End of Year
20	Total assets (Part X, line 16) 8,123,966. 7,881,255.
21	Total liabilities (Part X, line 26) 4,866,400. 3,834,430.
22	Net assets or fund balances. Subtract line 21 from line 20. 3,257,566. 4,046,825.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2-16-10

THOMAS J. SERENT, EXECUTIVE VICE PRESIDENT

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Pat Doh</i>	Date 2/16/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) 52-1297695
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► WATKINS MEEGAN LLC 7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814	EIN ►	Phone no. ►	301-654-7555

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2000

52476P M151 02/16/2010 05:24:34 V08-8.3

PL12-11

G12-11

1

22

SCANNED NOV 17 2010

Process as assigned

Revenue

8	Contribution and grants (Part VIII, line 1h) 30,000. NONE
9	Program service revenue (Part VIII, line 2g) 3,874,785. 5,156,581.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,208. 43,212.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 198. 14,600.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,988,191. 5,214,393.

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 NONE
14	Benefits paid to or for members (Part IX, column (A), line 4) 0 NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 444,804. 643,528.
16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 NONE
b	Total fundraising expenses, Part IX, column (D), line 25) 0 NONE

17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,970,158. 3,781,606.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,414,962. 4,425,134.
19	Revenue less expenses. Subtract line 18 from line 12 573,229. 789,259.
	Beginning of Year End of Year

20	Total assets (Part X, line 16) 8,123,966. 7,881,255.
21	Total liabilities (Part X, line 26) 4,866,400. 3,834,430.
22	Net assets or fund balances. Subtract line 21 from line 20. 3,257,566. 4,046,825.

0423268770 NOV 10 '10

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:**TO CARRY OUT PROGRAMS RELATING TO THE BUSINESS AND PUBLIC POLICY
INTERESTS OF ITS MEMBERS.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)**DIGESTIVE SYSTEM DISEASES PROGRAMS, GENERAL/OTHER: AGA PAYS FOR
THE OPERATING EXPENSES OF ITS POLITICAL ACTION COMMITTEE TO
ACHIEVE SEVERAL GOALS, INCLUDING ACHIEVING AN INCREASE IN FEDERAL
FUNDING FOR BIOMEDICAL RESEARCH. IT ALSO ENCOURAGES MEDICAL
LIABILITY REFORMS AND AN EASING OF THE REGULATORY BURDENS ON
GASTROENTEROLOGISTS.****4b** (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)**DIGESTIVE SYSTEM DISEASES PROGRAMS, GENERAL/OTHER: THE
ASSOCIATION WORKS TO ENSURE THAT HEALTH-CARE REFORM EFFORTS BY
CONGRESS CONTAIN PROVISIONS FAVORABLE TO THE PRACTICE OF
GASTROENTEROLOGY INCLUDING REFORM OF THE MEDICARE PHYSICIAN
PAYMENT UPDATE FORMULA, EXPANSION OF COVERAGE FOR PREVENTIVE
MEDICAL SERVICES AND OTHER AREAS OF INTEREST.****4c** (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)**SEE STATEMENT 1****4d** Other program services. (Describe in Schedule O.)

(Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	8
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		Yes	No
1a	11		
1b	6		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b		X	
8a	X		
8b	X		
9a		X	
9b			
10		X	
11		X	

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body 1a 11
 b Enter the number of voting members that are independent 1b 6

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5

6 Does the organization have members or stockholders? 6

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? 8a X
 b Each committee with authority to act on behalf of the governing body? 8b X

9a Does the organization have local chapters, branches, or affiliates? 9a X
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 X

Section B. Policies

For each "Yes" response to lines 12a-15b below, describe in Schedule O how this is done.		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

For each "Yes" response to lines 12a-15b below, describe in Schedule O how this is done.

