AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

Tax Return for Year Ended December 31, 2018 Public Disclosure Copy



990

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.
 Do not enter social security numbers on this form as it may be made public.
 Do not enter social security numbers on this form as it may be made public.
 Inspection.

Department of the Treasury Internal Revenue Service

2018
Open to Public

OMB No. 1545-0047

Care of agreement Care	A F	or the	e 2018	calendar year, or tax year beginning			and ending				, 20
The control of the				C Name of organization AMERICAN A	CADEMY OF ALLERGY	, AST	& AMH	DI	Employer ider	ntifica	tion number
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Number and street (or P C) box firmal is not delivered to sheet address) Room/wathe E Telephone number				Doing business as							
Second S		7 -			not delivered to street address)		Room/suite	E 1	Telephone nui	mber	
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MILHAUKEE, MT 53202		+			nd ZIP or foreign postal code						
Name and address of proposal officer. DAVTD M. LANG, MD H(b) is the a gauge return for proposal					=g p			6.0	Grace receints	. @	1 911 943
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Tax-essempt status X Sotic(x) Sotic) (Insert no.) 4947(a)(1) or 527 If *No.* attach e list. (over lice/functions)				, ,	•		WT E2202	`	subordinates	?	
Website: ► WIWIN_AARATE/CUNDATION.ORG		_		1	· · · · · · · · · · · · · · · · · · ·				•		
Part Summary) 	947(a)(1)	or 527				,
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Briefly describe the organization's mission or most significant achieles: TO FIND TREATMENTS AND CURES FOR THE MILLIONS OF PEOPLE SUFFERING FROM ALLERGIES, ASTHMA AND OTHER TIMMUNOLOGIC DISEASES BY SUFFORTING EDUCATION AND RESEARCH.					Association Other		L Year of	formation:	2011 M s	State	of legal domicile: W⊥
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Number of independent voling members of the governing body (Part VI, line 1b)	nan		IMMI	UNOLOGIC DISEASES BY SUP	PORTING EDUCATION	N AND	RESEARCI	н.			
Number of independent voling members of the governing body (Part VI, line 1b)	ver	2	Check	this box ▶ if the organization di in the organi	scontinued its operations o	r dispose	ed of more tha	ın 25% of i	its net assets	3.	
Number of independent voting members of the governing body (Part VI, line 1b), 1 13 15 15 10 10 10 10 10 10	G	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3	16.
b Net unrelated business taxable income from Form 990-T, line 38 Total invalidation of the prior Year Current Year	ళ									4	13.
b Net unrelated business taxable income from Form 990-T, line 38 Total invalidation of the prior Year Current Year	tie	_								5	0.
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B Net unrelated business taxable income from Form 990-T, line 38	Ac	7a								7a	0.
Prior Year Current Year Current Year Current Year 635,345.					• /					-	
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 0 0 0. 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 929, 677. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Part (Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 17 Other expenses (Part IX, column (A), line 25) ▶ 92, 681. 17 Other expenses (Part IX, column (A), line 25) ▶ 92, 681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Vert assets or fund balances. Subtract line 21 from line 20. 24 Total liabilities (Part X, line 26). 25 Vert assets or fund balances. Subtract line 21 from line 20. 26 Total assets (Part X, line 26). 27 Total assets (Part X, line 26). 28 Vert assets or fund balances. Subtract line 21 from line 20. 29 Total assets of perjuy, 1 declare that 1 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. 20 Prim's EIN ▶ 13 - 5 381 5 90 21 Firm's address ▶ 330 E. ELIBOQUEN AVENNUE, SUTER 750 MILMARIKER, MI. 53202 22 Prim's Gdress ▶ 330 E. ELIBOQUEN AVENNUE, SUTER 750 MILMARIKER, MI. 53202 23 Propose (See instructions). 24 Yes No											Current Year
9 Program service revenue (Part VIII, Line 2g) 0. 0. 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 929, 677 1, 788, 591. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 496, 250. 588, 750. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		8	Contri	ibutions and grants (Part VIII, line 1h)						5.	
1 Other revenue (Part VIII). column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	ηne								, .	_	
1 Other revenue (Part VIII). column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	vel								368 87		
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0 .	_										
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Beginning of Current Year End of Year											
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		19	Reven	ue less expenses. Subtract line 18 from	line 12				247,07	9.	976,391.
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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	SŢ.	22	Net as	ssets or fund balances. Subtract line 21	from line 20			15	,474,27	3.	15,038,714.
Sign Here Sign Type or print name and title Paid Preparer Use Only Firm's name BDO USA, LLP Firm's name BDO USA, LLP Firm's address 330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 May the IRS discuss this return with the preparer (other than officer) is based on all information of which preparer has any knowledge. Date Check if PTIN POI1240455 Firm's elin 13-5381590 Phone no. 414-272-5900 X Yes No	Pa	rt II	Siç	gnature Block							
Sign Here Signature of officer Type or print name and title Print/Type preparer's name JACOB COOK Preparer Use Only Firm's name BDO USA, LLP Firm's address 330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if PTIN PO1240455 PO1240455 Firm's EIN ▶13-5381590 Phone no. 414-272-5900 No	Und	der per	nalties o	of perjury, I declare that I have examined this	s return, including accompanyi	ng schedu	les and statem	nents, and t	to the best of	my k	nowledge and belief, it is
Here Type or print name and title	liue	, corre	Ci, and	Complete. Declaration of preparer (other than	onicer) is based on all informat	IOII OI WIII	cii preparei nas	s ally kilowi	leuge.		
Here Type or print name and title	٠.										
Type or print name and title Paid Preparer Use Only Firm's name Date 10/29/2019 Firm's name Date 10/29/2019 Firm's EIN Firm's EIN PTIN PO1240455 P01240455 Firm's address 330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	_			Signature of officer					Date		
Print/Type preparer's name JACOB COOK Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's name Preparer's signature 10/29/2019 Polte 10/29/2019 If PTIN PO1240455 Polte PO1240455 Polte Polte	Her	e									
Paid Preparer Use Only Firm's address ▶330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 Phone no. X Yes No				Type or print name and title							
Paid Preparer Use Only JACOB COOK 10/29/2019 self-employed P01240455 Firm's name Firm's name Firm's address ▶330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 Phone no. 414-272-5900 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Print/	Type preparer's name	Preparer's signature		Date		Check	if P	TIN
Firm's name DBO USA, LLP Firm's elN DF 13-5381590			JAC	OB COOK	July 1		10/29	/2019			P01240455
Firm's address ▶330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202 Phone no. 414-272-5900 May the IRS discuss this return with the preparer shown above? (see instructions)	-		Firm's	sname ▶BDO USA, LLP	7		,		m's EIN ▶ 1	3-5	381590
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only		<u> </u>		3202			1		
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	<u> </u>			<u> </u>	,						Form 990 (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling of this	form, visit www.irs.gov/e-file-providers/e-file-	-for-charities	e-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed).			_	
•	ions required to file an income tax return oth orm 7004 to request an extension of time to		,	O-C filers), partnerships, F			
Гуре or orint	Name of exempt organization or other filer, see i AMERICAN ACADEMY OF ALLERGY, IMMUNOLOGY FOUNDATION, INC.		×	Employer identification num 45-1495723	on number (EIN) or		
ile by the ue date for ling your	Number, street, and room or suite no. If a P.O. b 555 EAST WELLS 1100	Social Social strains					
eturn. See nstructions.	City, town or post office, state, and ZIP code. For MILWAUKEE, WI 53202	or a foreign ad	dress, see instructions.			_	
Enter the R	eturn Code for the return that this application	n is for (file	a separate application fo	or each return)	o	1	
Application s For		Return Code	Application Is For		Retu Cod		
orm 990 o	r Form 990-EZ	01	Form 990-T (corporat	ion)	07		
orm 990-B	L	02	Form 1041-A		08		
orm 4720	(individual)	03	Form 4720 (other tha	n individual)	09		
orm 990-P	F	04	Form 5227	10			
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11		
orm 990-T	(trust other than above)	06	Form 8870		12		
If the org If this is for the who	ne No. ▶ 414 276-6445 anization does not have an office or place of or a Group Return, enter the organization's following the group, check this box ▶ □ . e names and EINs of all members the extensions.	business in our digit Gro If it is for pa sion is for.	oup Exemption Number (art of the group, check t	GEN) _ his box ▶ _	. If this is and attach		
-	est an automatic 6-month extension of time to organization named above. The extension is calendar year 20 18 or tax year beginning	s for the org	ganization's return for:			'n	
	ax year entered in line 1 is for less than 12 r Change in accounting period						
	application is for Forms 990-BL, 990-PF, 9	990-T, 4720), or 6069, enter the		_ _	0	
	undable credits. See instructions.		0000		3a \$	0.	
	application is for Forms 990-PF, 990-T					0	
	ated tax payments made. Include any prior ye ce due. Subtract line 3b from line 3a. Include				3b \$	0.	
	ronic Federal Tax Payment System). See instri		ent with this form, if re-	· · · · ·		0	
-			it) with this Form 9969		3c \$	$\frac{0}{nt}$	
caution: if you	ou are going to make an electronic funds withdraw	aı (un ect deb	ıı) willi lilis ruilli öödö, se	E FUIII 0433-EU and FORM	oo≀s-⊑O for payme	111	
	Act and Paperwork Reduction Act Notice, see ins	tructions		-	Form 8868 (Rev. 1-2	2010	
or i iivacy i	not and I aperwork negaction Act Notice, see Ilis	40110113.		Г	omi dddd (Nev. 1-2	(פוט.	

