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EXTENSION ATTACHED

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE FOOD ALLERGY INITIATIVE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
515 MADISON AVE. 1912

City or town, state or country, and ZIP + 4
NEW YORK, NY 10022

F Name and address of principal officer TODD J. SLOTKIN
SAME AS C ABOVE

D Employer identification number
13-3905508

E Telephone number
212-207-1974

G Gross receipts $ 8,415,585.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FAIUSA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SUPPORT RESEARCH TO FUND A CURE FOR FOOD ALLERGY AND CLINICAL ACTIVITIES TO IDENTIFY AND TREAT THOSE		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,564,660.	7,361,212.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,217.	18,160.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,088.	18,141.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,665,965.	7,397,513.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,615,618.	4,469,649.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,031,843.	1,173,917.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	11,607.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,026,135.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,713,636.	2,829,438.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,361,097.	8,484,611.
19	Revenue less expenses Subtract line 18 from line 12	<695,132.>	<1,087,098.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,382,618.	8,954,358.
21	Total liabilities (Part X, line 26)	4,081,769.	4,740,267.
22	Net assets or fund balances Subtract line 21 from line 20	5,300,849.	4,214,091.

RECEIVED
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Part II Signature Block

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

Sign Here
▶ Signature of officer — Date 8-14-12
▶ TODD J. SLOTKIN, CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DANA MARTI	Preparer's signature: Dana Marti	Date: 8/14/12	Check ☐ if self-employed	PTIN: P00107674
Firm's name ▶ MARKS PANETH & SHRON LLP			Firm's EIN ▶	11-3518842
Firm's address ▶ 88 FROEHLICH FARM BLVD WOODBURY, NY 11797			Phone no.	212-503-8800

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916-19 7

SCANNED SEP 10 2012

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SUPPORT RESEARCH TO FUND A CURE FOR FOOD ALLERGY AND CLINICAL ACTIVITIES TO IDENTIFY AND TREAT THOSE AT RISK, INCREASE PUBLIC AWARENESS, AND EDUCATION ABOUT FOOD ALLERGIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 6,817,126. including grants of $ 4,469,649.) (Revenue $ _____)
SEE STATEMENT 1 ON THE FOLLOWING PAGE.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 6,817,126.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	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
e	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	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, XII, and XIII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," 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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, IL, WA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARY JANE MARCHISOTTO, FOOD ALLERGY INITIATIVE, INC. - 212-207-1974
515 MADISON AVE., NEW YORK, NY 10022

