

Form 990  
2017Department 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 private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

B Check if applicable	C Name of organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC			D Employer identification number 20-2986410	
<input type="checkbox"/> Address change	Doing business as			E Telephone number (301) 654-2055	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 4930 DEL RAY AVENUE			Room/suite	G Gross receipts \$ 4,838,286
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814				
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
I Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website:	► WWW GASTRO ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				H(c) Group exemption number ►	
				L Year of formation 2005	M State of legal domicile DE

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO CARRY OUT PROGRAMS RELATING TO THE BUSINESS AND PUBLIC POLICY INTERESTS OF ITS MEMBERS

2 Check this box ►  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) . . . . .  
 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  
 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .  
 6 Total number of volunteers (estimate if necessary) . . . . .  
 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  
 b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

3	12
4	6
5	0
6	55
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	0	0
9 Program service revenue (Part VIII, line 2g) . . . . .	4,507,869	4,370,717
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	6,892	11,763
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	446,625	455,806
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,961,386	4,838,286

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	10,000
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)	677,600	320,978
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	4,117,808	4,263,182
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,795,408	4,594,160
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	165,978	244,126

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	3,661,484	4,275,111
21 Total liabilities (Part X, line 26) . . . . .	3,935,156	4,304,657
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	-273,672	-29,546

## 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	2019-02-18 Date
	► ROBERT M STORZ SR DIR FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DEBORAH G KOSNETT	Preparer's signature DEBORAH G KOSNETT	Date 2019-02-14	Check <input type="checkbox"/> if self-employed	PTIN P00290720
	Firm's name ► TATE AND TRYON			Firm's EIN ► 52-1855942	
	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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **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 ACTIVITIES AT BOTH A FEDERAL AND STATE LEVEL AND REPORT ANY DEVELOPMENTS TO ITS MEMBERS

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?**  Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4 Describe the 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 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 \$  )  
See Additional Data

**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
See Additional Data

**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 ►**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
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? If "Yes," complete Schedule C, Part III	5	Yes
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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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? If "Yes," complete Schedule D, Part VI	11a	Yes
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? If "Yes," complete Schedule D, Part VII	11b	No
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? If "Yes," complete Schedule D, Part VIII	11c	No
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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
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)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  
**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  
**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? If "Yes," complete Schedule J . . . . .

**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**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? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**  
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  
**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? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**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? If "Yes," complete Schedule L, Part III . . . . .

**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? If "Yes," complete Schedule L, Part IV . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**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? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**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? If "Yes," complete Schedule R, Part I . . . . .  
**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  
**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		
<b>25b</b>		
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>	Yes	
<b>36</b>		
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	10	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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>2a</b>	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>		
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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 as charitable contributions? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	Yes	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		
<b>a</b> 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>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12a</b>		
<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		1a	12	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		8a	Yes	
a	The governing body?		8b	Yes	
b	Each committee with authority to act on behalf of the governing body?		9		No
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				

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	Yes
13	Did the organization have a written whistleblower policy?	14	Yes
14	Did the organization have a written document retention and destruction policy?	15a	Yes
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?	15b	Yes
a	The organization's CEO, Executive Director, or top management official	16a	No
b	Other officers or key employees of the organization	16b	
	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?		
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?		

