



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**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **APR 1, 2011** and ending **MAR 31, 2012****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

4930 DEL RAY AVENUE

Room/suite

City or town, state or country, and ZIP + 4

BETHESDA, MD 20814**F** Name and address of principal officer: **LYNN ROBINSON/THOMAS SERENA**
SAME AS C ABOVE**D** Employer identification number**20-2986410****E** Telephone number**(301) 654-2055****G** Gross receipts \$**4,944,423.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(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)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GASTRO.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **2005****M** State of legal domicile **DE****Part I Summary**

| Activities & Governance | | Prior Year | Current Year |
|------------------------------------|---|----------------------------------|--------------------|
| 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 net 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) | 4 | 0 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 5 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 55 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 0. | 0. |
| 9 | Program service revenue (Part VIII, line 2g) | 5,080,980. | 4,939,815. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,849. | 4,608. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,232. | 0. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,088,061. | 4,944,423. |
| Expenses | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,001,250. | 0. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 574,210. | 591,198. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,521,940. | 3,730,644. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,097,400. | 4,321,842. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <9,339.> | 622,581. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| 20 | Total assets (Part X, line 16) | 4,320,570. | 4,425,312. |
| 21 | Total liabilities (Part X, line 26) | 4,227,487. | 3,709,648. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 93,083. | 715,664. |

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 | Date |
| | THOMAS J. SERENA, CO-EXECUTIVE VICE PRESIDENT | 2-13-13 |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature |
| | DEBORAH G. KOSNETT | 2/13/12 |
| | Firm's name ▶ TATE AND TRYON | Check <input type="checkbox"/> if self-employed |
| | Firm's EIN ▶ 52-1855942 | PTIN P00290720 |
| | Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036 | Phone no (202) 293-2200 |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

24

AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.

Form 990 (2011)

20-2986410 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

THE PURPOSE OF AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC. IS TO PROMOTE THE COMMON BUSINESS INTERESTS OF ITS MEMBERS BY PROMOTING THE IMAGE OF THE INDUSTRY AS A WHOLE; TO SERVE AS A CENTRAL, UNIFIED VOICE FOR THE SPECIALTY OF GASTROENTEROLOGY; AND TO MONITOR LEGISLATIVE

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ _____)
PUBLICATIONS:

GASTROENTEROLOGY - LEADS THE FIELD OF GASTROINTESTINAL DISEASE WITH AN IMPACT FACTOR OF 12.032, AND IS LED BY AN INTERNATIONALLY RENOWNED BOARD OF EDITORS. THE JOURNAL RANKS IN THE TOP 1 PERCENT OF ALL BIOMEDICAL JOURNALS, OF WHICH THERE ARE NEARLY 7,000. GASTROENTEROLOGY DELIVERS UP-TO-DATE AND AUTHORITATIVE COVERAGE OF BASIC AND CLINICAL GASTROENTEROLOGY AND HEPATOLOGY. REGULAR FEATURES INCLUDE ORIGINAL RESEARCH AND TRANSLATIONAL REVIEWS, REPORTS ON THE LATEST TECHNOLOGIES FOR DIAGNOSING AND TREATING DIGESTIVE DISEASES, PERSPECTIVES AND COMMENTARIES FROM LEADING AUTHORITIES, IMAGES ILLUSTRATING IMPORTANT CLINICAL FINDINGS, MONTHLY PODCASTS, VIDEO ABSTRACTS AND MUCH MORE.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
PUBLIC AFFAIRS:

FOR 2011, AGA JOINED OTHER MEDICAL ORGANIZATIONS TO AVERT A 26.5 PERCENT REDUCTION IN PHYSICIANS' MEDICARE FEES WHICH WOULD HAVE TAKEN EFFECT ON JANUARY 1, 2013. THIS REMEDY WILL BE EFFECTIVE THROUGH DECEMBER 31, 2013. AGA WAS ALSO SUCCESSFUL IN AVERTING FUNDING REDUCTIONS FOR FEDERAL BIOMEDICAL RESEARCH PROGRAMS THROUGH PASSAGE OF A CONGRESSIONAL "CONTINUING RESOLUTION" TO FUND GOVERNMENT PROGRAMS AT CURRENT LEVELS THROUGH MARCH 2013. THE AGA WAS ALSO SUCCESSFUL IN SECURING LANGUAGE IN THE "FISCAL CLIFF" AGREEMENT ON PATIENT OUTCOMES REGISTRIES. THE DEAL INCLUDES LANGUAGE THAT WOULD RECOGNIZE CLINICAL DATA REGISTRIES, SUCH AS THE AGA DIGESTIVE HEALTH OUTCOMES REGISTRY(R),

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses

Form 990 (2011)

132002
02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

2

15530220 790809 20-2986410

2011.05050 AMERICAN GASTROENTEROLOGICA 20-29861

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **3**

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)? <i>If "Yes," complete Schedule A</i> | 1 | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 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? <i>If "Yes," complete Schedule C, Part I</i> | 3 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 N/A | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Form **990** (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **4**