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA CAYNE DIRECTOR	1.00	X						0.	0.	0.
(2) STEVEN BRAVERMAN DIRECTOR	1.00	X						0.	0.	0.
(3) DAVID R. JAFFE TREAS./SECRETARY(BOARD)	5.00	X		X				0.	0.	0.
(4) JOHN HANNAN DIRECTOR	1.00	X						0.	0.	0.
(5) SHARYN T. MANN VICE CHAIRMAN (BOARD)	5.00	X		X				0.	0.	0.
(6) TODD J. SLOTKIN CHAIRMAN (BOARD)	5.00	X		X				0.	0.	0.
(7) ROBERT F. KENNEDY DIRECTOR	1.00	X						0.	0.	0.
(8) AMIE RAPPOPORT MCKENNA DIRECTOR	1.00	X						0.	0.	0.
(9) DAVID BUNNING VICE CHAIRMAN (BOARD)	5.00	X		X				0.	0.	0.
(10) LESLIE CORNFELD DIRECTOR	1.00	X						0.	0.	0.
(11) REBECCA LAINOVIC DIRECTOR	1.00	X						0.	0.	0.
(12) JULIA KOCH DIRECTOR	1.00	X						0.	0.	0.
(13) MARY JANE MARCHISOTTO EXECUTIVE DIRECTOR & CFO	60.00			X				276,667.	0.	39,290.
(14) BARBARA ROSENSTEIN COMMUNICATIONS DIRECTOR	60.00					X		118,033.	0.	16,034.
(15) ANNE HORNING DIRECTOR OF SPECIAL EVENTS & DEVELOP	60.00					X		139,245.	0.	14,922.
(16) JENNIFER JOBRACK MIDWEST DIRECTOR	60.00					X		126,833.	0.	34,763.
(17) GREG NIEL DIRECTOR OF OPERATIONS AND WEBMASTER	60.00					X		104,137.	0.	14,430.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								764,915.	0.	119,439.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								764,915.	0.	119,439.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MERCURY PUBLIC AFFAIRS, LLC, 137 FIFTH AVENUE, 3RD FLOOR, NEW YORK, NY 10010	PROFESSIONAL SERVICES	503,817.
GIBRALTAR ASSOCIATES, LLC, 555 13TH ST., NW, SUITE 400, WASHINGTON, DC 20004	CONSULTING	216,925.
RESOURCE & EVENT MANAGEMENT, LTD, 232 MADISON AVENUE, SUITE 1107, NEW YORK, NY	EVENT PLANNING	165,810.
BRYAN WALSER, MD 309 UNIVERSITY DR., MENLO PARK, CA 94025	CONSULTING	131,307.
SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP 4 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	109,141.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c 4081998.				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3279214.				
	g Noncash contributions included in lines 1a-1f $ 480,970.				
	h **Total.** Add lines 1a-1f ▶	7361212.			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	18,819.			18,819.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory 348097.				
	b Less: cost or other basis and sales expenses 348756.				
	c Gain or (loss) <659.>				
	d Net gain or (loss) ▶	<659.>			<659.>
	8a Gross income from fundraising events (not including $ 4,081,998. of contributions reported on line 1c). See Part IV, line 18 a 610917.				
	b Less: direct expenses b 610917.				
	c Net income or (loss) from fundraising events ▶	0.			
	9a Gross income from gaming activities. See Part IV, line 19 a 76,540.				
	b Less: direct expenses b 58,399.				
	c Net income or (loss) from gaming activities ▶	18,141.			18,141.
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶				
	12 **Total revenue.** See instructions. ▶	7397513.	0.	0.	36,301.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,207,085.	4,207,085.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	181,667.	181,667.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	80,897.	80,897.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,958.	196,785.	31,082.	88,091.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	678,393.	368,701.	54,768.	254,924.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	119,046.	67,659.	10,240.	41,147.
10 Payroll taxes	60,520.	34,396.	5,206.	20,918.
11 Fees for services (non-employees):				
a Management				
b Legal	217,979.	31,528.	186,433.	18.
c Accounting	58,280.		58,280.	
d Lobbying	105,000.	105,000.		
e Professional fundraising services. See Part IV, line 17	11,607.			11,607.
f Investment management fees				
g Other	526,249.	425,377.	100,872.	
12 Advertising and promotion	4,028.	1,950.	53.	2,025.
13 Office expenses	19,283.	1,713.	17,492.	78.
14 Information technology				
15 Royalties				
16 Occupancy	139,540.	72,666.	42,786.	24,088.
17 Travel	75,183.	69,361.	2,737.	3,085.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,687.	11,305.	382.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,558.		22,558.	
23 Insurance	7,620.	2,573.	4,194.	853.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANT	694,737.	600,704.	28,839.	65,194.
b CATERING & DECOR	357,005.	80,299.	3,100.	273,606.
c AUDIO/VISUAL EXPENSES	117,951.	40,907.		77,044.
d SPACE RENTAL	75,412.	21,175.		54,237.
e All other expenses	396,926.	215,378.	72,328.	109,220.
25 **Total functional expenses.** Add lines 1 through 24e	8,484,611.	6,817,126.	641,350.	1,026,135.
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	6,799,447.	2	6,952,435.
	3	Pledges and grants receivable, net	2,193,498.	3	1,275,905.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	279,952.	9	159,213.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 186,808.			
	b	Less: accumulated depreciation — 10b: 120,003.	80,126.	10c	66,805.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	500,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	29,595.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,382,618.	16	8,954,358.
Liabilities	17	Accounts payable and accrued expenses	231,355.	17	360,251.
	18	Grants payable	3,834,389.	18	4,289,975.
	19	Deferred revenue	16,025.	19	58,780.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	31,261.
	26	**Total liabilities.** Add lines 17 through 25	4,081,769.	26	4,740,267.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,300,849.	27	4,214,091.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,300,849.	33	4,214,091.
	34	Total liabilities and net assets/fund balances	9,382,618.	34	8,954,358.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,397,513.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,484,611.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,087,098.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,300,849.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	340.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,214,091.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
THE FOOD ALLERGY INITIATIVE, INC.	13-3905508

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check 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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,935,780.	10,055,723.	7,191,086.	5,564,660.	7,361,212.	37,108,461.
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	6,935,780.	10,055,723.	7,191,086.	5,564,660.	7,361,212.	37,108,461.
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)						13,220,960.
6 **Public support.** Subtract line 5 from line 4						23,887,501.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,935,780.	10,055,723.	7,191,086.	5,564,660.	7,361,212.	37,108,461.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520,421.	257,201.	121,362.	57,217.	18,160.	974,361.
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 IV.)						
11 **Total support.** Add lines 7 through 10						38,082,822.
12 Gross receipts from related activities, etc. (see instructions)					12	379,205.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	62.73 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	49.81 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees 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 .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
THE FOOD ALLERGY INITIATIVE, INC.	13-3905508

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	105,000.	
c Total lobbying expenditures (add lines 1a and 1b)	105,000.	
d Other exempt purpose expenditures	8,379,611.	
e Total exempt purpose expenditures (add lines 1c and 1d)	8,484,611.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	574,231.	
g Grassroots nontaxable amount (enter 25% of line 1f)	143,558.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount		653,482.	468,055.	574,231.	1,695,768.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,543,652.
c Total lobbying expenditures		93,750.	15,100.	105,000.	213,850.
d Grassroots nontaxable amount		163,371.	117,014.	143,558.	423,943.
e Grassroots ceiling amount (150% of line 2d, column (e))					635,915.
f Grassroots lobbying expenditures					

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number
13-3905508

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,547.	2,032.	14,515.
d Equipment		83,999.	68,788.	15,211.
e Other		86,262.	49,183.	37,079.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				66,805.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) 925,926 SHRS OF ALLERGEN		
(2) RESEARCH CORP	500,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	500,000.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	31,261.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	31,261.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,397,513.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,484,611.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,087,098.>
4	Net unrealized gains (losses) on investments	4	355.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<15.>
9	Total adjustments (net). Add lines 4 through 8	9	340.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,086,758.>

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

1	Total revenue, gains, and other support per audited financial statements			1	8,014,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	355.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	616,807.		
e	Add lines **2a** through **2d**			2e	617,162.
3	Subtract line **2e** from line **1**			3	7,397,513.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	7,397,513.

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

1	Total expenses and losses per audited financial statements			1	9,101,434.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	616,823.		
e	Add lines **2a** through **2d**			2e	616,823.
3	Subtract line **2e** from line **1**			3	8,484,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	8,484,611.