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

a The organization's CEO, Executive Director, or top management official? 15a X
 b Other officers or key employees of the organization? 15b X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►THOMAS J. SERENA 4930 DEL RAY AVENUE BETHESDA, MD 20814 301-654-2055

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Position (check all that apply)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former	
<u>NICHOLAS F. LA RUSSO, M.D.</u>									
<u>CHAIR</u>	5.	X		X					10,000.
<u>ROBERT S. SANDLER, M.D.</u>									37,500.
<u>CHAIR-ELECT</u>	5.	X		X					NONE
<u>DAMIAN H. AUGUSTYN, M.D.</u>									
<u>SECRETARY/TREASURER</u>	5.	X		X					NONE
<u>MICHAEL CAMILLERI, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>CARLA H. GINSBURG, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>GAIL A. HECHT, M.D.</u>									
<u>VICE CHAIR</u>	5.	X		X					NONE
<u>PETER J. KAHRILAS, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>IAN L. TAYLOR, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>ANIL K. RUSTGI, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>ROBERT GREENBERG</u>									
<u>EXEC. VICE PRESIDENT</u>	38.	X		X	X				NONE
<u>EUGENE B. CHANG, M.D.</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>F. TAYLOR WOOTTON, III, MD</u>									
<u>COUNCILLOR</u>	5.	X							NONE
<u>THOMAS J. SERENA</u>									
<u>CFO/COO</u>	38.			X	X				NONE
<u>MICHAEL ROBERTS</u>									
<u>VICE PRESIDENT</u>	38.				X				181,503.
<u>ANNE MARIE BICHA</u>									
<u>DIRECTOR OF REGULATORY AFFAIRS</u>	38.					X			101,698.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total ► **293,201.** **961,377.** **242,449.**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 2

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 2		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►	1	

Part VIII Statement of Revenue

20-2986410

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f. \$					
h Total. Add lines 1a-1f		NONE			
Program Service Revenue		Business Code			
2a MEMBERSHIP DUES	900099	5,136,946.	5,136,946.		
b SALES	900099	19,635.	19,635.		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		5,156,581.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		43,212.			43,212.
4 Income from investment of tax-exempt bond proceeds		NONE			
5 Royalties		NONE			
6a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			NONE		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)			NONE		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events			NONE		
9a Gross income from gaming activities. See Part IV, line 19.	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities			NONE		
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory.			NONE		
Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	14,600.	14,600.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		14,600.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,214,393.	5,171,181.		43,212.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	233,776.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	262,894.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	18,455.			
9 Other employee benefits	99,493.			
10 Payroll taxes	28,910.			
11 Fees for services (non-employees):				
a Management	569,434.			
b Legal	NONE			
c Accounting	9,500.			
d Lobbying	329,115.			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	45,329.			
12 Advertising and promotion	54,256.			
13 Office expenses	299,512.			
14 Information technology	101,217.			
15 Royalties	NONE			
16 Occupancy	58,522.			
17 Travel	101,793.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	49,030.			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	7,286.			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEMBERSHIP_SUBSCRIPTIONS	1,987,708.			
b DUES_AND_EDUCATION	68,345.			
c HONORARIA	50,000.			
d MAIL_SHOP	32,230.			
e CONTRIBUTIONS	8,000.			
f All other expenses	10,329.			
25 Total functional expenses. Add lines 1 through 24f	4,425,134.			
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	375	1	315.
	2 Savings and temporary cash investments	4,754,388	2	7,823,932.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	618	4	2,227.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	10,471	9	15,434.
	10a Land, buildings, and equipment: cost basis . . .	10a	54,894	
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b	25,659	36,596
			10c	29,235.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,321,518	15	10,112.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,123,966	16	7,881,255.
Liabilities	17 Accounts payable and accrued expenses	86,226	17	83,056.
	18 Grants payable		18	
	19 Deferred revenue	3,370,949	19	3,466,930.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,409,225	25	284,444.
	26 Total liabilities. Add lines 17 through 25.	4,866,400	26	3,834,430.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,257,566	27	4,046,825.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,257,566	33	4,046,825.
	34 Total liabilities and net assets/fund balances	8,123,966	34	7,881,255.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits?	3b		