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|-----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | N/A |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | N/A |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | N/A |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | X |

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | X |
| b | If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u> | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). N/A | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | N/A | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | N/A | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? N/A | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Form 990 (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|---|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 11 | | | | | | | | | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 0 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | X |
| 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 | | | | | | | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | 4 | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | 5 | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | 6 | | | | | | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | 7a | | | | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | 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 | |
| 9 Is there any officer, director, 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 | | | | | | | | | | | | 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|---|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | | | | | | | | | | | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | 11a | | | | | | | | | | | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | | | | | | | | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | 12b | | | | | | | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | | 12c | | | | | | | X | |
| 13 Did the organization have a written whistleblower policy? | | | | | | | 13 | | | | | | X | |
| 14 Did 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 | |
| If "Yes" to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THOMAS J. SERENA - (301) 654-2055**
4930 DEL RAY AVENUE, BETHESDA, MD 20814

132006
01-23-12

Form 990 (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page 7

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

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) IAN L. TAYLOR, MD, PHD, AGAF CHAIR | 2.50 | X | | X | | | | 13,875. | 12,344. | 0. |
| (2) C. RICHARD BOLAND, MD, AGAF CHAIR ELECT | 2.50 | X | | X | | | | 0. | 56,306. | 0. |
| (3) LOREN A. LAINE, MD, AGAF VICE CHAIR | 2.50 | X | | X | | | | 0. | 10,638. | 0. |
| (4) ANIL K. RUSTGI, MD, AGAF V. CHAIR ELECT/VP AGA INSTITUTE | 2.50 | X | | X | | | | 0. | 16,438. | 0. |
| (5) J. SUMNER BELL, III, MD, AGAF SECRETARY/TREASURER | 2.50 | X | | X | | | | 0. | 27,750. | 0. |
| (6) JOHN I. ALLEN, MD, MBA, AGAF COUNCILLOR | 2.50 | X | | | | | | 0. | 5,650. | 0. |
| (7) SHEILA E. CROWE, MD, AGAF COUNCILLOR | 2.50 | X | | | | | | 0. | 5,150. | 0. |
| (8) FRANCIS M. GIARDIELLO, MD, AGAF COUNCILLOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (9) LAWRENCE S. KIM, MD, AGAF COUNCILLOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (10) HELEN M. SHIELDS, MD, AGAF COUNCILLOR | 2.50 | X | | | | | | 0. | 1,000. | 0. |
| (11) VINCENT W. YANG, MD, PHD COUNCILLOR | 2.50 | X | | | | | | 0. | 4,125. | 0. |
| (12) LYNN P. ROBINSON CO-EXECUTIVE VP | 10.00 | | | X | | | | 92,438. | 277,314. | 48,819. |
| (13) THOMAS J. SERENA CO-EXECUTIVE VP | 10.00 | | | X | | | | 91,921. | 275,763. | 47,961. |
| (14) JEFFREY SPRINGER VICE PRESIDENT, MARKETING & MEMBERSH | 18.00 | | | | X | | | 80,629. | 89,588. | 27,306. |
| (15) MICHAEL ROBERTS VICE PRESIDENT, PUBLIC POLICY | 38.00 | | | | X | | | 191,936. | 0. | 36,109. |
| | | | | | | | | | | |
| | | | | | | | | | | |

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **8**

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 470,799. | 782,066. | 160,195. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 470,799. | 782,066. | 160,195. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| HART HEALTH CONSULTING 3823 FORDHAM RD. NW, WASHINGTON, DC 20016 | CONSULTING & LOBBYING | 192,000. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Form **990** (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **9**

Part VIII Statement of Revenue

| | | | | (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 | 1 a 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 | | | | | | |
| Program Service Revenue | 2 a MEMBERSHIP DUES | Business Code | 900099 | 4939815. | 4939815. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 4939815. | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | | 4,608. | | | 4,608. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| Other Revenue | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a 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) | | | | | | |
| | 8 a 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 | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10 a 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 | | | | | | |
| | Miscellaneous Revenue | | | Business Code | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | | 4944423. | 4939815. | 0. | 4,608. |

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **10**

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).