Part XIV Supplemental Information

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

PART X, LINE 2: FAI FOLLOWS THE PROVISIONS OF FASB ASC 740 "INCOME TAXES" WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. AS OF DECEMBER 31, 2011, NO SUCH PROVISIONS WERE REQUIRED. FAI IS SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS ENDED DECEMBER 31, 2009, 2010, AND 2011.

PART XI, LINE 8 REPRESENTS A $15 BOOK VS. TAX DEPRECIATION DIFFERENCE AND

Part XIV Supplemental Information *(continued)*

A $1 ROUNDING ADJUSTMENT.

PART XII, LINE 2D REPRESENTS (1)DIRECT COSTS ASSOCIATED WITH SPECIAL FUNDRAISING EVENTS OF $610,917 AND DIRECT COSTS ASSOCIATED WITH GAMING ACTIVITIES OF $5,890 WHICH ARE REQUIRED TO BE NETTED AGAINST REVENUE FOR TAX PURPOSES,ARE REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS.

PART XIII, LINE 2D REPRESENTS DIRECT COSTS ASSOCIATED WITH SPECIAL FUNDRAISING EVENTS OF $610,917 AND DIRECT COSTS ASSOCIATED WITH GAMING ACTIVITIES OF $5,890 WHICH ARE REQUIRED TO BE NETTED AGAINST REVENUE FOR TAX PURPOSES, BUT ARE REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS. IT ALSO INCLUDES A DEPRECIATION ADJUSTMENT OF $15.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number

13-3905508

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA			GRANTMAKING		75,000.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTMAKING		5,897.
3 a Sub-total	0	0			80,897.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			80,897.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2011**

132071
01-23-12

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GRANT USED TO CREATE ALLERGYREADY.ORG	75,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TSO GRANT	5,897.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

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" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number

13-3905508

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 ANNUAL FOOD ALLERGY BALL (event type)	(b) Event #2 NYC LUNCHEON (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,613,803.	797,660.	1,281,452.	4,692,915.
	2 Less: Charitable contributions	2,222,902.	706,473.	1,152,623.	4,081,998.
	3 Gross income (line 1 minus line 2)	390,901.	91,187.	128,829.	610,917.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,257.	16,218.	8,432.	47,907.
	7 Food and beverages	150,848.	32,927.	73,613.	257,388.
	8 Entertainment	27,675.	196.	30.	27,901.
	9 Other direct expenses	189,121.	41,846.	46,754.	277,721.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(610,917.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(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			76,540.	76,540.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			52,509.	52,509.
	4 Rent/facility costs				
	5 Other direct expenses			5,890.	5,890.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	(58,399.)
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	18,141.

9 Enter the state(s) in which the organization operates gaming activities. NY

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers? [X] Yes [ ] No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? [ ] Yes [X] No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	75.00 %
b An outside facility	13b	25.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ANNE HORNING- DIRECTOR OF SPECIAL EVENTS & DEVELOPMENT

Address ▶ C/O FAI 515 MADISON AVENUE - NEW YORK, NY 10022

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 ▶ $ _____ .

c 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.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [X] No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations 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 complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number
13-3905508

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S MEMORIAL PLAZA CHICAGO, IL 60614	36-3357006	501(C)(3)	20,000.	0.			CHILDREN'S MEMORIAL HOSPITAL FOOD ALLERGY TESTING FACILITY
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	1,377,444.	0.			WHEAT OIT CLINICAL TRIALS
AMERICAN ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY - 555 EAST WELLS STREET, SUITE 1100 - MILWAUKEE, WI 53202	39-6061326	501(C)(3)	65,000.	0.			GITTIS MEMORIAL FELLOWSHIP: MECHANISMS OF FOOD ALLERGY FOLLOWING EPICUTANEOUS
MICHIGAN UNIVERSITY 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	200,000.	0.			PATIENT EDUCATOR GRANT
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	438,541.	0.			EXPANSION OF THE CENTER FOR EOSINOPHILIC DISORDERS
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	602,901.	0.			CLINICAL ADMIN GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2011)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

132101 01-27-12

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	722,294.	0.			INVENTORY OF RAW AND REFINED CHINESE HERBS
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	12,650.	0.			OUTREACH COORDINATOR (OFFICE OF CLINICAL TRIALS)
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	25,000.	0.			URFIRER FORDYCE FAMILY RESEARCH FELLOWSHIP
FOOD ALLERGY & ANAPHYLAXIS NETWORK 117814 JACKSON LEE HIGHWAY, SUITE 1 FAIRFAX, VA 22033	54-1605958	501(C)(3)	12,894.	0.			SUPPORT OF TEEN SUMMIT
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	2,500.	0.			SUPPORT OF CHINESE HERBAL STUDY
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S MEMORIAL PLAZA CHICAGO, IL 60614	36-3357006	501(C)(3)	74,508.	0.			EPIDEMIOLOGY STUDIES
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S MEMORIAL PLAZA CHICAGO, IL 60614	36-3357006	501(C)(3)	100,000.	0.			ECONOMIC IMPACT STUDIES
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S MEMORIAL PLAZA CHICAGO, IL 60614	36-3357006	501(C)(3)	72,870.	0.			FOOD ALLERGY COMMUNITY EDUCATOR ("FACE") PROGRAM
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE. - BOSTON, MA 02215	04-2103881	501(C)(3)	127,706.	0.			SAFETY AND PROOF-OF-CONCEPT CLINICAL TRIAL FOR TSO WORM STUDY