Form 990 (2008)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2008

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC.	Employer identification number 20-2986410
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ► \$ 862,828.
3 Volunteer hours 6,500

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
JSA
9512841,000

Schedule C (Form 980 or 980-EZ) 2008

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

A Check <input checked="" type="checkbox"/> if the filing organization belongs to an affiliated group.	B Check <input checked="" type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply.														
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<p>1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)</p> <p>b Total lobbying expenditures to influence a legislative body (direct lobbying)</p> <p>c Total lobbying expenditures (add lines 1a and 1b)</p> <p>d Other exempt purpose expenditures</p> <p>e Total exempt purpose expenditures (add lines 1c and 1d)</p> <p>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</p>															
<table border="1" style="width: 100%;"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<p>g Grassroots nontaxable amount (enter 25% of line 1f)</p> <p>h Subtract line 1g from line 1a. Enter -0- if line g is more than line a</p> <p>i Subtract line 1f from line 1c. Enter -0- if line f is more than line c</p> <p>j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) If BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	5,136,946.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	511,933.
b Carryover from last year	2b	52,834.
c Total	2c	564,767.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	960,609.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	-395,842.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)**AGA'S DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES****PART I, LINE 1**

THE AGA SUPPORTS AND OPERATES A FEDERALLY-REGISTERED POLITICAL ACTION COMMITTEE, AGA PAC. AGA PAC ACTIVELY SOLICITS ELIGIBLE AGA MEMBERS FOR CONTRIBUTIONS TO THE PAC AND, IN TURN, MAKES CONTRIBUTIONS TO FEDERAL CANDIDATES' CAMPAIGNS FOR THE U.S. HOUSE AND SENATE ACCORDING TO ESTABLISHED REGULATIONS AND GUIDELINES. THE AGA PAC REPORTS ALL RECEIPTS AND EXPENDITURES TO THE FEDERAL ELECTION COMMITTEE ACCORDING TO THE TIMELINES ESTABLISHED BY THE COMMISSION.

THE AGA SUPPORTS THE ADMINISTRATIVE COSTS OF AGA PAC, IN ACCORDANCE WITH FEDERAL ELECTION STATUTES AND REGULATIONS. ACTIVITIES OF THE AGA PAC ARE OVERSEEN BY THE AGA PAC BOARD OF ADVISORS. AGA MEMBERS WHO REVIEW AND AUTHORIZE THE ACTIVITIES OF AGA PAC.

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization **AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Employer identification number

20-2986410

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	
3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,730.	621	2,109.
d Equipment		24,972.	11,745	13,227.
e Other		27,192.	13,293	13,899.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►				29,235.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	284,444

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

284, 444.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

SEE PAGE 5

Part XIV Supplemental Information (continued)RECONCILIATION OF REVENUESSCHEDULE D, PART XII, LINE 2DREVENUES OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIALS 20,166,831FIN 48 FINANCIAL STATEMENT DISCLOSURESCHEDULE D, PART XAGA HAS ELECTED TO DEFER THE PROVISIONS OF FIN 48, ACCOUNTING FOR INCOMETAXES, UNDER THE PROVISIONS OF FSP FIN 48-3. AGA USES A FAS 5, LOSSCONTINGENCIES, APPROACH FOR EVALUATING UNCERTAIN TAX POSITIONS. AGACONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSEDSETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS.RECONCILIATION OF EXPENSESSCHEDULE D, PART XIII, LINE 2DEXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIALS

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**Employer identification number
20-2986410**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

20-2986410

Page 3

Schedule J (Form 990) 2008

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008Open to Public
InspectionName of the organization
**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**Employer identification number
20-2986410REVIEW OF 990PART VI, LINE 10THE FORM 990 IS PREPARED BY A THIRD PARTY. AGA MANAGEMENT REVIEWS FINALFORM 990 AND ADDRESSES ANY QUESTIONS PRIOR TO FILING. THE GOVERNING BOARDDOES NOT REVIEW FORM 990 PRIOR TO FILING.