Check if Schedule O contains a response to any question in this Part IX ☐

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 562,080. | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 29,118. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 598,235. | | | |
| b Legal | | | | |
| c Accounting | 750. | | | |
| d Lobbying | 192,000. | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 86,900. | | | |
| 12 Advertising and promotion | 91,731. | | | |
| 13 Office expenses | 163,046. | | | |
| 14 Information technology | 151,757. | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 54,595. | | | |
| 17 Travel | 82,736. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 13,226. | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,768. | | | |
| 23 Insurance | 2,293. | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEMBERSHIP SUBSCRIPTION | 2,097,551. | | | |
| b BANK & CREDIT CARD FEES | 88,427. | | | |
| c DUES & EDUCATION | 54,801. | | | |
| d HONORARIA | 45,703. | | | |
| e All other expenses | 2,125. | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,321,842. | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|---|---|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 663. | 1 | 3,401. |
| | 2 Savings and temporary cash investments | 2,470,857. | 2 | 3,167,018. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 3,900. | 4 | 596. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 16,098. | 9 | 19,248. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 54,894. | | |
| | b Less: accumulated depreciation | 10b 44,456. | 10c | 10,438. |
| | 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 | 1,813,846. | 15 | 1,224,611. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 4,320,570. | 16 | 4,425,312. | |
| Liabilities | 17 Accounts payable and accrued expenses | 55,330. | 17 | 114,350. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,497,155. | 19 | 3,316,723. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial 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 to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 675,002. | 25 | 278,575. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,227,487. | 26 | 3,709,648. |
| | 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 | | 93,083. | 27 | 715,664. |
| 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 | | 93,083. | 33 | 715,664. |
| 34 Total liabilities and net assets/fund balances | | 4,320,570. | 34 | 4,425,312. |

Form 990 (2011)

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Form 990 (2011)

20-2986410 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

| | | | |
|----------|--|----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,944,423. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,321,842. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 622,581. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 93,083. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 715,664. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2011)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|------------------------------|-----------------------|------------|---|--|
| AMERICAN GASTROENTEROLOGICAL | BETHESDA, MD 20814 | 20-4759482 | 0. | 89,921. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

SEE PART IV FOR CONTINUATION

132041
01-27-12

AMERICAN GASTROENTEROLOGICAL

Schedule C (Form 990 or 990-EZ) 2011 **ASSOCIATION, INC.**

20-2986410 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ 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 | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| 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? | <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 on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2011

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (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 similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|------------|
| 1 Dues, assessments and similar amounts from members | 1 | 4,939,815. |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 412,337. |
| b Carryover from last year | 2b | <445,031.> |
| c Total | 2c | <32,694.> |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 735,044. |
| 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 (see instructions) | 5 | <767,738.> |

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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC

4930 DEL RAY AVENUE BETHESDA, MD 20814

PART 1-C, QUESTION 5:

Part IV Supplemental Information (continued)

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.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
InspectionName 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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).

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ 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 Escrow and Custodial Arrangements.** Complete if the 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 | |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,730. | 1,166. | 1,564. |
| d Equipment | | 24,972. | 18,319. | 6,653. |
| e Other | | 27,192. | 24,971. | 2,221. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 10,438. |

Schedule D (Form 990) 2011

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Schedule D (Form 990) 2011

20-2986410 Page **3**

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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) DUE FROM AFFILIATE | 1,220,426. |
| (2) DEPOSIT | 4,185. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 1,224,611. |

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| 1. (1) Federal income taxes | |
| (2) DUE TO AFFILIATE | 278,575. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 278,575. |

FIN 48 (ASC 740) Footnote 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 (ASC 740)

132053
01-23-12

Schedule D (Form 990) 2011

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Schedule D (Form 990) 2011

20-2986410 Page **4**

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,944,423. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,321,842. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 622,581. |
| 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 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 622,581. |

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 | 4,944,423. |
| 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 | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 4,944,423. |
| 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 4,944,423. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,321,842. |
| 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 | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 4,321,842. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,321,842. |

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE

**SUPPORT FOR INCOME TAX POSITIONS TAKEN AND THEREFORE DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE
ORGANIZATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY
THE INTERNAL REVENUE SERVICE AND OTHER STATE AND LOCAL TAXING AUTHORITIES
FOR THREE YEARS AFTER THEY ARE FILED.**

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name 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.

☐ First-class or charter travel

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

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

Schedule J (Form 990) 2011

**AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 LYNN P. ROBINSON | (i) 90,357. | 0. | 2,081. | 6,471. | 6,187. | 105,096. | 0. |
| | (ii) 271,072. | 0. | 6,242. | 19,412. | 18,561. | 315,287. | 0. |
| | (i) 91,611. | 0. | 310. | 6,435. | 6,009. | 104,365. | 0. |
| 2 THOMAS J. SERENA | (ii) 274,832. | 0. | 931. | 19,304. | 18,026. | 313,093. | 0. |
| | (i) 79,250. | 0. | 1,379. | 5,644. | 7,796. | 94,069. | 0. |
| | (ii) 88,055. | 0. | 1,533. | 6,271. | 8,663. | 104,522. | 0. |
| 3 JEFFREY SPRINGER | (i) 191,936. | 0. | 0. | 13,436. | 23,910. | 229,282. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 MICHAEL ROBERTS | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |

AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.