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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 non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	100,000.	0.			MOUNT PARTICIPATION OF CHICAGO SITE IN CHINESE HERBAL CLINICAL TRIALS
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S MEMORIAL PLAZA CHICAGO, IL 60614	36-3357006	501(C)(3)	250,000.	0.			FUTURE SUPPORT OF CHICAGO SITE IN CHINESE HERBAL CLINICAL TRIALS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
SUPPORT RESEARCH	13	181,667.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THERE IS A FORMAL GRANT REVIEW PROCESS. ALL DISBURSEMENTS ARE DOCUMENTED. GRANTEES ARE REQUIRED TO WRITE ANNUAL UPDATES ON THEIR PROGRESS AS WELL AS THE GOALS ACHIEVED. FUTURE GRANT AWARDS ARE CONTINGENT ON ACHIEVEMENT OF SPECIFIC MILESTONES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: GITTIS MEMORIAL FELLOWSHIP:

Part IV Supplemental Information

MECHANISMS OF FOOD ALLERGY FOLLOWING EPICUTANEOUS SENSITIZATION TO ALLERGEN

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number

13-3905508

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY JANE MARCHISOTTO	(i)	276,667.	0.	0.	10,208.	29,082.	315,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ANNE HORNING	(i)	139,245.	0.	0.	6,531.	8,391.	154,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JENNIFER JOBRACK	(i)	126,833.	0.	0.	5,592.	29,171.	161,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number: 13-3905508

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	4	25,260.	CONTRIBUTED VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	348,756.	CONTRIBUTED VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	4	2,350.	CONTRIBUTED VALUE
19	Food inventory	X	44	15,110.	CONTRIBUTED VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (VACATION PACK)	X	29	22,331.	CONTRIBUTED VALUE
26	Other ▶ (BEAUTY)	X	36	20,945.	CONTRIBUTED VALUE
27	Other ▶ (CONCERT,SPORT)	X	25	18,887.	CONTRIBUTED VALUE
28	Other ▶ (MISCELLANEOUS)	X	28	12,941.	CONTRIBUTED VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information

PART I, OTHER TYPES OF PROPERTY:

JEWELRY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 13

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 12385.

(D) METHOD OF DETERMINING REVENUE: CONTRIBUTED VALUE

GYM MEMBERSHIPS/PERSONAL TRAINER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 7

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 2005.

(D) METHOD OF DETERMINING REVENUE: CONTRIBUTED VALUE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number: 13-3905508

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

AT RISK, TO INCREASE PUBLIC AWARENESS AND EDUCATION ABOUT FOOD ALLERGIES.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A DOMESTIC NOT FOR PROFIT CORPORATION. ITS MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE BUT DO NOT HAVE THE RIGHT TO THE DISTRIBUTION OF INCOME OR ASSETS FROM THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT DIRECTORS. THE DIRECTORS ELECT OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WAS PROVIDED TO THE ORGANIZATION IN PDF FORMAT. THE TAX RETURN IS REVIEWED IN DETAIL WITH THE ACCOUNTANTS AND THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION AND IS SUBSEQUENTLY REVIEWED BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C: ALL STAFF, BOARD MEMBERS, OFFICERS AND TRUSTEES ANNUALLY SIGN A FOOD ALLERGY INITIATIVE MANAGEMENT AND STAFF DISCLOSURE STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND IT, AND HAVE AGREED TO COMPLY WITH THE POLICY. IF A CONFLICT OF INTEREST IS DISCLOSED, THE AFFECTED PARTY WILL DISCUSS THE ISSUE WITH THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS WILL DISCUSS THE ISSUES, CONSULT AN ATTORNEY IF NECCESSARY, AND TAKE APPROPRIATE ACTION. APPROPRIATE DISCIPLINARY ACTION WILL BE IMPOSED AGAINST ANY PERSON VIOLATING THE POLICY.

Name of the organization: THE FOOD ALLERGY INITIATIVE, INC.

Employer identification number: 13-3905508

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES COMPARABLE DATA IN THE INDUSTRY TO DETERMINE COMPENSATION AND COMPENSATION IS VOTED AND AGREED UPON BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE. ANY OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	355.
DEPRECIATION- TAX VS. BOOK	-15.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 5	340.

FORM 990, PART III- Statement of Program Service Accomplishments- 2011

The primary goal of the Food Allergy Initiative (FAI) is to find a cure for life-threatening food allergies. FAI is also committed to funding clinical activities to improve diagnosis and treatment; public policy initiatives to increase federal funding for research and to make the world safer for people with food allergies; and education programs for the food service/hospitality industries, schools, day care centers, and camps. Established in 1996 by concerned parents and grandparents, FAI is the largest private source of funding for food allergy research, nationally and internationally.

Research and Clinical Activities
FAI has made significant progress in our efforts to find a cure. In April 2011, FAI underwrote and organized a groundbreaking Research Retreat at Harvard Medical School. This meeting brought together more than 40 prominent scientists, senior government officials, industry leaders, and other key stakeholders. Their objectives were to: 1) reach a consensus on the direction of food allergy research; 2) create a strategy for designing effective national, multi-center clinical trials; and 3) determine the steps needed to move new therapies through the pipeline and into the market as quickly as possible. The Retreat led to the development of "Roadmap to a Cure," a 10-year plan that will culminate in an FDA-approved, easily administered treatment that will protect the majority of food allergy sufferers. FAI is committed to implementing and funding this plan.