	n 990 (20		Page Z
Pa	art III	Statement of Program Service Accomplishments	T.
	Driofly	Check if Schedule O contains a response or note to any line in this Part III	X
•		CHMENT 1	
	AIIA		
2	Did the	organization undertake any significant program services during the year which were not listed on the	
		orm 990 or 990-EZ? Yes	No □
	If "Yes,"	describe these new services on Schedule O.	
3		e organization cease conducting, or make significant changes in how it conducts, any program	_
	services	?	No
		describe these changes on Schedule O.	
4	expense	e the organization's program service accomplishments for each of its three largest program services, as measures. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to conserve the second of the seco	
4a	(Code:) (Expenses \$ 626,737. including grants of \$ 588,750.) (Revenue \$)	
		DUNDATION FUNDS THREE FACULTY DEVELOPMENT AWARDS ANNUALLY.	
	THESE	RESEARCH AWARDS SUPPORT THE RESEARCH EFFORTS OF JUNIOR	
		TY MEMBERS IN THE FIELD OF ALLERGY/IMMUNOLOGY TO LEAD TO THE	
		NTION AND CURE OF ASTHMA AND ALLERGIC AND IMMUNOLOGIC	
	DISEAS		
	-		
	-		
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
75	(Code.		
	-		
	-		
<u>4c</u>	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	(0000.		
4d	Other p	rogram services (Describe in Schedule O.)	
-	(Expens		
4e	<u> </u>	rogram service expenses ► 626,737.	
JSA	020 1.000	Form 990	(2018)
0E 11			ÀGE :

Page 3 Form 990 (2018)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	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.	_		Х
e	•	5		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D, Part III	8		Х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		Х
16		15		
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
• • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	
16.4				

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
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	22		Х
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	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 u	\$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	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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?			37
	If "Yes," complete Schedule L, Part I	25b		Х
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			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		21
D	Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 21
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		- 21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	990	
		Form	990	12018

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Form 990 (2018) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ▶ CURACAO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		21
	ii 163, complete i Oilli 4720, conedule O.			

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Public Disclosure Copy AMERICAN ACADEMY OF ALLERGY, ASTHMA & 45-1495723 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 16 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. Enter the number of voting members included in line 1a, above, who are independent

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?............

3	Did the organization delegate control over management duties customarily performed by or under the direct	_	3.7	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	37
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		Na
		4.6	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.5	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	Х	
	rise to conflicts?	120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13		Х
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	17		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ^{₩I} ,			

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records ► EXECUTIVE DIRECTOR, INC. 555 E WELLS ST, SUITE 1100 MILWAUKEE, WI 53202 414-276-6445

X Upon request Other (explain in Schedule O)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website

financial statements available to the public during the tax year.