Name of the organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC.	Employer identification number 20-2986410
---	---

CONFLICT OF INTEREST POLICYPART VI, LINE 12CGOVERNING BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST POLICY FORMQUARTERLY. ANY CONFLICTS ARE ADDRESSED THEN.

Name of the organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC.	Employer identification number 20-2986410
---	---

PROCESS FOR DETERMINING COMPENSATIONPART VI, LINE 15THE EXECUTIVE COMPENSATION COMMITTEE MEETS ANNUALLY TO REVIEW AND APPROVECOMPENSATION OF THE TOP MANAGEMENT OFFICIAL, AS WELL AS THE CFO/COO.

Name of the organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC.	Employer identification number 20-2986410
---	---

ORGANIZATION DOCUMENTSPART VI, LINE 19THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTERESTPOLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.THE FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE THROUGH THE ANNUALREPORT POSTED ON THE ORGANIZATION'S WEBSITE.

Name of the organization **AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Employer identification number
20-2986410

GAAP AUDIT

PART IV, QUESTION 12

THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION AUDIT WAS CONDUCTED IN

CONFORMITY WITH GAAP AS PART OF THE CONSOLIDATED AUDIT OF THE AMERICAN

GASTROENTEROLOGICAL ASSOCIATION INSTITUTE, INC. CONSOLIDATED AUDIT.

Identification of Related Organizations Taxable as a Partnership

Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X	
b Gift, grant, or capital contribution to other organization(s)		1b X	
c Gift, grant, or capital contribution from other organization(s)		1c X	
d Loans or loan guarantees to or for other organization(s)		1d X	
e Loans or loan guarantees by other organization(s)		1e X	
f Sale of assets to other organization(s)		1f X	
g Purchase of assets from other organization(s)		1g X	
h Exchange of assets		1h X	
i Lease of facilities, equipment, or other assets to other organization(s)		1i X	
j Lease of facilities, equipment, or other assets from other organization(s)		1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X	
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X	
m Sharing of facilities, equipment, mailing lists, or other assets		1m X	
n Sharing of paid employees		1n X	
o Reimbursement paid to other organization for expenses		1o X	
p Reimbursement paid by other organization for expenses		1p X	
q Other transfer of cash or property to other organization(s)		1q X	
r Other transfer of cash or property from other organization(s)		1r X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2008

FORM 990, PART III - PROGRAM SERVICES

4C PROGRAM SERVICE

DIGESTIVE SYSTEM DISEASES PROGRAMS, GENERAL/OTHER: AGA'S LOBBYING EFFORTS YIELDED SIGNIFICANT POLICY ACCOMPLISHMENTS. AGA JOINED OTHER MEDICAL ORGANIZATIONS IN SUCCESSFULLY LOBBYING TO AVERT A 21 PERCENT REDUCTION IN PHYSICIANS' MEDICARE FEES WHICH WOULD HAVE TAKEN EFFECT ON JANUARY 1, 2010. AGA LOBBIED TO INCREASE FUNDING FOR THE NATIONAL INSTITUTE OF HEALTH BY 7 PERCENT IN FY 2010. AGA LOBBIED CONGRESS TO ENSURE THE CONTINUED OPERATION OF THE NATIONAL COMMISSION ON DIGESTIVE DISEASES. AGA LOBBIED TO TRY TO PREVENT DEEP REDUCTIONS IN FEES FOR GI AMBULATORY SURGERY CENTERS (ASC'S) RESULTING FROM REGULATIONS THAT TIED ASC PAYMENTS TO 65 PERCENT OF HOSPITAL OUTPATIENT DEPARTMENT RATES.

STATEMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

RICCHETTI, INC.
401 9TH STREET, SUITE 770
WASHINGTON, DC 20004

CONSULTING 144,000.

TOTAL COMPENSATION

144,000.

Description of Property

***Assets Retired**