Beyond Oral Immunotherapy Trials, FAI continued to invest in other studies such as *Chinese Herbal Therapy* (Mount Sinai School of Medicine; Arkansas Children's Hospital Research Institute; Northwestern University Feinberg School of Medicine), *Trichuris Suis Ova (TSO) Therapy* (Beth Israel Deaconess Hospital and Harvard Medical School), as well as *Epidemiological Studies* which provide critical data about the incidence and prevalence of food allergies. One major study, conducted by Northwestern Feinberg University School of Medicine and published in *Pediatrics* in June 2011, showed that 8 percent of U.S. children suffer from a food allergy—twice the number estimated by the CDC in 2008. This survey of nearly 40,000 families is the largest prevalence study of food allergies in children ever conducted.

FAI also is committed to increasing enrollment in clinical trials. In January 2011, we launched a pilot program at the Jaffe Food Allergy Institute (Mount Sinai School of Medicine, New York), funding a part-time outreach coordinator whose role is to help develop and distribute promotional materials, promote trials at events, among local allergists and community groups, and in Mount Sinai communication vehicles (website, e-newsletter). Finally, to ensure that patients receive the best diagnosis and care, FAI continued to provide funding to food allergy centers of excellence around the country: the Jaffe Food Allergy Institute (Mount Sinai School of Medicine); Seattle Children's Hospital; Children's Memorial Hospital (Chicago); and the University of Michigan Health System (Ann Arbor).

Education and Community Outreach
While researchers seek a cure, FAI remained committed to developing food allergy education, awareness and community outreach programs. In 2011, we redesigned our website (www.faiusa.org), which provides the latest information about food allergy research, diagnosis, and treatment. We also actively expanded FAI's presence on Facebook and Twitter.

FAI continued to provide funding for food allergy community health education programs at Seattle Children's Hospital and Children's Memorial Hospital in Chicago. In addition, FAI Northwest volunteers distributed patient education materials to emergency rooms at hospitals throughout Washington State.

FAI teamed with FAAN and Anaphylaxis Canada on the creation of "How to CARE for Students with Food Allergies," a free, standardized Web-based food allergy education program for school staff. FAI provided funding for this program, which was introduced on July 2, 2011, at the

National Association of School Nurses (NASN) Annual Conference in Washington, DC. The program is available online at www.allergyready.com.

Advocacy and Public Policy

FAI continued to focus on our primary public policy goal: to increase federal funding for food allergy research, particularly at the NIH. FAI was instrumental in ensuring that the government's investment in research has increased, from $4 million in 2004 to nearly $27 million in 2011.

At the local level, FAI, in tandem with other advocacy organizations, was successful in advocating for the passage of a new law requiring all Texas schools to establish food allergy management guidelines. Fourteen states now have such guidelines. Also with significant support from FAI, Illinois advocates successfully supported legislation that allows schools throughout the state to keep and administer epinephrine to students who are experiencing anaphylactic shock.

Food Allergy Initiative, Inc.

Financial Statements

Years Ended December 31, 2011 and 2010

(Together with Independent Auditors' Report)

Marks Paneth & Shron LLP
Certified Public Accountants & Consultants
IT ALL ADDS UP.

FOOD ALLERGY INITIATIVE, INC.

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Marks Paneth & Shron LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

To The Board of Directors of
Food Allergy Initiative, Inc.

We have audited the accompanying statements of financial position of Food Allergy Initiative, Inc. as of December 31, 2011 and 2010, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of Food Allergy Initiative, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Food Allergy Initiative, Inc. as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended, in conformity with the accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Marks Paneth & Shron LLP

Woodbury, NY
June 27, 2012

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FOOD ALLERGY INITIATIVE, INC.
STATEMENTS OF FINANCIAL POSITION

ASSETS

	December 31, 2011	December 31, 2010
Current assets:		
Cash and cash equivalents	$ 6,952,435	$ 6,907,910
Pledges receivable - short term	807,094	1,729,899
Prepaid expenses and other	159,213	155,088
Total current assets	7,918,742	8,792,897
Equipment:		
Furniture and fixtures	86,262	85,264
Computers and equipment	83,999	78,362
Leasehold improvements	16,547	13,929
Less: accumulated depreciation and amortization	(120,003)	(97,429)
Total net equipment	66,805	80,126
Other assets:		
Rent security deposit	-	29,595
Pledges receivable - long term	468,811	480,000
Investments	500,000	-
Total other assets	968,811	509,595
Total Assets	$ 8,954,358	$ 9,382,618

LIABILITIES AND NET ASSETS

Current liabilities:		
Accounts payable and accrued expenses	$ 360,251	$ 231,355
Deferred event income	58,780	16,025
Grants payable - short term	2,233,627	2,383,780
Deferred rent	31,261	-
Total current liabilities	2,683,919	2,631,160
Long-term liabilities:		
Grants payable - net of short term	2,056,348	1,450,609
Net assets - unrestricted	4,214,091	5,300,849
Total Liabilities and Net Assets	$ 8,954,358	$ 9,382,618

The accompanying notes are an integral part of the financial statements.