**Section C. Disclosure**

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(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
		Officer or Director	Individual Trustee	Office Holder	Key Employee	Highly Compensated			
(1) MICHAEL CAMILLERI MD AGAF ..... CHAIR/PAST CHAIR	2 50 ..... 0 00	X	X				0	0	0
(2) TIMOTHY WANG MD AGAF ..... CHAIR	2 50 ..... 2 50	X	X				7,250	30,000	0
(3) SHEILA CROWE MD AGAF ..... CHAIR-ELECT	2 50 ..... 2 50	X	X				0	38,104	0
(4) DAVID LIEBERMAN MD AGAF ..... VICE CHAIR	2 50 ..... 2 50	X	X				0	7,488	0
(5) HASHEM B EL-SERAG MD MPHAGAF ..... VICE CHAIR ELECT	2 50 ..... 2 50	X	X				0	2,313	0
(6) FRANCIS M GIARDIELLO MD AGAF ..... SECRETARY-TREASURER	2 50 ..... 2 50	X	X				0	27,750	0
(7) LAWRENCE S KIM MD AGAF ..... SECRETARY-TREASURER ELECT 6/1	2 50 ..... 2 50	X	X				0	0	0
(8) LAWRENCE KOSINSKI ..... COUNCILLOR TO 5/31	2 50 ..... 2 50	X					0	0	0
(9) GREGORY GORES ..... COUNCILLOR TO 5/31	2 50 ..... 2 50	X					0	0	0
(10) MARCIA R CRUZ-CORREA MD PHD AGAF ..... COUNCILLOR	2 50 ..... 2 50	X					0	0	0
(11) JOHN W GARRETT MD AGAF ..... COUNCILLOR	2 50 ..... 2 50	X					0	0	0
(12) JOHN M INADOMI MD AGAF ..... COUNCILLOR	2 50 ..... 2 50	X					0	12,250	0
(13) RAJEEV JAIN MD AGAF ..... COUNCILLOR	2 50 ..... 2 50	X					0	1,000	0
(14) DEBORAH D PROCTOR MD AGAF ..... COUNCILLOR	2 50 ..... 2 50	X					0	0	0
(15) GARY D WU MD ..... COUNCILLOR FROM 6/1	2 50 ..... 2 50	X					0	0	0
(16) THOMAS SERENA ..... EXECUTIVE VICE PRESIDENT	10 00 ..... 30 00		X				116,892	350,676	50,921
(17) MICHAEL A ROBERTS ..... VICE PRES, PUBLIC POLICY	40 00 ..... 0 00			X			0	248,467	49,217

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) JEFFREY SPRINGER	20 00			X			102,961	102,961	37,440
VICE PRES, MKTG & MEMBR SV	20 00								
(19) KATHLEEN TEIXERA	40 00				X		121,922	28,000	43,363
SR DIRECTOR GOVT AFFAIRS	0 00								
(20) GAIL HECHT MD MS AGAF	0 00					X	0	14,000	0
FORMER COUNCILLOR	0 00								
(21) LOREN LAINE MD AGAF	0 00					X	0	15,275	0
FORMER COUNCILLOR	0 00								
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							349,025	878,284	180,941

**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 ► 3

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

### 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 STRATEGIES 3823 FORDHAM RD NW WASHINGTON, DC 20016	LOBBYING	251,000

**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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . .					
	<b>h Total.</b> Add lines 1a-1f . . .					
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP DUES . . .	900099	4,333,145	4,333,145		
	<b>b</b> PERIODICAL REVENUE . . .	511120	37,572	37,572		
	<b>c</b> . . .					
	<b>d</b> . . .					
	<b>e</b> . . .					
	<b>f</b> All other program service revenue . . .					
	<b>g Total.</b> Add lines 2a-2f . . .		4,370,717			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . .		11,763		11,763	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .					
	<b>5</b> Royalties . . .		454,972		454,972	
	<b>6a</b> Gross rents . . .	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses . . .					
	<b>c</b> Rental income or (loss) . . .					
	<b>d</b> Net rental income or (loss) . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses . . .						
<b>c</b> Gain or (loss) . . .						
<b>d</b> Net gain or (loss) . . .						
<b>8a</b> Gross income from fundraising events (not including \$ . . . of contributions reported on line 1c) See Part IV, line 18 . . .	a					
<b>b</b> Less direct expenses . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . .	a					
<b>b</b> Less direct expenses . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . .	a					
<b>b</b> Less cost of goods sold . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . .						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b> OTHER INCOME . . .	900099	834			834	
<b>b</b> . . .						
<b>c</b> . . .						
<b>d</b> All other revenue . . .						
<b>e Total.</b> Add lines 11a-11d . . .		834				
<b>12 Total revenue.</b> See Instructions . . .		4,838,286	4,370,717	0	467,569	

**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)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	308,194			
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	4,838			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	7,946			
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	1,212,734			
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	272,000			
12 Advertising and promotion	54,532			
13 Office expenses	209,573			
14 Information technology	62,508			
15 Royalties				
16 Occupancy	68,835			
17 Travel	120,590			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,966			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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	2,067,179			
b DUES & EDUCATION	72,131			
c REFERENCE MATERIALS/PER	18,588			
d HONORARIA	18,500			
e All other expenses	3,046			
25 Total functional expenses. Add lines 1 through 24e	4,594,160			
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	3,490,963	<b>1</b>	4,129,675
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	138,903	<b>4</b>	109,383
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other 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) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	26,668	<b>9</b>	25,840
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	28,649	
	<b>b</b> Less accumulated depreciation	<b>10b</b>	28,649	0
			<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,950	<b>15</b>	10,213
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,661,484	<b>16</b>	4,275,111
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	578,335	<b>17</b>	620,220
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,214,166	<b>19</b>	3,074,696
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	142,655	<b>25</b>	609,741
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,935,156	<b>26</b>	4,304,657
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-273,672	<b>27</b>	-29,546
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-273,672	<b>33</b>	-29,546
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,661,484	<b>34</b>	4,275,111