Schedule J (Form 990) 2011

20-2986410

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: IAN L. TAYLOR, M.D., THE ASSOCIATION'S BOARD CHAIR, IS
PERMITTED TO BRING A COMPANION ON BUSINESS TRIPS FOR THE ASSOCIATION, AND
IS COMPENSATED THEREFOR.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Employer identification number
20-2986410

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

▶ \$

► \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | \$ | | | | | | |

Total

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Schedule L (Form 990 or 990-EZ) 2011

AMERICAN GASTROENTEROLOGICAL

Schedule L (Form 990 or 990-EZ) 2011

ASSOCIATION, INC.

20-2986410 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| AMERICAN GASTROENTEROLOGICAL | COMMON BOARD MEMBER | 0. | PLEASE SEE | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBERS

(D) DESCRIPTION OF TRANSACTION: PLEASE SEE SCHEDULE R FOR ALL REPORTABLE

TRANSACTIONS BETWEEN THE ASSOCIATION AND THE RELATED INSTITUTE.

SCHEDULE L, PART IV:

THE ASSOCIATION AND ITS RELATED INSTITUTE ARE TWO SECTION 501(C)

ORGANIZATIONS THAT SHARE BOARD MEMBERS. ALL MEMBERS OF THE

ASSOCIATION'S BOARD SERVE IN SOME CAPACITY ON THE BOARD OF THE

INSTITUTE. PLEASE SEE SCHEDULE R FOR ADDITIONAL INFORMATION REGARDING

BUSINESS TRANSACTIONS BETWEEN THE TWO ENTITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

AMERICAN GASTROENTEROLOGICAL
ASSOCIATION, INC.

Employer identification number
20-2986410

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVITIES AT BOTH A FEDERAL AND STATE LEVEL AND REPORT ANY
DEVELOPMENTS TO ITS MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GASTROENTEROLOGY'S PEER-REVIEW AND PUBLICATION PROCESSES ARE HANDLED
EXPEDITIOUSLY. AUTHORS RECEIVE DECISIONS WITHIN 23 DAYS AFTER
SUBMISSION AND MANUSCRIPTS ARE TYPICALLY PUBLISHED ONLINE WITHIN ONE
WEEK OF ACCEPTANCE.

GASTROENTEROLOGY HAS AN ACCEPTANCE RATE OF 16 PERCENT AND IS CIRCULATED
TO NEARLY 20,000 INDIVIDUALS AND INSTITUTIONS WORLDWIDE.

CLINICAL GASTROENTEROLOGY AND HEPATOLOGY (CGH) - IS THE GO-TO RESOURCE
ON A BROAD SPECTRUM OF THEMES IN CLINICAL GASTROENTEROLOGY AND
HEPATOLOGY AND RANKS WITHIN THE TOP 10 OF ALL GI AND HEPATOLOGY
JOURNALS WITH AN IMPACT FACTOR OF 5.286. THE OFFICIAL CLINICAL PRACTICE
JOURNAL OF THE AGA INSTITUTE BRINGS YOU THE BEST ORIGINAL RESEARCH IN
THE FIELD WITH A UNIQUE COMBINATION OF ORIGINAL RESEARCH, REVIEWS,
EDITORIALS, PRACTICE MANAGEMENT INFORMATION, OUTCOMES RESEARCH,
PODCASTS AND VIDEO ABSTRACTS ALL SUPPORTING CLINICAL PRACTICE. CGH
HAS BEEN IDENTIFIED AS A SIGNIFICANT MEDICAL JOURNAL WITH THE MOST
IMPACT ON THE FIELD OF CLINICAL MEDICINE, ACCORDING TO AN ANALYSIS OF
ESSENTIAL SCIENCE INDICATORS DATA BY THOMPSON REUTERS.

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

Employer identification number
20-2986410

CGH'S PEER-REVIEW AND PUBLICATION PROCESSES ARE HANDLED EXPEDITIOUSLY.
AUTHORS RECEIVE DECISIONS WITHIN 14 DAYS OF SUBMISSION AND MANUSCRIPTS
ARE TYPICALLY PUBLISHED ONLINE WITHIN ONE WEEK OF ACCEPTANCE.

CGH HAS AN ACCEPTANCE RATE OF 14 PERCENT AND IS CIRCULATED TO OVER
20,000 INDIVIDUALS AND INSTITUTIONS WORLDWIDE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN IMPROVING PATIENT CARE AND HEALTH CARE QUALITY OUTCOMES. THE
LANGUAGE WOULD ALLOW PHYSICIANS TO REPORT VIA REGISTRIES TO ADHERE TO
THE PHYSICIAN QUALITY REPORTING SYSTEM AND OTHER FEDERAL QUALITY
PROGRAMS BEGINNING IN 2014.

IN ADDITION, THE ASSOCIATION WORKS TO ENSURE A SEAT ON THE AMA'S
RELATIVE VALUE UPDATE COMMITTEE, A BODY THAT MAKES RECOMMENDATIONS TO
CMS ON THE RELATIVE VALUES ASSIGNED IN PHYSICIANS CURRENT PROCEDURAL
TERMINOLOGY.

FORM 990, PART VI, SECTION A, LINE 1: AGA HAS AN EXECUTIVE COMMITTEE,
CONSISTING OF THE BOARD OFFICERS AND THE VICE PRESIDENT OF THE AGA
INSTITUTE, A RELATED SETION 501(C)(3) ORGANIZATION, THAT IS EMPOWERED TO
EXERCISE ALL POWERS OF THE BOARD, CONSISTENT WITH STATE LAW, BETWEEN
MEETINGS OF THE GOVERNING BOARD AND SPECIFICALLY TO:

- A) ESTABLISH AND DISBAND COMMITTEES AND TASK FORCES, AS PROVIDED IN ARTICLE
VII, AND DESIGNATE REPRESENTATIVES TO OTHER ORGANIZATIONS;
- B) RECEIVE THE REPORTS REGARDING PROPOSALS FOR MEMBERSHIP AND TO CONSIDER
AND PASS UPON ALL CANDIDATES FOR MEMBERSHIP;
- C) INVESTIGATE CHARGES OF UNPROFESSIONAL OR UNBECOMING CONDUCT MADE AGAINST

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

Employer identification number
20-2986410

ANY MEMBER OR TO BRING SUCH CHARGES ON ITS OWN INITIATIVE, AND TO REPORT THE RESULTS OF ITS INVESTIGATIONS AT THE FOLLOWING ANNUAL BUSINESS MEETING;
AND

D) APPROVE OR DISAPPROVE ALL RECOMMENDATIONS OF THE COMPONENTS OF THE ASSOCIATION AND ANY COMMITTEE OR GROUP CREATED BY OR REPORTING TO THE GOVERNING BOARD; TO APPROVE ALL NOMINATIONS TO ALL COMMITTEES, COUNCILS, AND COMMISSIONS, EXCEPT AS MEMBERSHIP IS SPECIFIED.

THE EXECUTIVE COMMITTEE ALSO REVIEWS AND EVALUATES PERFORMANCE OF EXISTING MEMBERS OF ALL COMMITTEES AND TASK FORCES; AND DEVELOP SYSTEMS, POLICIES AND PROCEDURES TO ASSURE THAT ALL MEMBERSHIP THEREON IS APPROPRIATE TO THE RELEVANT MISSION AND THAT PROSPECTIVE APPOINTMENTS MEET THE NEEDS OF THE ORGANIZATION. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE SUBMITTED TO THE GOVERNING BOARD FOR RATIFICATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION SHALL HAS SEVEN (7) CLASSES OF MEMBERS. REGULAR MEMBERS, SENIOR MEMBERS AND INTERNATIONAL MEMBERS HAVE THE RIGHT TO VOTE AND MAY BE REFERRED TO AS "VOTING MEMBERS." AFFILIATE MEMBERS, HONORARY MEMBERS, TRAINEE MEMBERS AND INTERNATIONAL TRAINEE MEMBERS DO NOT HAVE A RIGHT TO VOTE.

REGULAR MEMBERS - PHYSICIANS, SURGEONS, SCIENTISTS, AND OTHER PERSONS RESIDING IN NORTH AMERICA (THE UNITED STATES, CANADA, AND MEXICO) WHO HAVE:
(1) A DEMONSTRATED, CONTINUED INTEREST IN GASTROENTEROLOGY, AND (2) APPROPRIATE QUALIFICATIONS, CERTIFICATION AND/OR CREDENTIALS IN GASTROENTEROLOGY, GASTROENTEROLOGY EDUCATION AND/OR GRADUATE TRAINING.
REGULAR MEMBERS SHALL HAVE THE RIGHT TO HOLD OFFICE.

SENIOR MEMBERS - ANY REGULAR MEMBER OR INTERNATIONAL MEMBER WHO HAS

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

Employer identification number
20-2986410

ATTAINED THE AGE OF SEVENTY (70) AND IS NOT IN ARREARS IN DUES. REGULAR MEMBERS AND INTERNATIONAL MEMBERS WHO BECOME SENIOR MEMBERS SHALL HAVE ALL THE PRIVILEGES OF THEIR PREVIOUS STATUS.

AFFILIATE MEMBERS - PERSONS WHOSE WORK AND RESPONSIBILITIES ARE CLOSELY RELATED TO THE PURPOSES OF THE ASSOCIATION. AFFILIATE MEMBERS HAVE ALL THE PRIVILEGES OF MEMBERSHIP IN THE ASSOCIATION BUT MAY NOT HOLD ELECTED OFFICE, VOTE ON ANY MATTER, PROPOSE A CANDIDATE FOR MEMBERSHIP, OR ATTEND THE ANNUAL BUSINESS MEETING OF THE ASSOCIATION.