FOOD ALLERGY INITIATIVE, INC.
STATEMENTS OF ACTIVITIES

	For the Years Ended December 31,	
	2011	2010
Support and revenue:		
Special events revenue	4,716,946	4,815,244
Grants and contributions	3,279,215	1,547,432
Interest income and other	18,160	57,217
Unrealized gain (loss) on investments	355	(27,925)
Total Support and Revenue	8,014,675	6,391,968
Program expenses:		
Public awareness	2,217,006	1,439,549
Grant awards	4,469,649	3,619,868
Total Program Expenses	6,686,655	5,059,417
Supporting services:		
General and administrative	641,363	419,124
Fundraising	1,773,415	1,636,485
Total Supporting Services	2,414,779	2,055,609
CHANGE IN NET ASSETS	(1,086,759)	(723,058)
Net Assets - unrestricted - beginning of year	5,300,849	6,023,906
Net Assets - unrestricted - end of year	4,214,091	$ 5,300,849

The accompanying notes are an integral part of the financial statements.

FOOD ALLERGY INITIATIVE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2011

	Program Services								Supporting Services		
	Public Policy	Seattle Programs	Connecticut Programs	Clinical Programs	Education	Research	Other Programs	Total Program Expenses	General and Administrative	Fundraising	Total Expenses
Salaries	$ 64,892	$ 1,053	$ 17,367	$ -	$ 277,180	$ 184,085	$ -	$ 544,576	$ 82,685	$ 330,299	$ 957,560
Payroll taxes	4,124	706	1,092	-	17,525	11,657	-	39,755	5,096	15,669	60,520
Employee benefits	10,589	171	2,803	-	45,002	29,935	-	88,501	13,515	53,822	155,837
Total Salaries and Related Costs	79,604	1,931	21,261	-	339,707	225,677	-	672,831	101,296	399,790	1,173,917
Grant expenses	-	-	-	735,134	163,997	3,570,518	-	4,469,649	-	-	4,469,649
Special event expenses	-	-	-	-	-	-	-	-	-	1,357,721	1,357,721
Occupancy	8,301	134	2,197	-	35,277	23,466	-	69,375	41,761	9,277	120,414
Professional fees	814,036	-	-	-	119,088	228,669	50,000	1,211,793	374,424	-	1,586,217
Event direct expenses	-	548	7,417	-	4,331	16,325	-	28,621	3,100	-	31,721
Insurance	294	5	78	-	1,249	831	-	2,457	4,194	329	6,979
Office expenses	9,469	29	5,504	11,875	66,907	32,512	345	126,640	31,232	4,044	161,916
Travel and entertainment	15,384	-	178	20	2,150	60,156	419	78,309	4,818	1,095	84,222
Telephone	1,637	16	257	-	4,215	2,949	-	9,074	1,230	1,091	11,395
Interest expense	-	-	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	1,500	-	1,500	53	-	7,324
Administrative expense	50	-	-	-	-	-	-	50	7,274	-	1,553
Depreciation	-	-	-	-	-	-	-	-	22,574	-	22,574
Miscellaneous	10,001	-	798	16	724	3,460	1,358	16,357	49,406	68	65,832
Total Expenses	$ 938,776	$ 2,662	$ 37,690	$ 747,045	$ 737,645	$ 4,166,063	$ 52,122	$ 6,686,656	$ 641,362	$ 1,773,415	$ 9,101,434

The accompanying notes are an integral part of the financial statements

FOOD ALLERGY INITIATIVE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2010

	Program Services									Supporting Services		
	East West Symposia	Give It Up Campaign	Public Policy	Clinical Programs	Education	Evening About Research	Research	Other Programs	Total Program Expenses	General and Administrative	Fundraising	Total Expenses
Salaries	$ -	$ -	$ 180,178	$ -	$ 143,505	$ -	$ 208,427	$ 6,529	$ 538,639	$ 63,040	$ 202,555	$ 804,234
Payroll taxes	-	-	11,018	-	8,955	-	13,081	654	33,708	14,222	12,678	60,608
Employee benefits	-	-	61,884	-	24,352	-	35,571	1,779	123,585	8,941	34,476	167,002
Total Salaries and Related Costs	-	-	253,080	-	176,813	-	257,078	8,962	695,932	86,203	249,709	1,031,844
Grant expenses	99,886	-	533,750	954,101	725,787	-	1,304,344	2,000	3,619,868	-	-	3,619,868
Special event expenses	-	-	-	-	-	-	-	-	-	-	1,386,585	1,386,585
Occupancy	-	-	26,181	-	21,279	-	31,082	1,554	80,097	20,387	120	100,603
Professional fees	-	-	426,014	14,715	300	975	20,035	7,844	469,884	155,541	-	625,425
Event direct expenses	-	-	-	-	-	34,256	3,800	-	38,056	3,395	-	41,451
Insurance	-	-	2,186	-	1,777	-	2,596	130	6,688	800	10	7,498
Office expenses	1,980	13,351	22,666	-	15,178	17,711	1,307	1,979	74,172	59,166	45	133,382
Travel and entertainment	-	-	18,518	-	(29)	10,357	15,674	49	44,570	4,540	-	49,110
Telephone	-	-	6,934	-	2,606	6	4,514	567	14,627	1,142	15	15,783
Interest Expense	-	-	-	-	-	-	-	-	-	146	-	146
Advertising	-	-	-	-	-	-	1,500	-	1,500	235	-	1,735
Administrative expense	-	-	295	-	-	-	-	-	295	34,113	-	34,408
Depreciation	-	-	-	-	-	-	-	-	-	26,513	-	26,513
Miscellaneous	-	1,398	10,486	-	1,056	320	447	22	13,729	26,944	2	40,674
Total Expenses	$ 101,866	$ 14,749	$ 1,300,110	$ 968,816	$ 944,766	$ 63,625	$ 1,642,378	$ 23,107	$ 5,059,417	$ 419,125	$ 1,636,486	$ 7,115,026