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,838,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,594,160
3	Revenue less expenses Subtract line 2 from line 1	3	244,126
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-273,672
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-29,546

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
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?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input checked="" type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c 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		
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?		
3b 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		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2986410

**Name:** AMERICAN GASTROENTEROLOGICAL  
ASSOCIATION INC

Form 990 (2017)

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## **Form 990, Part III, Line 4a:**

ADVOCACY- AGA INFLUENCES PUBLIC POLICIES TO SUPPORT QUALITY PATIENT CARE AND IMPROVE THE PRACTICE OF GASTROENTEROLOGY

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**Form 990, Part III, Line 4b:**

AGA IMPROVES THE PROFESSIONAL LIVES OF THE GI COMMUNITY THROUGH ACCESS TO UNIQUE PROFESSIONAL EVENTS, COMMITTEE WORK, NETWORKING OPPORTUNITIES, AND SUBSCRIPTIONS TO ITS PREMIER JOURNALS, GASTROENTEROLOGY AND CLINICAL GASTROENTEROLOGY, PUBLISHED BY THE AGA INSTITUTE, A RELATED ORGANIZATION

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**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**Department of the Treasury  
Internal Revenue Service**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.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public  
Inspection**

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC	Employer identification number 20-2986410
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**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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
- 4b 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 ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 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-
(1) AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC PAC	4930 DEL RAY AVENUE BETHESDA, MD 20814	20-4759482	0	78,461
2				
3				
4				
5				
6				

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b>	Other exempt purpose expenditures		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>			
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	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b>	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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

	(a)		(b)	
	Yes	No	Amount	
1				
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
2a				
b				
c				
d				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes	No
1	No
2	No
3	Yes

**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

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

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5 Taxable amount of lobbying and political expenditures (see instructions)

1	4,333,145
2a	1,205,857
2b	1,050,030
2c	2,255,887
3	563,309
4	1,692,578
5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART 1-C, QUESTION 5	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)**Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection****Name 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" on Form 990, Part IV, line 6.

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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 Year	
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

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

**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)

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

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

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" on 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 XIII and complete the following table

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 on 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 . . . . .

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		1,457	1,457	0
<b>d</b> Equipment . . . . .		361	361	0
<b>e</b> Other . . . . .		26,831	26,831	0

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATE	609,741
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	609,741

2. Liability for uncertain tax positions In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	4,838,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,838,286
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 XIII) . . . . .	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	4,838,286

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	4,594,160
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 XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,594,160
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 XIII) . . . . .	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	4,594,160

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

**Part XIII      Supplemental Information (*continued*)**

Return Reference	Explanation
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**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**

Name of the organization AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC	Employer identification number 20-2986410
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**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN COLLEGE OF GASTROENTEROLOGY 6400 GOLDSBORO ROAD 200 BETHESDA, MD 20817	13-1883814	501(C)(3)	10,000				SUPPORT OF CONFERENCE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .							► 1
3 Enter total number of other organizations listed in the line 1 table . . . . .							► 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS GRANTS AND AWARDS ARE AWARDED AND MONITORED BASED ON A PROGRAM'S BUDGET AND GRANT STIPULATIONS, IF ANY PROGRAM MANAGERS ARE RESPONSIBLE FOR MONITORING THE USE OF GRANT FUNDS

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public Inspection**Name of the organization  
AMERICAN GASTROENTEROLOGICAL  
ASSOCIATION INCEmployer 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

**b** If any of the boxes in 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 directors, trustees, officers, including 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, but explain in Part III

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

**4** During the year, did any person listed on 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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," on line 5a or 5b, describe in Part III

**6** For persons listed on 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," on line 6a or 6b, describe in Part III

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**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 on 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.

**Part III Supplemental Information**

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.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 3	COMPENSATION FOR PERSONS LISTED IN PART VII IS PAID BY THE AMERICAN GASTROENTEROLOGICAL INSTITUTE, (AGAI), A RELATED 501(C)(3) ENTITY. AGAI UTILIZES THE FOLLOWING IN ESTABLISHING COMPENSATION OF THE EXECUTIVE VICE PRESIDENT - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN GASTROENTEROLOGICAL  
ASSOCIATION INC**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017****Open to Public  
Inspection****Employer identification number**

20-2986410

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 SECTION 501(C)(3) ORGANIZATION, THAT IS EMPOWERED TO EXERCISE ALL POWERS OF THE BOARD, CONSISTENT WITH STATE LAW, BETWEEN MEETINGS OF THE GOVERNING BOARD ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE SUBMITTED TO THE GOVERNING BOARD FOR RATIFICATION BY A VOTE OF SEVEN MEMBERS OF THE GOVERNING BOARD, THE POWERS OF THE EXECUTIVE COMMITTEE MAY BE LIMITED OR BY VOTE OF SEVEN (7), THE GOVERNING BOARD COULD DELEGATE FINAL DECISION MAKING TO THE EXECUTIVE COMMITTEE 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THE ASSOCIATION 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 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 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 &amp; 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.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THE NOMINATING COMMITTEE CONSISTS OF TWELVE (12) MEMBERS, AT LEAST ONE OF WHOM MUST BE A CURRENT DIRECTOR OF THE ASSOCIATION, TO SERVE A ONE YEAR TERM. THE CHAIR OF THE ASSOCIATION SHALL SERVE AS CHAIR OF THE COMMITTEE FOR A ONE YEAR TERM. THE AGA INSTITUTE PRESIDENT SHALL ALSO SERVE AS A NON-VOTING MEMBER. THE MEMBERS OF THE NOMINATING COMMITTEE SHALL BE APPOINTED BY THE GOVERNING BOARD WITHIN SIXTY (60) DAYS OF THE CONCLUSION OF THE ANNUAL MEETING. AT THE INVITATION OF THE CHAIR OF THE NOMINATING COMMITTEE, THE EXECUTIVE VICE PRESIDENT SHALL ATTEND AND PARTICIPATE IN THE NOMINATING COMMITTEE MEETINGS. THE NOMINATING COMMITTEE SHALL PREPARE THREE (3) SLATES, ONE FOR THE OFFICERS OF THE ASSOCIATION (THE "OFFICERS SLATE"), ONE FOR THE COUNCILLORS OF THE ASSOCIATION (THE "COUNCILLORS SLATE") AND ONE FOR THE MEMBERS OF THE FOLLOWING YEAR'S NOMINATING COMMITTEE (THE "NOMINATING COMMITTEE SLATE"), EACH OF WHICH ARE DESCRIBED BELOW. THE OFFICERS SLATE SHALL CONSIST OF A SLATE OF NOMINATIONS FOR ELECTION TO (A) THE OFFICE OF VICE CHAIR-ELECT, (B) THE OFFICE OF SECRETARY/TREASURER-ELECT, AND (C) THE OFFICES OF CHAIR, CHAIR-ELECT, VICE CHAIR, AND SECRETARY/TREASURER WHEN NECESSARY. WITH RESPECT TO THE OFFICERS SLATE, WHICH SLATE SHALL BE PRESENTED TO THE GOVERNING BOARD FOR ELECTION IN THE MANNER SET FORTH BELOW, THE SLATE SHALL BE AS FOLLOWS: (A) FOR THE OFFICE OF CHAIR, THE NOMINEE SHALL BE THE PAST PRESIDENT OF THE AMERICAN GAS TROENTEROLOGICAL ASSOCIATION INSTITUTE, INC. ("INSTITUTE"), (B) FOR THE OFFICE OF CHAIR-ELECT, THE NOMINEE SHALL BE THE PRESIDENT OF THE INSTITUTE, (C) FOR THE OFFICE OF VICE CHAIR, THE NOMINEE SHALL BE THE PRESIDENT-ELECT OF THE INSTITUTE, (D) FOR THE OFFICE OF VICE CHAIR-ELECT, THE NOMINEE SHALL BE THE VICE PRESIDENT OF THE INSTITUTE, (E) FOR THE OFFICE OF SECRETARY/TREASURER, THE NOMINEE SHALL BE A REGULAR MEMBER SELECTED BY THE NOMINATING COMMITTEE. WITH RESPECT TO THE COUNCILLORS SLATE, SUCH SLATE SHALL BE PREPARED CONSISTENT WITH ARTICLE IV, SECTION 3 OF THESE BYLAWS AND PRESENTED TO THE VOTING MEMBERS IN THE MANNER SET FORTH BELOW. THE NOMINATING COMMITTEE SLATE SHALL CONSIST OF TEN (10) SENIOR MEMBERS OR REGULAR MEMBERS, SIX OF WHOM SHALL BE ELECTED BY MAIL BALLOT BY THE VOTING MEMBERS TO SERVE AS MEMBERS OF THE NOMINATING COMMITTEE. THE FOLLOWING YEAR, ONE ELECTED POSITION IS RESERVED FOR A MEMBER IN PRIVATE PRACTICE WHO IS WITHIN TEN YEARS OF COMPLETING HIS OR HER GI FELLOWSHIP TRAINING. ONE ELECTED POSITION IS RESERVED FOR A MEMBER WHO IS IN BASIC OR CLINICAL RESEARCH IN AN ACADEMIC SETTING WHO IS WITHIN TEN YEARS OF COMPLETING HIS OR HER GI FELLOWSHIP TRAINING. IT IS THE RESPONSIBILITY OF THE NOMINATING COMMITTEE TO PROPOSE CANDIDATES FOR COUNCILLOR, SECRETARY/TREASURER, AND THE NOMINATING COMMITTEE, TO MAINTAIN A GOVERNING BOARD AND NOMINATING COMMITTEE, RESPECTIVELY, THAT REFLECT, IN SO FAR AS POSSIBLE, THE SCOPE AND DIVERSITY OF THE ASSOCIATION MEMBERSHIP AND, IN THE CASE OF THE GOVERNING BOARD, THAT PROVIDES EXPERTISE IN</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ECESSARY TO CREATE, EVALUATE AND ASSESS THE STRATEGIC OBJECTIVES AND DIRECTIONS OF THE ASSOCIATION THE NOMINATING COMMITTEE SHALL SUBMIT THE OFFICERS SLATE, THE COUNCILLORS SLATE, AND THE NOMINATING COMMITTEE SLATE TO THE GOVERNING BOARD AT LEAST NINETY (90) DAYS BEFORE THE ANNUAL BUSINESS MEETING THE GOVERNING BOARD MAY RECEIVE THE REPORT OR MAY REJECT IT ADDITIONAL NOMINATIONS FOR OFFICERS AND COUNCILLORS, BUT NOT FROM THE NOMINATING COMMITTEE, MAY BE MADE WITH A PETITION SIGNED BY AT LEAST ONE HUNDRED (100) SENIOR MEMBERS, REGULAR MEMBERS OR INTERNATIONAL MEMBERS, IN ANY COMBINATION, AND SUBMITTED TO THE SECRETARY/ TREASURER AT LEAST ONE HUNDRED (100) DAYS BEFORE THE ANNUAL BUSINESS MEETING AT LEAST SIXTY (60) DAYS BEFORE THE ANNUAL BUSINESS MEETING, THE SECRETARY/ TREASURER SHALL 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 SUCH SLATES WILL ALSO INCLUDE ANY ADDITIONAL NOMINATIONS FOR OFFICERS AND ELECTED COUNCILLORS AND THE BALLOT CONTAINING THE NAMES OF THE TEN (10) CANDIDATES FOR MEMBERSHIP ON THE NOMINATING COMMITTEE TO THE VOTING MEMBERS THE BALLOT OF CANDIDATES MAILED BY THE SECRETARY/TREASURER SIXTY (60) DAYS BEFORE THE ANNUAL MEETING MUST BE RETURNED TO THE SECRETARY/TREASURER AT LEAST THIRTY (30) DAYS BEFORE THE MEETING THE SECRETARY/TREASURER SHALL COUNT THE BALLOTS AND REPORT THE RESULTS OF THE ELECTION AT THE ANNUAL MEETING NOMINATIONS FROM THE FLOOR OF THE MEETING WILL NOT BE ACCEPTED A PLURALITY OF THE VOTES CAST SHALL BE NECESSARY TO ELECT

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION IS PAID BY THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE (AGAI), A RELATED ENTITY. AGAI'S 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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ORGANIZATION DOCUMENTS THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS ARE NOT AVAILABLE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

20-2986410

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b; (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
1s		No

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE INC	P	2,067,179	FMV
(2)AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE INC	K	67,022	LEASE CONTRACT
(3)AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE INC	O	1,520,928	TIME RECORDS
(4)AGA POLITICAL ACTION COMMITTEE	R	78,461	TRANSFER OF DONATIONS-FECA RULES
(5)AGA POLITICAL ACTION COMMITTEE	L	320,624	FMV - IN KIND

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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.

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

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