INTERNATIONAL MEMBERS - PHYSICIANS, SURGEONS, SCIENTISTS AND OTHER PERSONS RESIDING OUTSIDE NORTH AMERICA AND WHO HAVE: (1) A DEMONSTRATED, CONTINUED INTEREST IN GASTROENTEROLOGY, AND (2) APPROPRIATE QUALIFICATIONS, CERTIFICATION AND/OR CREDENTIALS IN GASTROENTEROLOGY, GASTROENTEROLOGY EDUCATION AND/OR GRADUATE TRAINING. INTERNATIONAL MEMBERS HAVE ALL THE PRIVILEGES OF MEMBERSHIP IN THE ASSOCIATION, EXCEPT THE RIGHT TO HOLD ELECTED OFFICE.

HONORARY MEMBERS - PHYSICIANS AND OTHER SCIENTISTS WHO HAVE ATTAINED PREEMINENCE IN GASTROENTEROLOGY AND CONTRIBUTORY SCIENCES. HONORARY MEMBERS GENERALLY HAVE ALL THE PRIVILEGES OF MEMBERSHIP IN THE ASSOCIATION, BUT DO NOT HAVE THE RIGHT TO HOLD ELECTED OFFICE, VOTE, PROPOSE A CANDIDATE FOR MEMBERSHIP, OR ATTEND THE ANNUAL BUSINESS MEETING OF THE ASSOCIATION.

TRAINEE MEMBERS - (1) ANY RESIDENT, FELLOW, OR TRAINEE WHO HAS COMPLETED AT LEAST TWO YEARS OF POST-DOCTORAL TRAINING IN INTERNAL MEDICINE OR A CLOSELY RELATED SPECIALTY AREA AND WHO IS CONTINUING FORMAL TRAINING IN GASTROENTEROLOGY; (2) ANY SCIENTIST, RESEARCHER, OR STUDENT

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

Employer identification number
20-2986410

WITH A POSTGRADUATE DEGREE WHO IS PURSUING A POSTGRADUATE DEGREE OR PROGRAM OF STUDY CONCENTRATING ON GASTROENTEROLOGY AS A FULL-TIME ACTIVITY; OR (3) A PERSON WHOSE QUALIFICATIONS ARE ACCEPTABLE TO THE FINANCE & OPERATIONS COMMITTEE. TRAINEE MEMBERS HAVE ALL THE PRIVILEGES OF MEMBERSHIP IN THE ASSOCIATION EXCEPT THE RIGHTS LIMITED IN THE CONSTITUTION, THE RIGHT TO HOLD ELECTED OFFICE, THE RIGHT TO VOTE, AND THE RIGHT TO PROPOSE A CANDIDATE FOR MEMBERSHIP.

INTERNATIONAL TRAINEE MEMBERS - ANY RESIDENT, FELLOW, TRAINEE (OR FUNCTIONAL EQUIVALENT), OR SCIENTIST IN A POST-DOCTORAL SPECIALTY TRAINING PROGRAM IN GASTROENTEROLOGY OUTSIDE OF NORTH AMERICA UNDER THE SUPERVISION OF A REGULAR MEMBER, INTERNATIONAL MEMBER, OR OTHER PERSON WHOSE QUALIFICATIONS ARE ACCEPTABLE TO THE FINANCE & OPERATIONS COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A: THE SELECTION OF THE ASSOCIATION'S GOVERNING BOARD IS IN THE HANDS OF THE NOMINATING COMMITTEE. THE NOMINATING COMMITTEE CONSISTS OF NINE MEMBERS WHO EACH SERVE A ONE YEAR TERM, AT LEAST ONE OF WHOM MUST BE A CURRENT DIRECTOR OF THE ASSOCIATION. THE ASSOCIATION'S PAST-CHAIR SERVES AS THE COMMITTEE CHAIR. THE MEMBERS OF THE NOMINATING COMMITTEE ARE APPOINTED BY THE GOVERNING BOARD WITHIN SIXTY DAYS OF THE CONCLUSION OF THE ANNUAL MEETING. ONCE THE NOMINATING COMMITTEE HAS PREPARED THE OFFICERS SLATE, THE COUNCILLORS SLATE, AND THE NOMINATING COMMITTEE SLATE, SUCH SLATES WILL BE SUBMITTED TO THE GOVERNING BOARD AT LEAST NINETY DAYS BEFORE THE ANNUAL BUSINESS MEETING.

ADDITIONAL NOMINATIONS FOR OFFICERS AND COUNCILLORS, BUT NOT FROM THE NOMINATING COMMITTEE, MAY BE MADE WITH A PETITION SIGNED BY AT LEAST ONE HUNDRED SENIOR MEMBERS, REGULAR MEMBERS OR INTERNATIONAL MEMBERS, IN ANY

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

Employer identification number
20-2986410

COMBINATION, AND SUBMITTED TO THE SECRETARY/ TREASURER AT LEAST ONE HUNDRED DAYS BEFORE THE ANNUAL BUSINESS MEETING.

AT LEAST SIXTY DAYS BEFORE THE ANNUAL BUSINESS MEETING, THE SECRETARY/TREASURER MUST MAIL COPIES OF THE COUNCILLORS SLATE AND THE NOMINATING COMMITTEE SLATE TO THE VOTING MEMBERS FOR THEIR VOTE, AS WELL AS A COPY OF THE OFFICERS SLATE FOR THEIR GENERAL INFORMATION (OFFICERS ARE ELECTED BY THE GOVERNING BOARD). THE MAILED BALLOTS MUST BE RETURNED TO THE SECRETARY/TREASURER AT LEAST THIRTY DAYS BEFORE THE MEETING. THE SECRETARY/TREASURER COUNTS THE BALLOTS AND REPORTS THE RESULTS OF THE ELECTION AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY A THIRD PARTY, BASED ON INFORMATION SUPPLIED BY THE ASSOCIATION. AGA MANAGEMENT REVIEWS THE FINAL FORM 990 AND ADDRESSES ANY QUESTIONS PRIOR TO FILING. THE GOVERNING BOARD DOES NOT REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: GOVERNING BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST POLICY FORM QUARTERLY. ANY CONFLICTS ARE ADDRESSED THEN.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION COMMITTEE MEETS ANNUALLY TO REVIEW AND APPROVE COMPENSATION OF TOP MANAGEMENT OFFICIALS. AN INDEPENDENT CONSULTANT IS USED TO PROVIDE COMPARABLE SURVEY DATA TO HELP SET COMPENSATION LEVELS FOR THE EXECUTIVE VICE PRESIDENTS. THE FINANCE AND OPERATIONS COMMITTEE REVIEWS ON A BI-ANNUAL BASIS THE LEVELS OF COMPENSATION FOR THE OFFICERS.

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

Employer identification number
20-2986410

FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUMENTS:

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE
FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE THROUGH THE ANNUAL REPORT
POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS
YEAR.

part iii
Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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 or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Sale of assets to related organization(s) | | X |
| g Purchase of assets from related organization(s) | | X |
| h Exchange of assets with related organization(s) | | X |
| i Lease of facilities, equipment, or other assets to related organization(s) | | X |
| j Lease of facilities, equipment, or other assets from related organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| n Sharing of paid employees with related organization(s) | | X |
| o Reimbursement paid to related organization(s) for expenses | | X |
| p Reimbursement paid by related organization(s) for expenses | | X |
| q Other transfer of cash or property to related organization(s) | | X |
| r Other transfer of cash or property from related organization(s) | | 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 | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| AMERICAN GASTROENTEROLOGICAL ASSOCIATION | | | |
| (1) INSTITUTE, INC. | L | 587,856.FMV | |
| AMERICAN GASTROENTEROLOGICAL ASSOCIATION | | | |
| (2) INSTITUTE, INC. | O | 1,312,125.FMV | |
| AMERICAN GASTROENTEROLOGICAL ASSOCIATION | | | |
| (3) INSTITUTE, INC. | K | 3,034.FMV | |
| (4) AGA POLITICAL ACTION COMMITTEE | Q | 89,921.FMV | |
| (5) | | | |
| (6) | | | |

Part VII **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

[illegible]

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Delaware

PAGE 1

The First State

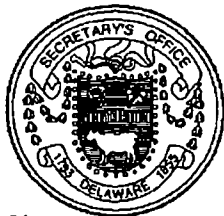
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "AGA TRADE ASSOCIATION, INC.", CHANGING ITS NAME FROM "AGA TRADE ASSOCIATION, INC." TO "AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC.", FILED IN THIS OFFICE ON THE TENTH DAY OF JULY, A.D. 2008, AT 4:34 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

3958433 8100

080774586

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6723929

DATE: 07-14-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:32 PM 07/10/2008
FILED 04:34 PM 07/10/2008
SRV 080774586 - 3958433 FILE

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION

OF

AGA TRADE ASSOCIATION, INC.

AGA TRADE ASSOCIATION, INC., a corporation organized and existing under and by virtue of the provisions of the General Corporation Law of the State of Delaware (the "Corporation"),

DOES HEREBY CERTIFY:

FIRST: Immediately prior to the filing of this Amended and Restated Certificate of Incorporation, the name of the Corporation was AGA Trade Association, Inc. The date of filing of the Corporation's original Certificate of Incorporation was April 20, 2005.

SECOND: Pursuant to Section 245 of the General Corporation Law of the State of Delaware, this Amended and Restated Certificate of Incorporation restates, integrates and further amends the provisions of the Certificate of Incorporation of the Corporation.

THIRD: That the Board of Directors of this Corporation duly adopted resolutions declaring this Amended and Restated Certificate of Incorporation to be advisable and in the best interests of this Corporation and its members and authorizing the appropriate officers of this Corporation to submit this Amended and Restated Certificate of Incorporation to the members of the Corporation for their approval

FOURTH: That the terms and provisions of this Amended and Restated Certificate of Incorporation have been duly adopted in accordance with the provisions of Sections 242 and 245 of the General Corporation Law of the State of Delaware.

FIFTH: The text of the Certificate of Incorporation is hereby amended and restated to read in its entirety as follows, effective on the date of filing this Amended and Restated Certificate of Incorporation with the Secretary of State of the State of Delaware:

ARTICLE I

The name of the corporation is American Gastroenterological Association, Inc. (the "Corporation").

ARTICLE II

The address, including street, number, city and county, of the registered office of the Corporation in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle; and the name of the registered agent of the Corporation in the State of Delaware at such address is The Corporation Trust Company,

ARTICLE III

The purposes for which the Corporation is formed are as follows:

1. The Corporation is organized and shall be operated exclusively to promote the common business interests of its members, which members shall include physicians, scientists and other health care providers devoted to the diagnosis, discovery, and application of knowledge related to the cure or treatment of digestive diseases.
2. To do such acts and carry on such business as may be permitted by nonprofit corporations under the General Corporation Law and other laws of the State of Delaware and the United States in order to accomplish the above purposes.
3. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporators, directors, officers, or any individual, except that the Corporation shall be authorized to pay reasonable compensation for services rendered and to make distributions in furtherance of the purposes set forth in Paragraphs (1) and (2) of this Article.

ARTICLE IV

The Corporation shall be a membership corporation and shall not have authority to issue capital stock. The categories of membership shall consist of Senior Members, Regular Members, International Members, and such other categories of memberships as may be established from time to time. Only Senior Members, Regular Members and International Members shall have the right to vote. International Members shall enjoy all privileges of membership except the right to hold office. Affiliate, Honorary, International and International Trainee members, unless otherwise stated, shall enjoy all the privileges of membership in the Association except the right to hold office, to vote for Officers, Councillors, and Members of the Nominating Committee and on any matter requiring action by the membership at the Annual Business Meeting, or to vote at the Annual Business Meeting of the Association. The definition, right, powers, and other conditions of membership shall be as stated in the Bylaws of the Corporation.

ARTICLE V

The business and affairs of the Corporation, and the control and disposition of its property and funds, shall be managed by or under the direction of the Board of Directors of the Corporation. The qualification, tenure, number, election, powers and duties of the members of the Board of Directors shall be as provided in the Bylaws. No officer, member of the Board of Directors, or employee of the Corporation shall receive or be lawfully entitled to receive any pecuniary profit from the operations thereof, except reasonable compensation for services actually rendered to or on behalf of the Corporation.

The personal liability of the directors of the Corporation is hereby eliminated to the fullest extent permitted by paragraph (7) of subsection (b) of § 102 of the General Corporation Law of the State of Delaware, as the same may be amended and supplemented.

ARTICLE VI:

The duration of the Corporation is to be perpetual.

ARTICLE VII

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all the assets of the Corporation by contributing them to American Gastroenterology Association Institute, Inc. a Delaware nonstock corporation recognized as exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code").

ARTICLE VIII

The Corporation reserves the right to amend, alter, change, or repeal any provision contained in this Certificate of Incorporation in the manner provided below. This Certificate may be amended by mail ballot of the members entitled to vote or at any Annual Meeting of the members. Every proposed amendment shall be submitted to the Governing Board at least sixty (60) days before the Annual Meeting over the signature of at least five Senior Members or Members, for consideration and recommendation by the Board before submission of the amendment to the members. Notice of any such amendment, together with the Board's recommendation, shall be mailed to each member of the Association at least 30 days before the Annual Business Meeting. To be adopted, an amendment must be approved by at least three-fourths of the Senior Members, Members, and International Members voting at the Annual Business Meeting, or if by mail ballot, by a majority of those voting.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Incorporation on July 10, 2008.

AGA TRADE ASSOCIATION, INC.

By: /s/ Mark Donovitz
Name: Mark Donovitz
Title: President

123841
01-04-12

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|--|
| Type or print File by the due date for filing your return See instructions | Enter filer's identifying number, see instructions | |
| | Name of exempt organization or other filer, see instructions AMERICAN GASTROENTEROLOGICAL ASSOCIATION, INC. | Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-2986410 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 4930 DEL RAY AVENUE | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THOMAS J. SERENA

• The books are in the care of **4930 DEL RAY AVENUE - BETHESDA, MD 20814**

Telephone No.

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2013.**

5 For calendar year , or other tax year beginning **APR 1, 2011**, and ending **MAR 31, 2012**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | | | |
|--|-----------|----|-----------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature **Thomas J. Serena** Title **CPA**

Date **11/13/12**

Form 8868 (Rev. 1-2012)