The accompanying notes are an integral part of the financial statements

FOOD ALLERGY INITIATIVE, INC.
STATEMENTS OF CASH FLOWS

	For the Years Ended December 31, 2011	2010
Cash flows from operating activities:		
Change in Net Assets	(1,086,759)	$ (723,057)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization expense	22,574	26,513
Decrease (increase) in operating assets:		
Pledges receivable	933,994	171,507
Prepaid expenses and other	(4,125)	6,609
Security deposit	29,595	-
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	128,897	143,403
Deferred event income	42,755	(29,643)
Grants payable	455,586	(1,936,394)
Deferred rent	31,261	-
Net cash provided by (used in) operating activities	553,778	(2,341,062)
Cash flows from investing activities:		
Purchases of equipment	(9,253)	(62,991)
Maturity of investments	-	4,924,902
Purchases of investments	(500,000)	-
Net cash (used in) provided by investing activities	(509,253)	4,861,911
Net increase in cash and cash equivalents	44,525	2,520,849
Cash and Cash Equivalents - beginning of year	6,907,910	4,387,061
Cash and Cash Equivalents - end of year	$ 6,952,435	$ 6,907,910
Supplemental disclosures:		
Cash paid during the year for:		
Interest	$ -	$ 146

The accompanying notes are an integral part of the financial statements.

FOOD ALLERGY INITIATIVE, INC.
NOTES TO FINANCIAL STATEMENTS

Note 1 - Nature of Operations:

Food Allergy Initiative, Inc. ("FAI") was established in 1996 and formed solely for educational and charitable purposes. FAI supports research to find a cure for fatal food allergies and clinical activities to identify and treat those at risk, increases public awareness of health issues and encourages public policy to make the world safer for those afflicted. In furtherance of these objectives, FAI awards grants to promising research, organizes and conducts meetings and supports programs to make communities safer.

FAI has been determined by the Internal Revenue Service to be a publicly supported charitable organization as described in Sections 170(b)(1)(A)(vi) and 501(c)(3) of the Internal Revenue Code.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting

The financial statements of FAI have been prepared on the accrual basis of accounting. FAI adheres to accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

For the purpose of these financial statements, cash and cash equivalents are defined as cash on deposit, commercial paper, money market funds and U.S Treasury bills that had a maturity date of less than 90 days. As of December 31, 2011 and 2010, approximately $6,952,435 and $6,907,910, respectively, were in cash and cash equivalents.

Investments

Investment of $500,000 consists of 925,926 shares of Allergen Research Corporation.

Net Assets

FAI accounts for and reports on its net assets based upon the existence or absence of donor imposed restrictions. Temporarily restricted net assets are those whose donor-imposed restrictions as to a specific purpose or time have not been met. Unrestricted net assets include all resources that are not subject to donor-imposed restrictions. Temporarily restricted net assets that have been both earned and have had their restrictions met in the current year are recorded as unrestricted net assets.

Note 2 - Summary of Significant Accounting Policies (continued):

Pledges Receivable

Pledges receivables were $1,275,905 at December 31, 2011 and approximately 30% of the current receivables were collected as of the date of this report.

On July 21, 2009 the Naddisy Foundation, Inc. approved a 5-year $1.5 million grant to the Food Allergy Initiative, Inc. The first three annual payments will be paid in the amount of $340,000 and the remaining two payments will be paid in the amount of $240,000. The first payment was made in 2009. No payments were made in 2010 or 2011. One payment will be made in 2012 and one payment will be made in 2013. Therefore, the remaining balance is reflected on the statements of financial position accordingly as a $240,000 short term pledge receivable and a $240,000 long term pledge receivable.

On January 7, 2011, the Harris Family Foundation approved a $1 million grant to the Food Allergy Initiative, Inc. Payments totaling $592,825 were collected during 2011. One payment for $178,364 will be made in 2012. One payment for $148,012 will be made in 2013. The final payment of $80,799 will be made in 2014. Therefore, the remaining balance is reflected on the statements of financial position accordingly as a $178,364 short term pledge receivable and a $228,811 long term pledge receivable.

The Food Allergy Initiative, Inc. expects pledges receivable to be collected in full and, accordingly, no allowance for doubtful contributions was recorded as of December 31, 2011.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Risk

FAI maintains cash balances with financial institutions, which are in excess of $250,000 (the maximum amount insured by the Federal Deposit Insurance Corporation). At December 31, 2011 and 2010, the Organization's uninsured cash balances total $5,402,352 and $4,955,838, respectively

Note 2 - Summary of Significant Accounting Policies (continued):

Equipment and Depreciation

Equipment is stated at cost. Depreciation is provided for under the straight-line method over the estimated useful lives of the assets.

Fair Value of Financial Instruments

The following methods and assumptions were used in estimating the fair value disclosures for financial instruments:

Cash and cash equivalents, pledges receivable, accounts payable and grants payable are recorded at book values, which approximate their respective fair market value.

On January 1, 2008, FAI adopted the methods of fair value as described in FASB ASC 820 "Fair Value Measurement" to value those financial assets and liabilities that are reported or disclosed at fair value. Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, GAAP establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels, as described in Note 5.

Revenue Recognition

Unconditional promises to give contributions are recorded when received or pledged. Contributions are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized.

Other revenue is recognized when earned.

Income Taxes

FAI follows the provisions of FASB ASC 740 "Income Taxes," which provides standards for establishing and classifying any tax provisions for uncertain tax positions. As of December 31, 2011, no such provisions were required. FAI is subject to federal or state income tax examinations by tax authorities for the years ended December 31, 2009, 2010 and 2011.