Form **990** (2018)

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AMERICAN ACADEMY OF ALLERGY, ASTHMA &

45-1495723

Form 990 (2018) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated	d any current officer, director, or trustee.
---	--

(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson	e than c is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ROBERT A. WOOD, MD	2.00									
PRESIDENT	15.00	Х		Х				0.	10,409.	0.
(2)DAVID M. LANG, MD	2.00									
PRESIDENT-ELECT	5.00	Х		Х				0.	0.	0.
(3)MARY BETH FASANO, MD, MSPH	2.00									
SECRETARY-TREASURER	5.00	Х		Х				0.	0.	0.
(4)DAVID B. PEDEN, MD, MS	2.00									
IMMEDIATE PAST-PRESIDENT	2.00	Х		Х				0.	27,500.	0.
(5)PAULA J. BUSSE, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(6) MELODY C. CARTER, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(7)TIMOTHY CRAIG, DO	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(8) JEFFREY G. DEMAIN, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0
(9)CHITRA DINAKAR, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0
(10)MITCHELL H. GRAYSON, MD	2.00									
DIRECTOR	2.00	X						0.	0.	0
(11)DAVID A. KHAN, MD	2.00									
DIRECTOR	2.00	X						0.	5,000.	0
(12) SHARON B. MARKOVICS, MD	2.00									
DIRECTOR	2.00	Х						0.	0.	0
(13)SCOTT H. SICHERER, MD	2.00									
DIRECTOR	2.00	Х						0.	31,665.	0
(14) KELLY D. STONE, MD, PHD	2.00									
DIRECTOR	2.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		y En	nplo			and I	lig			yees (c	ontinue	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from	Reporta compensati relate	on from d	am	(F) timated tount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation om the anization d related anizations
15) KATHLEEN E. SULLIVAN, MD DIRECTOR	2.00	X						0.		0.		0 .
16) PAUL V. WILLIAMS, MD	2.00	_ ^						0.		0.		
DIRECTOR	2.00	X						0.		0.		0 .
17) JAMES E. GERN, MD	2.00											
DIRECTOR THRU 03/2018	2.00	Х						0.		0.		0 .
18) AIDAN A. LONG, MD DIRECTOR THRU 03/2018	2.00	Х						0.		0.		0 .
19) GISELLE MOSNAIM, MD, MS	2.00											•
DIRECTOR THRU 03/2018 20) THOMAS A. FLEISHER, MD	2.00	X	-					0.		0.		0 .
EXECUTIVE VICE PRESIDENT	2.00	X		Х				0.		0.		0 .
	 											
1b Sub-total							>	0.	74	,574.		0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>	0.		0. ,574.		0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0		d a	bov	e) who	o re	eceived more than	\$100,000	of		
												Yes No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	livid	ual							3	X
4 For any individual listed on line 1a, is the organization and related organizations gro	eater than	\$15	50,0	00?) It	"Yes	5,"	complete Schedu	le J for	such		v
individual											4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	Х
Section B. Independent Contractors	<u>'</u>											
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation
ATTACHMENT 2												
							-					
							+					
							+					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	listed above) who	received			

Form **990** (2018)

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f	Federated campaigns	285,780. 16,500. 927,811. 9,917 Business Code	1,230,091.			
Progran	e f g	All other program service revenue Total. Add lines 2a-2f		0.			
Other Revenue	3 4 5 6a b	Investment income (including dividen and other similar amounts)	proceeds >	598,986. 0.			598,986.
	c d 7a b	Rental income or (loss)	(ii) Other	0.			
	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$285,780 \cdots of contributions reported on line 1c). See Part IV, line 18	82,866.	0.			
O	9a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	0.	-40,486.			-40,486.
	С	Less: direct expenses		0.			
	b c	Less: cost of goods sold	0 . ▶ Business Code	0.			
	11a b c	All other revenue					
	d e 12	Total. Add lines 11a-11d Total revenue. See instructions.		0. 1,788,591.			558,500.

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). (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 588,750 588,750 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0. 11 Fees for services (non-employees): 117,386. 23,477. 35,216 58,693. a Management 2,614. 2,614 3,675 3,675. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 32,764. 32,764 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 29,134 29,134. Advertising and promotion 12 19,386. 14,510. 4,876. 13 Office expenses 4,854. 4,854. Information technology 14 0. 15 Royalties 0 Occupancy 16 13,637. 13,637. 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 0 Payments to affiliates 0 Depreciation, depletion, and amortization 22 0. Insurance 23 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.) e All other expenses 812,200 626,737. 92,782 92,681. 25 Total functional expenses. Add lines 1 through 24e 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

0

following SOP 98-2 (ASC 958-720)

Page **11** Form 990 (2018)

Part X Balance Sheet

	rt X	Datatice Street			
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	485,002.	1	508,788.
	2	Savings and temporary cash investments	0.	2	0 .
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	41,193.	4	314,352
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L 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	0.	5 6	0
įts	7	Notes and loans receivable, net	0.	7	0.
Assets	7		0.	8	0.
⋖	8 9	Inventories for sale or use Prepaid expenses and deferred charges	74,282.	9	378,613.
	_	Land, buildings, and equipment: cost or	7172021	9	3707013.
	IVa	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	14,877,504.	11	14,007,533.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,477,981.	16	15,209,286.
	17	Accounts payable and accrued expenses	3,708.	17	164,647.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	5,925.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,708.	26	170,572.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	0.	27	0.
Fund Balances	28	Temporarily restricted net assets	15,474,273.	28	15,038,714.
둳	29	Permanently restricted net assets	0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	15,474,273.	33	15,038,714.
_	34	Total liabilities and net assets/fund balances	15,477,981.	34	15,209,286.

Form **990** (2018)

45-1495723

-om 98	90 (2018)				Pag	ge IZ	
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	1	.,78	38,5	91.	
2					812,200.		
3	Revenue less expenses. Subtract line 2 from line 1	3		97	76,3	91.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,47	74,2	73.	
5	Net unrealized gains (losses) on investments	5	-1	.,46	57,8	60.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8		Ę	55,9	10.	
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	15	,03	88,7	14.	
Part							
	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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.	•					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor						
	reviewed on a separate basis, consolidated basis, or both:	прпоц					
	Separate basis Consolidated basis Both consolidated and separate basis						
L	Were the organization's financial statements audited by an independent accountant?		2	2b	Х		
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud		• • –				
	separate basis, consolidated basis, or both:	iteu on	a				
	Separate basis						
_							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				х		
	of the audit, review, or compilation of its financial statements and selection of an independent acc		'': <u> </u>	-			
	If the organization changed either its oversight process or selection process during the tax year, e	expiain	in				
_	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth		,		Х	
	the Single Audit Act and OMB Circular A-133?		• • —	3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_		.			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3	3b			

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

Employer identification number 45-1495723

		22001 100HBHH10H, 1					10 1100	
Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	•	-				(iii). Enter the
		hospital's name, city, and st	· ·	•	•			. ,
5		An organization operated		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		J	•	•	, 0	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	J			,	,,,,,,,	om the general public
		described in section 170(b)	-			3		3 1
8		A community trust describe			Part II.)			
9		An agricultural research org	-		-	perated	I in conjunction with a	land-grant college
•		or university or a non-land-	=			-	=	
		university:	grant concego or ag	grioditaro (oco monaci	10110). L		name, only, and orate of	Tario conogo or
0		An organization that norma	ılly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
		receipts from activities rela	ited to its exempt f	unctions - subject to	certain e	xception	s, and (2) no more tha	n 331/3 % of its
		support from gross investmacquired by the organization	nent income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
1		An organization organized	·		. , . , .		,	
2	X	An organization organized	•	•	-			earry out the nurnoses
_		of one or more publicly su	•	•				
		Check the box in lines 12a t						
а		Type I. A supporting orga	=			-	·	_
а	_	the supported organization	•	•	-		• , ,	
		_ supporting organization.				ajointy of	the directors of truste	es of the
b		Type II. A supporting org				with ite	supported organization	on(e) by having
D		control or management of	•					
		organization(s). You must	· · · -	=	liic Saiii	e persor	is that control of man	age the supported
С		Type III functionally integ	-		ted in c	annectio	n with and functional	ly integrated with
·		its supported organization						iy intogratod with,
d		Type III non-functionally		•				ted organization(s)
u		that is not functionally inte			-			
		requirement (see instruct						an attentiveness
е		Check this box if the orga	•	-				I Type III
·	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	., .,po
f	En	ter the number of supported	• •			•		
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
Z	ATT <i>I</i>	ACHMENT 1		above (see instructions))	Yes	No	man denons)	matructions)
•								
A)								
B)								
D)								
C)								
٠,								
D)								
-,								
E)								
_,								
Γota	al						500 750	

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

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on l	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(=) 2014	(h) 2015	(=) 2016	(4) 2017	(-) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f						
<u></u>	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Sup			44		44	%
14	Public support percentage for 2018 (li Public support percentage from 2017	ne 6, column (1) alvided by line	11, column (I))		14	
15	331/3% support test - 2018. If the org						
IVa	box and stop here. The organization q	•					
h	331/3% support test - 2017. If the organization q						
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•		•			
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly s	supported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				•	•	
18	supported organization Private foundation. If the organization						
•	instructions						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, р.сс.сс с.		,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	(,	(5) = 5 · 5	(.,, _ ;	(0, 20.0	(7)
•							
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	, , -						
b	received from disqualified persons Amounts included on lines 2 and 3		+				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6.						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	,						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax \	vear as a section	n 501(c)(3)
	organization, check this box and stop here .	•			•		````
500	tion C. Computation of Public Supp						
				man (f))		1.5	0/
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche			<u> </u>		16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2018 (lin						%
18	Investment income percentage from 2017 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	anization did n	ot check the box	on line 14, and	d line 15 is mo	re than 331/3%	and line
	17 is not more than 331/3 %, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported orga	nization . ▶
b	331/3% support tests - 2017. If the orga			-			
	line 18 is not more than 331/3 %, check						
20			•	•			

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IPS determination of status

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng			
by	1	X	
JS			
ed	2		X
er	2		
01	3a		X
nd he			
10	3b		
B)	20		
If	3с		
"	4a		X
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to			
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or	6		X
or			
ty	7		X
7?			
•	8		Х
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Ju	9a		Х
h	٥L		X
fit	9b		
	9с		Х
on ed			
u	10a		Х
to	46:		
	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedul	e A (Form 990 or 990-EZ) 2018		F	Page 5
Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			v
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Λ
Jectic	on b. Type I Supporting Organizations		Yes	No
			163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Castia		3		
	on E. Type III Functionally Integrated Supporting Organizations	44	'ama\	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ucu	OHS).	
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	iiisiiui	Yes	
2	Activities Test. Answer (a) and (b) below.		103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

AMERICAN ACADEMY OF ALLERGY, ASTHMA &

Page 6 Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Page 7 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
<u>e</u>	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

JSA

45-1495723

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				ATTACHMENT 3	1
SCHEDULE A, PART I - INFORMATION ABOUT SU	JPPORTED (DRGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY, INC.	39-6061326	10	X	588,750.	0.
TOTAL AMOUNT OF SUPPORT				588,750.	0.

Schedule A (Form 990 or 990-EZ) 2018

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. 45-1495723 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Name of o	organization AMERICAN ACADEMY OF ALLERGY, ASTHMA IMMUNOLOGY FOUNDATION, INC.	A &	Employer identification number 45-1495723
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		- - \$\$15,303.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - - \$\$,005.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- _ \$5,364.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		- _ \$15,425.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- _ \$6,820.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 AMERICAN ACADEMY OF ALLERGY, ASTHMA & Name of organization **Employer identification number** IMMUNOLOGY FOUNDATION, INC. 45-1495723 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** 5,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Person **Payroll** 7,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 Person **Payroll** 10,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Χ Person **Payroll** 5,300. Noncash (Complete Part II for noncash contributions.)

5,612.	Person X Payroll Noncash
	(Complete Part II for noncash contributions.)

(d)
Type of contribution

(a)

No.

12

(b)

Name, address, and ZIP + 4

(c)

Total contributions

\$

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) AMERICAN ACADEMY OF ALLERGY, ASTHMA & Name of organization Employer identification number IMMUNOLOGY FOUNDATION, INC. 45-1495723 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Χ Person **Payroll** 5,910. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 15 Person **Payroll** 10,650. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Χ Person **Payroll** 5,000. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

\$

Person Payroll Χ

17

5,000.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 AMERICAN ACADEMY OF ALLERGY, ASTHMA & Name of organization Employer identification number 45-1495723 IMMUNOLOGY FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 19 Person **Payroll** 48,653. \$ Noncash

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

AMERICAN ACADEMY OF ALLERGY, ASTHMA & Name of organization Employer identification number 45-1495723 IMMUNOLOGY FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) AMERICAN ACADEMY OF ALLERGY, ASTHMA & Name of organization Employer identification number IMMUNOLOGY FOUNDATION, INC. 45-1495723 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 Χ Person **Payroll** 152,132. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 Person **Payroll** 14,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 33 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Χ Person **Payroll** 100,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 Person

		\$9,917.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
		0 - 1 - 1 - 1 - 1	C /E 000 000 E7 000 DE) /004

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & **Employer identification number** 45-1495723 IMMUNOLOGY FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_35	111 SHARES OF T ROWE PRICE MID CAP GROWTH FUND #64		
		\$9,917.	11/01/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization AMERICAN ACADEMY OF AL IMMUNOLOGY FOUNDATION,		' '	r identification number -1495723		
Part III		, contributions to organizat the year from any one cor ons completing Part III, ente e year. (Enter this information	ons described in section in the total of exclusively	on 501(c)(7), (8), or mns (a) through (e) and religious, charitable, etc.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transfer	ror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	M 211 + 4	Relationship of transfer	or to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transfe	ror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfer	ror to transferee		

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & Employer identification number IMMUNOLOGY FOUNDATION, INC. 45-1495723 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: Revenue included on Form 990, Part VIII, line 1. ▶ \$ Assets included in Form 990, Part X.......

	Organizations Maintain	na Calla	ations of	Art Lligte	riaal Tra		or Othor	Cimilar A	anata (ontinuo	Page Z
	rt Organizations Maintaini										
3	Using the organization's acquisition		ssion, and o	other reco	as, cneci	k any or	the follow	ving that a	re a sigr	illicant u	se of its
	collection items (check all that app	ıy):			.						
a	Public exhibition			d	=		nge progra				
b	Scholarly research	4		e	Other						
C	Preservation for future gener										
4	Provide a description of the organ	nization's	collections	and expl	ain how t	they furt	ner the or	ganizations	s exemp	t purpose	e in Part
_	XIII.										
5	During the year, did the organization								_	- 1	
	assets to be sold to raise funds rath			ained as pa	art of the o	organiza	tion's colle	ction?		Yes	No_
Pa	rt IV Escrow and Custodial A				000 5					. –	
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, F	art IV, I	ine 9, or r	eported a	n amour	nt on Foi	m
	990, Part X, line 21.										
1a	Is the organization an agent, truste				-				_		
	included on Form 990, Part X?								. L	Yes	X No
b	If "Yes," explain the arrangement in	n Part XII	II and comp	olete the fo	llowing tab	ole:					
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
	Did the organization include an am		-		-				, _	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	II. Check h	ere if the e	xplanation	has bee	n provided	on Part XIII	<u> </u>		
Pa	rt V Endowment Funds.										
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, F	Part IV, I	ine 10.				
		(a) Cu	rrent year	(b) Prio	r year	(c) Two	years back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage		rrent vear	end balanc	e (line 1a	column	(a)) held as				
- a	Board designated or quasi-endown		mont your	%	o (o .g,	Coldinii	(a)) Hola ac	•			
b	Permanent endowment	%		_							
С	Temporarily restricted endowment	>	%								
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal '	100%.							
3a	Are there endowment funds not in				ation that	are held	and admir	nistered for	the		
	organization by:	•		Ū						Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u	•		•							
Pa	rt VI Land, Buildings, and Equ	ipment.						_			
	Complete if the organiza	ation ans	swered "Y								
	Description of property		(a) Cost or (inves	other basis tment)		or other bas ther)		cumulated reciation	(d) Book valu	ie
1a	Land		(111703		(0		300	- Jimusii			
b	Buildings										
c	Leasehold improvements										
4	Equipment										
u	Other										
Tota	I Add lines 1a through 1e (Column			n 000 Parl	Y colum	n (R) line	10c)				

.

	Form 990) 2018				Page •
Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 991) Part IV line 11	h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	, Fait IV, lille 11	(c) Method of valua	
	(including name of security)	(,	Co	ost or end-of-year mark	
(1) Financi	al derivatives				
	/-held equity interests				
(3) Other_					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII					
I alt VIII	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11	c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	, ,	(c) Method of valua	
	, ,	,	Co	ost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
_(5)					
(6)					
_(7)					
(8)					
(9)	on /h) must a such Farma COO. Bart V. and /D) line 42.)				
Part IX	nn (b) must equal Form 990, Part X, col. (B) line 13.)				
Partix	Other Assets. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11	d See Form 990	Part X line 15
	· · · · · · · · · · · · · · · · · · ·	scription	5, r a.c.r,	<u>u. 000 i 0iiii 000</u>	(b) Book value
(1)	V.7				
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(9)	(1) (5) (6) (7) (7)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		<u></u>	
Part X	Other Liabilities. Complete if the organization answered	l "Yes" on Form 99), Part IV, line 11	e or 11f. See For	m 990, Part X,
	line 25.	1			
1. (1) Fada	(a) Description of liability	(b) Book val	ue		
	ral income taxes				
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	•			

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

PAGE 33

Schedul	le D (Form 990) 2018		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a	Behated services and dee of identifies 111111111111111111111111111111111111	-	
b	Ther year adjustments	-	
C	Other losses in the first transfer and the first transfer and transfer		
d	Other (Describe in Part XIII.)	2e	
	Subtract line 2e from line 1	3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
	PAGE 5		

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

PART X, LINE 2: ASC 740 FOOTNOTE

AAAAI FOUNDATION GENERALLY ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; HOWEVER, THE NET INCOME FROM CERTAIN ACTIVITIES OF THE ACADEMY MAY BE SUBJECT TO INCOME TAX AS UNRELATED BUSINESS INCOME. DURING 2018 AND 2017, THE PROVISION FOR INCOME TAXES WAS \$0 AND \$214, RESPECTIVELY, WHICH HAS BEEN RECORDED IN MISCELLANEOUS EXPENSE ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX
POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT
THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE
ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT DID NOT
RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS
ENDED DECEMBER 31, 2018 AND 2017, THERE WERE NO INTEREST OR PENALTIES
RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest instructions.

AMEDICAN ACADEMY OF ALLERGY ASTHMA &

OMB No. 1545-0047

2018

Open to Public

Open to Public Inspection

	UNOLOGY FOUNDATION, INC.	EMI OF ALLERG	II, ASII	IMA &		45-1495723	on number
		anlote if the orga	nization	neworod	I "Voc" on Form		17
Part	Form 990-EZ filers are not				res on Form	990, Fait IV, IIIIe	17.
1	Indicate whether the organization rais				activities Check	all that apply	
	Mail solicitations	_		_			
a		e			non-government g		
b	Internet and email solicitations	f			government grants	S	
C	Phone solicitations	g	Spe	ciai Tundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o						
	or key employees listed in Form 990						Yes No
D	If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the		(Tunuraise	rs) pursua	ini io agreemenis	under which the	iundraiser is to be
	the stated at least \$5,000 by the	organization.					
						(v) Amount paid to	
	(i) Name and address of individual	(II) A ativity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	_
1			103	110			
-							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organiza registration or licensing.	tion is registered o	or licensed	to solicit	contributions or	nas been notified	it is exempt from
	registration of licensing.						

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

Schedule G (Form 990 or 990-EZ) 2018

Public Disclosure Copy AMERICAN ACADEMY OF ALLERGY, ASTHMA &

Page 2 Schedule G (Form 990 or 990-EZ) 2018

	· ······ ··· · · · · · · · · · · · · ·	9-
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or	or reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 at	nd 6b. Lis
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 BENEFIT DINNER	(b) Event #2 RUN/WALK	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	193,400.	175,246.		368,646
₾	2	Less: Contributions	133,648.	152,132.		285,780
	3	Gross income (line 1 minus line 2)	59,752.	23,114.		82,866
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	4,066.	837.		4,903
Direct Expenses	7	Food and beverages	55,617.			55,617
Direct	8	Entertainment	1,850.			1,850
	9	Other direct expenses	24,988.	35,994.		60,982
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	•	123,352
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> ▶</u>	-40,486
Pa		Gaming. Complete if the org	anization answered "			reported more than
4		\$15,000 on Form 990-EZ, lin	e ba.	4) =		(d) Total garaing (add
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
xpen:	3	Noncash prizes				
lirect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the orgular the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a b		Were any of the organization's gamine If "Yes," explain:	g licenses revoked, sus			Yes No

Public Disclosure Copy AMERICAN ACADEMY OF ALLERGY, ASTHMA &

45-1495723

Sched	lule G (Form 990 or 990-EZ) 2018 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	formed to administer charitable gaming?
ıs a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
_	
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dow	or spent in the organization's own exempt activities during the tax year \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Go to www.irs.gov/Form990 for the latest information.

AMERICAN ACADEMY OF ALLERGY, ASTHMA &

Open to Public Inspection

Employer identification number

IMMUNOLOGY FOUNDATION, INC.		•				45-149572	23
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	æ?					X Yes No
Part IV, line 21, for any recipient the		•					es" on Form 990,
(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) THE GENERAL HOSPITAL CORPORATION							FACULTY DEVELOPMENT
50 STANIFORD ST, 9TH FLOOR BOSTON, MA 02114	04-2697983	501(C)(3)	80,000.		N/A	N/A	AWARD
(2) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL							FACULTY DEVELOPMENT
104 AIRPORT DR ST 2200 CHAPEL HILL NC 27599	56-6001393	501(C)(3)	80,000.		N/A	N/A	AWARD
(3) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CTR							FACULTY DEVELOPMENT
3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	80,000.		N/A	N/A	AWARD
(4) WASHINGTON UNIVERSITY							FACULTY DEVELOPMENT
700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	50,000.		N/A	N/A	AWARD
(5) INDIANA UNIVERSITY							FACULTY DEVELOPMENT
PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	80,000.		N/A	N/A	AWARD
(6) CHILDREN'S HOSPITAL OF PHILADELPHIA							FACULTY DEVELOPMENT
PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	40,000.		N/A	N/A	AWARD
(7) AMERICAN LUNG ASSOCIATION							RESPIRATORY DISEASE
14 WALL STREET, SUITE 8C NEW YORK, NY 10005	13-1632524	501(C)(3)	18,750.		N/A	N/A	RESEARCH AWARD
(8) BRIGHAM AND WOMEN'S HOSPITAL							FACULTY DEVELOPMENT
PO BOX 3149 BOSTON, MA 02241-3419	04-2312909	501(C)(3)	80,000.		N/A	N/A	AWARD
(9) CHILDREN'S RESEARCH INSTITUTE							FACULTY DEVELOPMENT
801 ROEDER RD, SILVER SPRING, MD 02241	52-165-4453	501(C)(3)	40,000.		N/A	N/A	AWARD
(10) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA							FACULTY DEVELOPMENT
9500 GILMAN DR, MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	40,000.		N/A	N/A	AWARD
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	 government	 organizations lis	l sted in the line 1 tal	l ble		.	10.
3 Enter total number of other organizations list	-	•					

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

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Schedule I (Form 990) (2018)

art 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: MONITORING THE USE OF GRANTS

THERE IS AN AD HOC REVIEW COMMITTEE, MADE UP OF INDIVIDUAL MEMBERS

WITHOUT ANY INSTITUTIONAL CONFLICTS, THAT MAKE SUGGESTIONS FOR

APPLICATION AND AWARD OBJECTIVE MODIFICATIONS. THESE CHANGES SUGGESTED

ARE THEN PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. FOR EACH GRANT

AWARDED, A PROGRESS REPORT IS REQUIRED TO BE SUBMITTED TO THE FOUNDATION

ON A 6-MONTH AND/OR ANNUAL BASIS, DEPENDING ON THE TYPE OF AWARD. THE

PROGRESS REPORT IS REQUIRED TO OUTLINE THE FOLLOWING:

1) STATING THE ORIGINAL AIMS OF THE PROJECT AND IF THOSE AIMS HAVE

CHANGED

Schedule I (Form 990) (2018)

Page 2

Schedule I (F	Form 990) (2018)
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

- 2) SYNOPSIS OF RESEARCH PROGRESS TO DATE
- 3) ABSTRACTS OR OTHER PUBLICATIONS RESULTING FROM THE RESEARCH PROJECT
- 4) ANY ADDITIONAL PENDING FUNDING RESULTING FROM THE STUDIES PERFORMED IN

THIS RESEARCH PROJECT

- 5) RESEARCHER'S PLANS AFTER THE AWARD TERM
- 6) A FULL ACCOUNTING OF THE AWARD EXPENDITURES TO DATE

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

IMMUNOLOGY FOUNDATION, INC.

Employer identification number 45-1495723

PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION

AND ONE 3RD-4TH YEAR AT-LARGE BOARD MEMBER. THE EXECUTIVE COMMITTEE SHALL

EXECUTE AND MONITOR THE DIRECTIVES OF THE BOARD OF DIRECTORS AND MAY ACT

ON BEHALF OF THE ORGANIZATION IN ANY MATTER WHEN THE BOARD OF DIRECTORS

IS NOT IN SESSION, REPORTING TO THE BOARD OF DIRECTORS FOR ITS

RATIFICATION OF THE EXECUTIVE COMMITTEE'S ACTIONS.

AMERICAN ACADEMY OF ALLERGY, ASTHMA &

PART VI, SECTION A, LINE 3

THE AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY, A RELATED ORGANIZATION, IS IN CONTRACT WITH EXECUTIVE DIRECTOR, INC. (EDI), AN ASSOCIATION MANAGEMENT COMPANY. EDI IS ALSO ENGAGED TO PERFORM SERVICES FOR AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

PART VI, SECTION B, LINE 11

THE 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE, WHICH IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION. AFTER FULL REVIEW, IT IS PRESENTED TO THE REMAINING BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE 990 IS THEN SIGNED BY AN OFFICER OF THE ORGANIZATION, TYPICALLY THE SECRETARY-TREASURER.

PART VI, SECTION B, LINE 12 B & C

DISCLOSURE MUST BE MADE IN WRITING THROUGH THE USE OF AN OFFICIAL
DISCLOSURE FORM OR VIA AN ONLINE MANAGEMENT SYSTEM. THE COMPLETED FORMS

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

Employer identification number 45-1495723

MUST BE RETURNED PRIOR TO THE COMMENCEMENT OF AN OFFICE TERM, AND THESE FORMS MUST BE UPDATED WHENEVER CIRCUMSTANCES REQUIRE OR ONCE PER CALENDAR YEAR, WHICHEVER IS SOONER. ALL INFORMATION DISCLOSED IS REVIEWED TO IDENTIFY CONFLICTS OF INTEREST AND TO GUIDE THE RESOLUTION OF THOSE CONFLICTS. FOR LEADERS, REVIEWS WILL BE COMPLETED BY AN APPROPRIATE AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY COMMITTEE OR EXECUTIVE BODY. FOR FACULTY, REVIEWS WILL BE COMPLETED BY THE CONTINUING MEDICAL EDUCATION COMMITTEE OR THE ANNUAL MEETING PROGRAM COMMITTEE, DEPENDING ON THE ACITVITY IN WHICH THE FACULTY MEMBER WILL POTENTIALLY BE INVOLVED. FOR AUTHORS, REVIEWS WILL BE COMPLETED BY THE PRACTICE DIAGNOSTICS AND THERAPEUTICS COMMITTEE. IN ALL CASES, AN INDIVIDUAL'S DISCLOSURE WILL BE REVIEWED IN THE CONTEXT OF THE ACTIVITY IN WHICH S/HE WILL POTENTIALLY BE PARTICIPATING. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE REVIEWERS WILL BE ASKED TO IDENTIFY AN APPROPRIATE MECHANISM FOR RESOLVING THE CONFLICT. THIS COULD POTENTIALLY INCLUDE ASKING THE INDIVIDUAL TO ALTER THE RELATIONSHIP WHICH CREATES THE CONFLICT, OR REMOVING THE INDIVIDUAL FROM INVOLVEMENT IN THE ACTIVITY. THE RESULTS OF EACH REVIEW WILL BE COMMUNICATED TO THE INDIVIDUAL AND THE ORGANIZATION PLANNING THE ACTIVITY TO FACILITATE THE RESOLUTION OF THE CONFLICT. THE INDIVIDUAL WILL BE EXPECTED TO DISCLOSE TO THE APPROPRIATE AUDIENCE ANY RELATIONSHIPS THAT WERE FOUND TO BE, OR TO PRESENT THE POTENTIAL FOR, CONFLICTS OF INTEREST BY THE REVIEWER. IN THE EVENT THAT A CANDIDATE FOR ANY AWARD WORKS IN THE LABORATORY, DEPARTMENT OR INSTITUTION OF A COMMITTEE MEMBER, THAT COMMITTEE MEMBER WILL NOT BE PERMITTED TO VOTE OR SUBMIT ANY SCORE FOR THAT APPLICATION. COMMITTEE MEMBERS WILL ALSO EXCUSE THEMSELVES FROM THE

Schedule O (Form 990 or 990-EZ) 2018

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

Employer identification number 45-1495723

REVIEW PROCEDURE IF THEY ARE ACTIVELY COLLABORATING WITH THE CANDIDATE OR HIS OR HER MENTOR. SUCH CONFLICTS MUST BE DISCLOSED PRIOR TO THE CONFERENCE CALL. AT THE DISCRETION OF THE CHAIRPERSON, THE COMMITTEE MEMBER MAY BE PERMITTED TO REMAIN ON THE CONFERENCE CALL BUT CAN NOT PARTICIPATE IN THE DISCUSSION OF THAT APPLICATION IN ANY WAY UNLESS SPECIFICALLY REQUESTED TO PROVIDE ANY POINT OF CLARIFICATION BY ANOTHER COMMITTEE MEMBER. THE EXCEPTION TO THIS IS IF THE CANDIDATES WORK DIRECTLY IN THE LABORATORY OF THE COMMITTEE MEMBER, IN WHICH CASE THE COMMITTEE MEMBER MAY BE ASKED TO DISCONNECT FROM THE CONFERENCE CALL WHILE THAT APPLICATION IS DISCUSSED.

PART VI, SECTION B, LINE 15 A & B

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. IS

MANAGED BY EXECUTIVE DIRECTOR, INC., A FOR-PROFIT MANAGEMENT COMPANY.

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. HAS NO

OFFICIAL EMPLOYEES, AS STAFF ASSIGNED TO AMERICAN ACADEMY OF ALLERGY,

ASTHMA & IMMUNOLOGY FOUNDATION, INC. ARE EMPLOYEES OF THE MANAGEMENT

COMPANY. AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION,

INC. ALSO DOES NOT HAVE ANYONE THAT FITS THE DESCRIPTION OF A KEY

EMPLOYEE. THE CONTRACTED MANAGEMENT FEE IS REVIEWED YEARLY BY THE BOARD

OF DIRECTORS.

PART VI, SECTION C, LINE 19

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. MAKES

ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 990

AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. REQUESTED DOCUMENTS ARE

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.

Employer identification number 45-1495723

PROVIDED WITHIN A REASONABLE TIME FRAME.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO SERVE ORGANIZATIONS THAT ARE COMMITTED TO IMPROVING PATIENTS'
LIVES THROUGH SUPPORT OF RESEARCH AND TRAINING THAT ADVANCES THE
PREVENTION, TREATMENT AND CURE OF ALLERGIES, ASTHMA AND OTHER
IMMUNOLOGIC DISEASES; AND FOSTERING AND PROVIDING FINANCIAL SUPPORT
FOR PROFESSIONAL CAREER DEVELOPMENT IN THE FIELD OF ALLERGY, ASTHMA
AND IMMUNOLOGY TO INCREASE THE NUMBER AND QUALITY OF PERSONS INVOLVED
IN SAID FIELD AND IMPROVE ACCESS TO TREATMENT AND CURE OF ALLERGIES,
ASTHMA AND OTHER IMMUNOLOGY DISEASES.

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

EXECUTIVE DIRECTOR, INC. 555 E. WELLS ST, SUITE 1100 MILWAUKEE, WI 53202

MANAGEMENT

133,092.

AMERICAN ACADEMY OF ALLERGY, ASTHMA &

45-1495723

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & Employer identification number IMMUNOLOGY FOUNDATION, INC. 45-1495723

	(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
1)						
2)						
3)						
1)						
5)						
6)						

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
(1) AM ACAD OF ALLERGY, ASTHMA & IMMUNOLOGY 39-6061326 555 EAST WELLS STREET, SUITE 1 MILWAUKEE, WI 53202	EDUCATION	WI	501(C)(3)	10	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

45-1495723

Schedule R (Form 990) 2018 Page **2**

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. **(b)** Primary activity (i) Code V - UBI (j) (d) (e) Predominant (g) (h) (k) Share of end-of-Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, related organization domicile income amount in box 20 entity year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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)(1 controlle entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Public Disclosure Copy AMERICAN ACADEMY OF ALLERGY, ASTHMA &

Cabadula D (Farm 000) 2040

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2018	Page 3

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	,	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lis	sted in Parts II-IV?				
а	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)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s).				1h		Χ
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
_							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete the					i	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) f deter	minin	ď
	Name of folded organization	type (a-s)	7 uniount involved	amour			9
(1)							
(0)							
(2)							—
(2)							
(3)							
(4)							
(4)							—
(E)							
(5)							—
(6)							
(0)							

JSA

Part V

Schedule R (Form 990) 2018

45-1495723

AMERICAN ACADEMY OF ALLERGY, ASTHMA

Schedule R (Form 990) 2018

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organia	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ij) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

JSA

45-1495723

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Chapter 202, Wis. Stats. Subchapter II

STATE OF WISCONSIN **Department of Financial Institutions**

Division of Corporate and Consumer Services

E-Mail To: DFICharitableOrgs@wi.gov



Mail To:PO Box 7879
Madison, WI 53707-7879

Fax: (608) 267-6813

Call: (608) 267-1711

www.wdfi.org

FORM #1952I – FILING INSTRUCTIONS

WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Wisconsin must file an annual report with the Department of Financial Institutions – Division of Corporate and Consumer Services.
- A charitable organization should use the form 1952 if:
 - o The organization received more than \$25,000 in contributions or more than \$50,000 in contributions from the county their principle office is located in.

AND

- o The organization files an IRS 990, 990EZ or 990-PF. The 990N is not acceptable.
- If the organization does not meet the above criteria please use form 1943 or form 308.
- Please refer to the definitions set forth in Wis. Stat. §. 202.12 when completing registration and report forms.

WHEN TO FILE

• An annual financial report must be filed with the division within 12 months after the organization's fiscal year-end.

WHAT TO INCLUDE

Form 1952 – Supplement to Financial Report.
IRS 990, 990EZ or 990-PF plus all schedules (except B) and attachments.
An attachment for each question on the form 1952 answered "Yes".

A full list of the organization's board of directors, officers, trustees and any principal salaried employees. Please include the individual's name, address and title.
A list of states that have issued a license, registration, permit or other formal authorization to the organization to solicit contributions.
An audited financial statement conducted according to Generally Accepted Accounting Principles for an organization that has received \$500,000 or more in contribution during its fiscal year.
A reviewed or audited financial statement conducted according to Generally Accepted Accounting Principles for an organization which has received \$300,000 - \$499,999 in contributions during the fiscal year.

HOW TO FILE

• Email to: <u>DFICharitableOrgs@wi.gov</u>

• Mail to: PO Box 7879 Madison, WI 53707-7879

• Fax: (608) 267-6813

Chapter 202, Wis. Stats. Subchapter II

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and Consumer Services

E-Mail To: DFICharitableOrgs@wi.gov



Mail To:PO Box 7879
Madison, WI 53707-7879

Fax: (608) 267-6813

Call: (608) 267-1711

www.wdfi.org

FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

		ORGANIZ	ZATION INFO	ORMATION -	SECTION A	Α	
1.	organization	n uses.	•			DUSINESS as) names the	
2.	WI Charital	ole Organization N	umber:	13545		- 800	
3.	3. Federal Employer Identification Number: 45-1495723						
4.	Supply the o	organization's web	site address:	WWW.AAA	AIFOUNDA	ATION.ORG	
5.	Provide the about this fo		information of	f the individua	I the Depart	ment should contact	
I	First Name: EXECUTIVE DIRECTOR, INC. Last Name:						
	Street: 555 E WELLS ST, STE 1100			City:	MILWA	AUKEE	
,	State: WI	Zip Code: 53202	Phone: (414) 2	76-6445	Email:	N/A	

6.	Did your organization use a professional fund-raiser or fund-raising counsel during the fiscal year in Wisconsin? If YES , attach contact information for each fund-raiser(s), fund-raising counsel(s), or person.						
7.	Has the organization changed its purpose(s) or program(s)? If YES, attach explanation. Yes No						
8.	Has any of the information your organization previously submitted to the division changed? (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.) If YES , attach an explanation and a copy of the amended document.						
	FINANCIAL INFORMATION - SECTION B						
Er	nter the accounting period (month, day, and year) that the following financial information applies to.						
9.	What is the organization's Fiscal Year End Date: 12/31/20						
4.0							
10.	. How much has the organization received in \$ 1,230,091.00						
	contributions during the fiscal year?						
	("Contribution" means a grant or pledge of money, credit, property or other thing of any kind of value, except food, used clothing, or used household goods. More information can be found under ch. 202.11(5).)						
11.	11. Has the organization received \$300,000 - \$499,999 in contributions during this fiscal year? If YES , please attach the reviewed or audited financial standards conducted by Generally Accepted Accounting Principles.						
12.	12. Has the organization received \$500,000 or more in contributions during this fiscal year? If YES , please attach the audited financial standards conducted by Generally Accepted Accounting Principles.						
13.	13. Has the organization filed the IRS 990, 990 EZ or 990 PF for the fiscal year end indicated in question 9? If YES , please attach the document.						

CERTIFICATION - SECTION C

This document MUST be signed by the chief fiscal officer and another officer. Two <u>different</u> officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

Name (Print)	Name (Print)
Signature	Signature
Title	Title
Date	. Date

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address: PO Box 7879 Madison, Wisconsin 53707-7879

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.