Note 2 - Summary of Significant Accounting Policies (continued):

Reclassification

Certain 2010 amounts have been reclassified to conform to 2011 presentation.

Subsequent Events

Management has evaluated, for potential recognition and disclosure, events subsequent to the date of the Statement of Financial Position through June 27, 2012, the date the financial statements were available to be issued.

Note 3 - Grants Awarded:

The Food Allergy Initiative, Inc. awarded grants totaling $4,469,649 and $3,619,868 in 2011 and 2010, respectively. These grants consisted of the following:

	2011	2010
Clinical grants	$ 735,134	$ 1,157,618
FAI sponsored research grants	2,598,967	518,975
Donor funded research grants	44,250	42,475
Donor funded other grants	1,002,416	939,223
Public policy grants	-	533,750
Educational grants	88,882	427,827
	$ 4,469,649	$ 3,619,868

A FAI board member is also a board member of a grantee hospital. Another FAI board member is an advisor to the food allergy clinic at a grantee hospital.

Note 4 - Commitments and Contingencies:

Operating Leases:

On May 21, 2010, FAI entered into a new 120-month operating lease agreement for office space located at 515 Madison Ave, Suite 1912, in New York City, New York. The lease, which became effective on September 1, 2010, provided five months free rent. FAI has the right to terminate this lease at any time after making sixty months of rental payments

Note 4 - Commitments and Contingencies (continued):

The annual minimum lease payments under the lease (including the base, per square foot electric charge but exclusive of real estate taxes and annual electric escalation costs) are as follows:

2012	128,884
2013	131,462
2014	134,091
2015	138,865
2016	145,826
Thereafter	559,745
Total	$ 1,238,873

Rent expense was $141,231 and $115,603 for the years ended December 31, 2011 and 2010, respectively.

Grants Payable – Long-Term:

On October 12, 2006, The Board approved a six-year $1.5 million grant to the Immune Tolerance Network. The Food Allergy Initiative, Inc. will make annual year-end $250,000 payments. The first four annual payments were made in 2006, 2007, 2008 and 2009. No payment was made in 2010. $32,500 was paid in 2011 due to a delay in funding requirements being met. The remaining balance is reflected on the statements of financial position accordingly as a $217,500 short-term grant payable and a $250,000 long-term grant payable.

In December of 2008, The Board approved a $1,000,000 grant to the Immune Tolerance Network. This grant is payable over four years in equal annual payments of $250,000. The first two payments were made in 2008 and 2009. No payments were made in 2010. $32,500 was paid in 2011 due to a delay in funding requirements being met. The remaining balance is reflected on the statements of financial position as a $250,000 short-term grant payable and a $217,500 long-term grant payable.

In June of 2009, The Board approved a $1,500,000 grant to Mount Sinai School of Medicine for Milk OIT and the oral food challenge nurse. This grant is payable over five years in equal annual payments of $300,000. The first payment was made in 2009. No payments were made in 2010 or 2011. $370,000 is expected to be made in 2012. Therefore, the remaining balance is reflected on the statements of financial position as a $370,000 short-term grant payable and a $830,000 long-term grant payable.

Note 4 - Commitments and Contingencies (continued):

On January 13, 2010, The Board approved a $151,827 grant to the University of Michigan Health System food allergy education program. This grant is payable over three years in equal annual payments of $50,609. The first two payments were made in 2010 and 2011. The remaining balance is reflected on the statements of financial position accordingly as a $50,609 short-term grant payable.

On January 6, 2011, The Board approved a $1,377,444 grant payable to Mount Sinai for a Wheat OIT Study grant. The grant will be made in 7 payments which have been determined by the board and are summarized in the grant agreement. The first payment of $429,521 was made in 2011. The remaining balance is reflected on the statements of financial position as a $221,575 short-term grant payable and a $726,348 long term-grant payable.

Note 5 - Fair Value Measurements:

The fair value hierarchy defines three levels as follows:

Level 1: Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Valuations based on observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Valuations based on unobservable inputs are used when little or no market data is available. The fair value hierarchy gives lowest priority to Level 3 inputs.

In determining fair value, FAI utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible as well as considers counterparty credit risk in its assessment of fair value.

Financial assets carried at fair value at December 31, 2011 are classified in the table in one of the three levels as follows:

	Level 1	Level 2	Level 3	TOTAL
Investments				
Allergen Research Corp.- Common Stock	$ —	$ 500,000	$ —	$ 500,000
	$ —	$ 500,000	$ —	$ 500,000

Note 6 - Pension Plans:

An employer-funded 403(b) pension plan began in 2005, which provides benefits to employees who meet the plan's eligibility requirements. Pension expense for the years ended December 31, 2011 and 2010 was $38,216 and $54,707, respectively.

Note 7 - Contributed Services:

During the years ended December 31, 2011 and 2010, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization at their facilities, but these services do not meet the criteria for recognition as contributed services.

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3 month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	THE FOOD ALLERGY INITIATIVE, INC.	[X] 13-3905508
	Number, street, and room or suite no If a P O box, see instructions 515 MADISON AVE., NO. 1912	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10022	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990 T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MARY JANE MARCHISOTTO, FOOD ALLERGY INITIATIVE, INC. 515 MADISON AVE. - NEW YORK, NY 10022
  Telephone No ▶ 212-207-1974 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$	0.
b	If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$	0.

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions