

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



DLN: 93493184000023

Form **990**

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)

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal	Revenue S	Service The organization may have to use a copy of this return to satisfy sta	ate reportin	y requiren	ients	Inspection
A Fo	rthe 2	2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31	-2012	_		
B Che	eck if ap	oplicable C Name of organization Asthma and Allergy Foundation of America Inc		D Emplo	yer iden	tification number
Add	lress cha	ange		13-16	591693	
Nar	me chan	Doing Business As				
┌ Inıt	ial returr	Number and street (or P O box if mail is not delivered to street address) Room/suite	<u> </u>		one numb	or
┌ _{Ter}	mınated	9301 Corporate Drive No. 1000				
— _{Am}	ended re	eturn Cıty or town, state or country, and ZIP + 4		(202)	466-76	543
Apr	olication	Landover, MD 20785 pending		C Cross	racaints ¢	4,307,402
		F Name and address of principal officer	U/a) Tak	•		•
		William McLin	H(a) Is the affilia	ns a group ates?	return	TYes ▼ No
		8201 Corporate Drive No 1000 Landover, MD 20785				
		Editadvel, 115 20703				ed? Tyes TNo
I Ta:	x-exemp	pt status	11 "N	o, attacr	ialist (see instructions)
J W	ebsite:	: 🕨 www aafa org	H(c) Gro	up exemp	tion num	ber ► 1462
K Forr	n of orga	anization	L Year of fo	ormation 19	953 M 9	State of legal domicile NY
Pa	rt I	Summary			•	
	1 B	Briefly describe the organization's mission or most significant activities				
	<u> </u>	national voluntary health organization providing education, information, service	es & researd	:h		
ဋ	-					
룓						
<u>ş</u>	2 C	Check this box দ if the organization discontinued its operations or disposed of	more than 2	25% of its	net ass	ets
Activities & Governance					1 - 1	
න ් රෝ	l	lumber of voting members of the governing body (Part VI, line 1a)		•	3	21
Ě	l	lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2012 (Part V, line 2a).		5		
<u>₹</u>	l	otal number of individuals employed in Calendar year 2012 (Part V, line 2a). otal number of volunteers (estimate if necessary)			6	46
ă		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
	l	let unrelated business taxable income from Form 990-T, line 34		: :	7b	
		·	Pric	or Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,725,7		794	2,090,854
를	9	Program service revenue (Part VIII, line 2g)		1,113,	315	1,108,336
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		301,767		34,925
芷	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,	591	13,748
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		3,143,	467	3,247,863
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			000	125,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		80,	000	123,000
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			\dashv	
\$	13	5–10)		1,434,		1,501,495
Expenses	16a					
		Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,032				0
ਡੌ	ь 17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,851,	266	1,617,995
ਡੌ	b 17 18	Total fundraising expenses (Part IX, column (D), line 25) ► 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,851, 3,365,	266	1,617,995 3,244,490
	ь 17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,851, 3,365, -221,	266 395 928	1,617,995 3,244,490
	b 17 18	Total fundraising expenses (Part IX, column (D), line 25) ► 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginnin	1,851, 3,365,	266 395 928	1,617,995 3,244,490
	b 17 18	Total fundraising expenses (Part IX, column (D), line 25) ► 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginnin	1,851, 3,365, -221, g of Curre	266 395 928	1,617,995 3,244,490 3,373 End of Year
	b 17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ► 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginnin	1,851, 3,365, -221, g of Curre Year	266 395 928 ent	1,617,995 3,244,490 3,373 End of Year 4,427,756
	b 17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginnin	1,851, 3,365, -221, g of Curre Year 4,244,	266 395 928 ent 576	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662
Net Assets or Fend Balances	b 17 18 19 20 21	Total fundraising expenses (Part IX, column (D), line 25) 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginnin	1,851, 3,365, -221, ig of Curre Year 4,244, 621,	266 395 928 ent 576	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662 3,776,094
Met Assets or and Bakances	b 17 18 19 20 21 22 1 III r penal nowledge	Total fundraising expenses (Part IX, column (D), line 25) 135,032 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginnin	1,851, 3,365, -221, ig of Curre Year 4,244, 621, 3,623,	266 395 928 ent 576 511 065	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662 3,776,094 s, and to the best of
Met Assets or and Bakances	b 17 18 19 20 21 22 1 III r penal nowledge	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginnin	1,851, 3,365, -221, g of Curre Year 4,244, 621, 3,623, es and sta based on	266 395 928 ent 576 511 065	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662 3,776,094 s, and to the best of
Met Assets or and balances Fund Balances And balances	b 17 18 19 20 21 22 11 r penal nowledgarer has	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginnin ing schedul in officer) is	1,851, 3,365, -221, ig of Curre Year 4,244, 621, 3,623,	266 395 928 ent 576 511 065	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662 3,776,094 s, and to the best of
Net Assets or and Bakances	b 17 18 19 20 21 22 11 r penal nowledgarer has	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginnin ing schedul in officer) is	1,851, 3,365, -221, g of Curre Year 4,244, 621, 3,623, es and sta based on	266 395 928 ent 576 511 065	1,617,995 3,244,490 3,373 End of Year 4,427,756 651,662 3,776,094 s, and to the best of

Preparer's signature

Firm's address - 1899 L Street NW Suite 900

Washington, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name Frank H Smith

Firm's name 🕨 Raffa PC

Paid

Preparer

Use Only

Date 2013-07-02

✓ Yes ☐ No

PTIN P00639053

Check If self-employed

Firm's EIN F 52-1511275

Phone no (202) 822-5000

Form	990	(201	2
_			

g	e	2	

Form	990 (2012)							Pag
Par		ent of Program Se Schedule O contains a	-		III			
1	Briefly describe	the organization's mis	sion					
ımpr prov	oving the quality of des practical info	gy Foundation of Ameri of life for people with as ormation, community ba ation, organizes state a	thma & allergic dis sed services and	seases, & their care support through a na	gıvers, through edu atıonal network of c	cation, advocac hapters and sup	cy & research A oport groups AA	AFA
2		ation undertake any sigi 90 or 990-EZ?			ear which were not l	ısted on	┌ Yes ┌ ।	No
	If "Yes," describ	e these new services o	n Schedule O					
3	services? .	ation cease conducting,			conducts, any prog	ram 	┌ Yes ┌	No
4	Describe the org	ganization's program se ion 501(c)(3) and 501(ses, and revenue, if any	rvice accomplishr c)(4) organization	s are required to rep				,
	(Code) (Expenses \$	1,322,449	ıncludıng grants of \$)	(Revenue \$	1,109,224)	
	Public information materials	- Providing information to th	ne public and chapters	via website, toll-free inf	formation line, publication	ns, media, certifica		orint
	(Code) (Expenses \$	526,821	ıncludıng grants of \$	120 000)	(Revenue \$)	
70	•	ing biomedical research gran	,		•	•	•	
	(Code) (Expenses \$	445,027	including grants of \$	5,000)	(Revenue \$)	
		hapter outreach - Participatic terature, and handling inquiri		h services, sponsoring ch	napter development and	leadership semina	rs, distribution of pr	rograms
	(Code) (Expenses \$	316,458	ıncludıng grants of \$)	(Revenue \$)	
		t services and professional e rs, support groups, and traini			ublications, developmen	t of educational pro	ograms, sponsoring	health
4d	Other program	services (Describe in S	Schedule O)					
	(Expenses \$	316,458	including grants (of\$) (Revenue \$;)	
4e	Total program	service expenses 🕨	2,610,755					

Part IV Checklist of Required Schedule
--

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
	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	Yes	
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		N o
	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	Yes	
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		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
	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		No
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N o
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2012)

Pali				_
	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 20		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
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		No
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		ЭD		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		NI -
	file Form 8282?	7 c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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	1a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	h any •	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 wa	as	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	. [5		Νo
6	Did the organization have members or stockholders?			[6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint o	one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			nolders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during	the			
а	The governing body?			[8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule				9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Inte	ernal Re	evenu		
		requi	red by the Inte	ernal Re		Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?			. [10a		
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	 tivities ion's e	of such chapter xempt purposes	· [Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov	of such chapter xempt purposes erning body befo	· [10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov	of such chapter xempt purposes erning body befo 	· [10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapter xempt purposes erning body befo 	rs, ? re filing	10a 10b	Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S	s of such chapter xempt purposes erning body befo 	rs, re filing · · · give	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S	s of such chapter xempt purposes erning body befo 	rs, re filing · · · give	10a 10b 11a	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S	s of such chapter xempt purposes erning body befo 	rs, re filing · · · give	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte n the p	s of such chapter xempt purposes erning body before the control of	rs, re filing · · · give	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte	s of such chapter xempt purposes erning body before the control of	re filing re filing give diescribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte on the p	s of such chapter xempt purposes erning body before the second of the se	re filing re filing give diescribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte on the p	s of such chapter xempt purposes erning body before the second of the se	re filing re filing give diescribe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S illy inte in the p	s of such chapter xempt purposes erning body before the could be seen that could be seen that could be seen that could be seen to an and deconstruction and deconstru	give escribe isision?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Ily inte in the p riew ar ne deli or sim	s of such chapter xempt purposes erning body before the could be seen that could be seen that could be seen that could be seen to an and decould by beration and decould be seen that could be seen to an and decould be seen that could be seen	give escribe isision?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form S Ily inte in the p riew ar ne deli or sim izatior e step	s of such chapter xempt purposes erning body before the service of	give describe sision?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- List the States with which a copy of this Form 990 is required to be filed▶AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, $\mathsf{IN}\,\mathsf{,IA}\,\mathsf{,KS}\,\mathsf{,KY}\,\mathsf{,LA}\,\mathsf{,ME}\,\mathsf{,MD}\,\mathsf{,MA}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MS}\,\mathsf{,MO}\,\mathsf{,}$ MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Vpon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Yolanda Miller 8201 Corporate Drive No 1000 Landover, MD (202) 466-7643

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

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

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

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

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

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

(A) (B) (C) (D) (E)								(E)		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	(do one bot ecto	not box h ar or/tr	check of the Highest compensated	ess er e)	(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
		ustee	l Trustee		8	npensated				
(1) Lynn Hanessian	2 00	х		х				0	0	0
Chair										
(2) Sheldon C Siegel MD Chair Emeritus	2 00	x		х				0	0	0
(3) Tom Flanagan	2 00									
Immediate Past Chair/VP		х		Х				0	0	0
(4) Calvin Anderson	2 00	х		х				0	0	0
Treasurer (5) Nancy Kercher	2 00									
Secretary	2 00	×		Х				0	0	0
(6) Phyllis Arthur	2 00									
Chair of Certification Prgm Subcomm	2 00	×						0	0	0
(7) Michelle Abu Carrick LICSW	2 00	х						0	0	0
Vice Chair of Governance		_ ^						Ŭ	9	
(8) Barb Corn	1 00	×						0	0	0
Vice Chair of Governance										
(9) Judi McAuliffe RN	2 00	x						0	0	0
Vice Chair of Programs (10) Lawrence B Schwartz MD PhD	2.00									
(10) Lawrence B Schwartz MD Fild	2 00	х						0	0	0
Vice Chair of Research							_			_
(11) Chris Ward	2 00	x						0	0	0
Chair of Public Policy & Advocacy							_			
(12) Kellı Wılson	2 00	×						0	0	0
Vice Chair of Mktg and Comm										
(13) Patrick Win MD	2 00	×						0	0	0
Vice Chair of Programs								ŭ		
(14) Paul Antico	1 00	×						0	0	0
Director								Ĭ	0	
(15) Hedı Bayer	1 00	×						О	0	0
Director							_			
(16) James Berlantı	1 00	×						0	0	0
Director										
(17) Steven Chameides	2 00	×						0	0	0
General Counsel										
										Form 990 (2012)

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

		1									_	
	(A) Name and Tıtle	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estin amount	nsation
		for related organizations below dotted line)	Individual trustee or director	Institutional	Officei	Key employee	Highest co employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re	zation elated zations
			trustee ^	al Trustee)}ee	Highest compensated employee					
(18)	James Flood	1 00	,,									
Direc	tor		X						0		0	0
(19)	Mitchell Grayson MD	1 00	V						0		0	0
Direc	tor		X									
(20)	Matthew Zelesko	1 00	x						0		0	0
Direct	tor		^								9	0
(21)	Philip S Norman MD	1 00	х						0		n	0
Emer	itus		^						٥		٩	U
(22)	William McLin	35 00			Х				267,442			25 154
Presid	lent and CEO				^				207,442		0	25,154
(23)	Yolanda Miller	35 00			X				102,026		0	15,435
Vice I	President and CFO				_^				102,020		9	13,433
(24)	Michael Tringale	35 00					x		137,277		o	17,455
Vice I	Pres of External Affairs								157,277		9	17,433
(25)	Charlotte Collins	35 00					×		106,740		14,717	
Vice I	President of Advocacy								100,740		9	17,717
											1	
1b	Sub-Total			•	•		-					
С	Total from continuation sheets to Part	VII, Section A		•	•							
d	Total (add lines 1b and 1c)				•				613,485	0		72,761
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
											Yes	No
3	Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule J	•		e, key	y em	plo [.]	yee, o	r hig	ghest compensate	d employee		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?								_			No
											· I	1
Se	ection B. Independent Contracto	ors										
1	Complete this table for your five highes compensation from the organization Re	t compensated										r
		(A) usiness address							Descripti	(B) on of services		nsation
Allerg	y Standards Limited Trinity EnterpriseDublin 2EI	aomeso dudicas							Certification tes		Соптре	541,967
ABT S	RBI 8403 Colesville Road Suite 820 Silver Spring f	MD 20901							Survey research			191,667
ArtLit	no 3500 Marmenco Court Baltımore MD 21230								Printing			104,490

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 \blacktriangleright 3

Part V	/111	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII							
		Check It Schedi	ule O contains a respo	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514	
	1a	Federated cam	paigns 1a	146,753				514	
ats nts									
ons, Gifts, Grants Similar Amounts	Ь	Membership du							
s, G An	С	Fundraising eve	ents 1c						
Siff Par	d	Related organiz	rations 1d						
ii. ŝ	e	Government grants	s (contributions) 1e	164,085					
ion r S	f	All other contribution	ons, gifts, grants, and 1f	1,780,016		İ			
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines						
<u> </u>		1a-1f \$							
Com	h	Total. Add lines	s 1 a - 1 f	· · · · •	2,090,854				
<u>a</u>				Business Code					
nue.	2a	Certification incom-	e	900099	1,085,468	1,085,468			
叠	b	Chapter assessme	nts	900099	22,868	22,868			
Program Serwce Revenue	С								
	d								
Ē	е								
100 100	f	All other progra	im service revenue						
Δ	g	Total. Add lines	s 2a-2f		1,108,336				
	3		ome (including dividen		48,782			48,782	
	4		ar amounts)	F	,			1	
	5	Royalties							
		•	(ı) Real	(II) Personal					
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d		me or (loss)						
			(ı) Securities	(II) Other					
	7a	Gross amount from sales of assets other than inventory	1,038,762						
	ь	Less cost or other basis and	1,052,619						
		sales expenses							
	C	Gain or (loss)	-13,857		-13,857			-13,857	
	d 8a	Gross income f	rom fundraising	· · · · •	13,037			13,037	
Other Revenue		events (not inc \$	luding reported on line 1c)						
<u>-</u>			а						
Ě			penses b						
~	C Qa		(loss) from fundraising rom gaming activities	events p -					
	"	See Part IV, lin							
			а						
	b		penses b						
	10a	Gross sales of	(loss) from gaming acti	vities					
	104	returns and allo							
			a	7,808					
	Ь		oods sold b	6,920	000	202			
	_ c	Net income or (Miscellaneous	(loss) from sales of inv	entory . Business Code	888	888			
	11a	Miscellaneous	o Nevellue	900099	12,860			12,860	
	ь	miscendieous			,				
	c							1	
	d	All other reven	ue						
	e	Total. Add lines		🕨	,				
	12	Total revenue	See Instructions .		12,860				
	l	. J.a. i Cvelluei		· · · · •	3,247,863	1,109,224	1	0 47,785	

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				.
	ot include amounts reported on lines 6b, o, 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	125,000	125,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	410,057	231,769	149,029	29,259
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	697,264	545,980	113,760	37,524
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	45,676	36,770	6,364	2,542
9	Other employee benefits	264,957	192,252	56,602	16,103
10	Payroll taxes	83,541	59,316	19,192	5,033
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,901	5,901		
c	Accounting	36,376		36,376	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	10,275		10,275	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,035,606	1,007,783	1,631	26,192
12	Advertising and promotion				
13	Office expenses	189,474	157,005	26,121	6,348
14	Information technology	29,977	16,454	12,158	1,365
15	Royalties				
16	Occupancy	118,736	84,305	27,277	7,154
17	Travel	44,477	43,713	574	190
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,239	12,611	551	77
20	Interest			I	
21	Payments to affiliates	8,500	8,500		
22	Depreciation, depletion, and amortization	52,769	37,467	12,123	3,179
23	Insurance	35,028	18,467	16,561	
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)				
а	Subscriptions	24,545	16,147	8,398	
b	Filing fees	10,991	10,516	475	
c	Miscellaneous	2,101	799	1,236	66
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,244,490	2,610,755	498,703	135,032
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

Par	· A	Check if Schedule O contains a response to any question in this	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		•	181	1	181
	2	Savings and temporary cash investments			1,545,858	2	1,926,343
	3	Pledges and grants receivable, net			321,346	3	229,973
	4	Accounts receivable, net			264,332	4	48,891
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Par Schedule L			5		
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
88	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			50,096	8	48,036
	9	Prepaid expenses and deferred charges			34,821	9	29,378
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	557,250	,		<u>'</u>
	Ь	Less accumulated depreciation	10b	309,504	279,741	10c	247,746
	11	Investments—publicly traded securities			1,736,833	11	1,885,840
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			11,368	15	11,368
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,244,576		4,427,756
	17	Accounts payable and accrued expenses			205,293		290,507
	18	Grants payable			·	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue			80,003	19	54,066
	20	Tax-exempt bond liabilities			,	20	<u> </u>
_	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualific	s, trus				<u> </u>
Liabiliti		persons Complete Part II of Schedule L				22	
ä	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 relate and other liabilities not included on lines 17-24) Complete Part					
		D			336,215	25	307,089
	26	Total liabilities. Add lines 17 through 25			621,511	26	651,662
ce s		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and o	omplete			
<u>la</u> n	27	Unrestricted net assets		•	2,390,948	27	2,353,950
<u>е</u>	28	Temporarily restricted net assets		•	1,072,117	28	1,262,144
됟	29	Permanently restricted net assets			160,000	29	160,000
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re ► 「	and			
	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net .	33	Total net assets or fund balances			3,623,065	33	3,776,094
Z	34	Total liabilities and net assets/fund balances			4,244,576	34	4,427,756
				-	.,2,5,6		., .2. ,. 30

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,2	247,863
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	244,490
3	Revenue less expenses Subtract line 2 from line 1	3			3,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,6	523,065
5	Net unrealized gains (losses) on investments	5		:	149,656
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,7	776,094
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re a separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a so basis, consolidated basis, or both	eparate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs audit, review, or compilation of its financial statements and selection of an independent accountant?	ıght of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne require	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184000023

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Asthma and Allergy Foundation of America Inc

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.

Inspection

									13-16916					
	rt I			blic Charity Sta						structions	5.			
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one be	ox)					
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).					
2	Γ	A scho	ol described	ped in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hosp	ıtal or a coo	ooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii).	Enter the			
	_	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit d												
5	ı	_	•		-	or universi	ty owned or o	perated by a	a government	al unit desc	cribed in			
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)									
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	l)(A)(v).					
7	굣			at normally receives			support from	a governme	ental unit or fr	om the gen	eral public			
	_			on 170(b)(1)(A)(vi). described in sectior			nnlata Dart II							
8 9	<u> </u>		•	at normally receives			•	•	utions mam	harabın faa	and groce			
9	,	_		ities related to its ex					·-	· ·	-			
		•		oss investment inco	· ·	=								
		•						•		tax) II o i i i bi	usillesses			
10	_	-	-	janization after June	•			•	-					
10	<u> </u>	_		ganized and operated	•		•		. , . ,					
11	ı			ganized and operated ly supported organiz										
				bes the type of supp						ee section .	ction 303(a)(3). Check			
				b						n-function	nally integrated			
e	\sqcap			ox, I certify that the										
				on managers and otl	her than one	or more pub	olicly support	ed organızat	tions describe	ed in sectio	n 509(a)(1) or			
_			1509(a)(2)											
f			rganization this box	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organization,			
g				2006, has the organi	ızatıon accer	ted any gift	or contribution	on from anv	of the		'			
3			ng persons?	,.		, 3		- · · · · · · · · · · · · · · · · · · ·						
		(i) A pe	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No			
		and (III) below, the	governing body of th	e supported	organızatıoı	n?			119	g(i)			
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	ı(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)			
h		Provide	the follown	ng information about	the supporte	ed organizat	ıon(s)							
) Nam		(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you		(vi) Is		(vii) A mount of			
	uppor			organization	organizati		the organiz		organizati		monetary			
organizatio		ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) orgain the U		support			
				or IRC section	docume	_	Suppor		III the o	3 '				
				(see		··-								
				instructions))	Yes	No	Yes	No	Yes No					
						110	1.03	110	1.03	140				
Tatal	1													

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (a) 2012 (f) Total

in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,016,381	1,489,464	2,294,901	1,725,794	2,090,854	9,617,394	
organization's benefit and either paid to or expended on its behalf							
furnished by a governmental unit to							
Total. Add lines 1 through 3	2,016,381	1,489,464	2,294,901	1,725,794	2,090,854	9,617,394	
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)						2,725,200	
Public support. Subtract line 5 from						6,892,194	
line 4							
	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	2.016.381	1,489,464	2,294,901	1.725.794	2.090.854	9,617,394	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,609	63,876	51,857	55,804	48,782	312,928	
business activities, whether or not the business is regularly carried on							
gain or loss from the sale of capital assets (Explain in Part IV)	6,184	4,183	5,099	500	12,860	28,826	
Total support (Add lines 7 through 10)						9,959,148	
•	, ,	•			12	6,379,498	
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here							
	membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) A mounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 10) Gross receipts from related activities First five years. If the Form 990 is formatical activities.	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) A mounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 10) Gross receipts from related activities, etc (see instributions) First five years. If the Form 990 is for the organization and include organization activities, etc (see instributions)	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 10) Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second,	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 10) First five years. If the Form 990 is for the organization's first, second, third, fourth, or first five years. If the Form 990 is for the organization's first, second, third, fourth, or first five years. If the Form 990 is for the organization's first, second, third, fourth, or first five years. If the Form 990 is for the organization's first, second, third, fourth, or first five years. If the Form 990 is for the organization's first, second, third, fourth, or first five years.	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) > Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ection B. Total Support endar year (or fiscal year beginning in) P Amounts from line 4 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, noyalties and income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 10) Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organi	

Section	C	Computation	Ωf	Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2011 Schedule A, Part II, line 14 15

14 69 200 % 15 63 900 %

- 16a 33 1/3% support test—2012. 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
 - 33 1/3% support test 2011. 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 2012. 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 2011. 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
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income Other income - 2008 Amount \$ 6,184 2009 Amount \$ 4,183 2010 Amount \$ 4,974 2012 Amount \$ 12,860 Honorarium - 2010 Amount \$ 125 2011 Amount \$ 500

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493184000023

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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 the organization **Employer identification number** Asthma and Allergy Foundation of America Inc 13-1691693 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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 Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		1)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?	Yes		2,861	
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		953	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,861	
i	O ther activities?	Yes		2,861	
j	Total Add lines 1c through 1i			9,536	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
Ь	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		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	LIII-A Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c)(5), o	r section	

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."

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

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 (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	AAFA advocates public policy issues that support its mission From time to time, AAFA may state a position on specific legislation to legislators or other government employees who participate in the formulation of legislation or issue a "call to action" to the general public via its print, web-based and other communications to contact their legislators with a position on specific legislation. Lobbying activities are limited and do not constitute a substantial part of AAFA's activities. AAFA does not employ a paid lobbyist, however, AAFA is a member of a national association, the National Health Council, whose membership dues support limited lobbying activities. AAFA does not support candidates for public office or make political campaign donations.

2a

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493184000023

OMB No 1545-0047

Open to Public

Department of the Treasury

SCHEDULE D (Form 990)

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.

Inspection Internal Revenue Service **Employer identification number** Name of the organization Asthma and Allergy Foundation of America Inc 13-1691693 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds

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 advisor funds are the organization's property, subject to the or			oradvised	1	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				urpose	┌ Yes	□ No
Pai	rt II Conservation Easements. Complete if	the organization ans	swered "Yes" to	Form 9	90. Part IV.	•	,
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	anization (check all tha or education) P	t apply) reservation of an reservation of a c	historical ertified hi	ly important l storic structi	and area ure	
					Held at the E	nd of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
C	Number of conservation easements on a certified histo	oric structure included i	n (a)	2c			
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/17/06, an	d not on a	2d			
3	Number of conservation easements modified, transferr	ed, released, extinguis	hed, or terminated	d by the o	rganızatıon d	urıng	
	the tax year 🗠						
4	Number of states where property subject to conservati	ion easement is located	i ►				
5	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring,	inspection, hand	ling of vic	lations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing coi	nservation easem	ents duri	ng the year		
7	A mount of expenses incurred in monitoring, inspecting ▶ \$, and enforcing conserv	ation easements	during th	e year		
8	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the req	uirements of sect	ion 170(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organi ents	zatıon's fınancıal	statemen	ts that descr	ibes	
Par	Complete if the organization answered "Y			or Other	r Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhib	tion, education, o	r researc	h ın furtheran		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhib					IC
	(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, histor following amounts required to be reported under SFAS			r financia			
а	Revenues included in Form 990, Part VIII, line 1	•			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	<u>easu</u>	res, or C	the	<u>r Similar As</u>	ssets ((continued)		
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, ch	neck	any of t	he follo	wing that	are a	significant us	e of its			
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams					
b	Scholarly research		e	Γ	Other								
c	Preservation for future generations												
4	Provide a description of the organization's co	llections and expla	ın hov	w the	y furthe	r the o	rganızatıor	ı's ex	empt purpose	ın			
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Yes	┌ No		
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	zatıon			es" to Form	990,	<u> </u>		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						rotherass	ets	not	┌ Yes	┌ No		
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		-						
									Aı	nount			
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 Fo	rm 990, Part X, lin	e 21?							☐ Yes	Г No		
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	on has b	een pr	ovided in F	art >	KIII		<u>, Г</u>		
Pai	rt V Endowment Funds. Complete	f the organization											
1-	Barrana of warmhalana	(a) Current year 317,070	(b)	Prior	ear 325,767	b (c) Tw	o years back 301,82	+	Three years back 283,953	(e)Four	years back 354,495		
1a L	Beginning of year balance	317,070			323,707		301,62.	"	203,933		334,433		
b	Contributions							+					
С	Net investment earnings, gams, and losses	18,100			-2,297		30,34	1	30,670		-41,090		
d	Grants or scholarships												
e	Other expenditures for facilities and programs	6,400			6,400		6,40		12,800		29,452		
f	Administrative expenses							_					
g	End of year balance	328,770			317,070		325,76	7	301,823		283,953		
2	Provide the estimated percentage of the curr	ent year end baland	ce (lın	e 1g	, columi	n (a)) h	eld as						
а	Board designated or quasi-endowment 🕨	0 %											
b	Permanent endowment ► 48 670 %												
c	remporarily restricted endowment p	330 %											
	The percentages in lines 2a, 2b, and 2c show												
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation '	that	are held	and a	dmınıstere	d for	the	Ye	s No		
	(i) unrelated organizations								3a		No No		
	(ii) related organizations								3a	_	No		
b	If "Yes" to 3a(II), are the related organization				lule R?				3	b	<u> </u>		
4	Describe in Part XIII the intended uses of th	e organızatıon's en	dowm	ent f	unds						•		
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa				L			.			
	Description of property				a) Cost or sis (inves		(b) Cost or basis (oth		(c) Accumulate depreciation	ed (d)	Book value		
1 a	and												
b E	Buildings												
c l	_easehold improvements		•				36	5,188	147,	110	218,078		
	Equipment		•					2,380		712	29,668		
								9,682	<u> </u>	582	0		
Total	I. Add lines 1a through 1e <i>(Column (d) must e</i>	gual Form 990, Part 🤉	X colu	ımn (R) line	10(c)			🕨		247,746		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	ılue
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(-,	Cost or end-of-year market va	lue
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip		(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Deferred rent and lease incentives	307,089		
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	307,089		

Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	3,397,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII) 2d	1	
e	Add lines 2a through 2d	2e	149,656
3	Subtract line 2e from line 1	3	3,247,863
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
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	3,247,863
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturn
1	Total expenses and losses per audited financial statements	1	3,244,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
c	Other losses]	
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,244,490
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,244,490

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	AAFA has a donor-restricted endowment fund established for the purpose of supporting research by physician-scientists in the field of allergy and immunology
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	AAFA performed an evaluation of uncertain tax positions for the year ended December 31, 2012, and determined that there were no matters that would require recognition in the financial statements or that may have any effect on its tax-exempt status

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

Employer identification number

2012

DLN: 93493184000023

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public
Inspection

Asthma and Allergy Foundation (13-1691693	
		s and Assistance					
 Does the organization mail the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?					✓ Yes
		o Governments and received					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Benaroya Research Institute at Virginia Mason 1201 Ninth Avenue Seattle, WA 98101	91-0653422	501 (c)(3)	20,000				Research grant
(2) National Jewish Health 1400 Jackson Suite M216 Denver, CO 80206	74-2044647	501 (c)(3)	20,000				Research grant
(3) Northwestern University 676 N Saint Clair St RM 14- 018 Chicago, IL 60611	36-2167817	501 (c)(3)	20,000				Research grant
(4) University of Iowa UI Grant Accounts Jessup Hall Iowa City,IA 52242	42-6004813	501 (c)(3)	60,000				Research grant
2 Enter total number of section 3 Enter total number of other							4

ш	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) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 AAFA requires grantees to provide mid and end-of-project progress reports Also, AAFA requires grantees to provide a financial report on the expenditure of grant funds, reasonably categorized by line item and function, due upon the completion of the grant period (funds may not be used for institutional indirect costs), and, publication of research results, including acknowledgement of AAFA's funding of research

DLN: 93493184000023

OMB No 1545-0047

Open to Public

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, question 23.

► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization Asthma and Allergy Foundation of America Inc **Employer identification number**

13-1691693

Pa	Questions Regarding Compensation	1				
					Yes	No
1 a	Check the appropriate box(es) if the organization prov					
	990, Part VII, Section A, line 1a Complete Part III	to prov				
	First-class or charter travel Travel for companions	<u> </u>	Housing allowance or residence for personal use Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u>'</u>	Health or social club dues or initiation fees			
	Discretionary spending account	, _	Personal services (e g , maid, chauffeur, chef)			
	, , , ,	,				
b	If any of the boxes in line 1a are checked, did the org	ganızatı	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses de	scribed	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to re					
	directors, trustees, and the CEO/Executive Director,	, regard	ing the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organ					
	organization's CEO/Executive Director Check all the used by a related organization to establish compensa					
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	<u>اح</u>				
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
	<u>-</u>		_	_		
а	Receive a severance payment or change-of-control p	•		4a		No
Ь	Participate in, or receive payment from, a supplemen			4b		No
С	Participate in, or receive payment from, an equity-ba			4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide tii	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	lete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A,					
	compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	, 3			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
a	The organization?			6a		No
Ь	Any related organization?			6b		No
_	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7		Νo
8	Were any amounts reported in Form 990, Part VII, pa			–		
-	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the	rebutta	able 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)(1)-(111) 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 and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1)William McLin President and CEO	(i) (ii)	237,442 0	30,000 0	0 0	17,862 0	7,292 0	292,596 0	0 0	
(2)Michael Tringale Vice Pres of External Affairs	(i) (ii)	137,277 0	0 0	0 0	10,185 0	7,270 0	154,732 0	0 0	

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference

Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184000023

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization Asthma and Allergy Foundation of America Inc	Employer identification number	
	13-1691693	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The document, once reviewed by the CFO is forwarded to AAFA's President/CEO and once reviewed is sent to the Board of Directors for approval prior to filing with the Internal Revenue Service
	Form 990, Part VI, Section B, line 12c	The Conflict of Interest policy and disclosure form is distributed to Staff and the Board of Directors annually for signature review. Any reportable conflicts are reported on disclosure forms and at Board meetings. During the course of Board meeting discussions, as areas which may create the conflict or appearance of a conflict of interest arise, the Board of Directors is reminded of their responsibility to disclose.
	Form 990, Part VI, Section B, Iine 15	Annually during the budget preparation process, the Finance Committee reviews the salaries of the Senior Management Staff and compares the proposed salaries to like organizations, positions and geographic areas to recommend budget approval to the full Board of Directors The CEO's compensation is approved by the full Board of Directors
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, financial statements and the federal Form 990 are available on AAFA's website at www aafa org. They may also be obtained by request from the Vice President/CFO
Other Fees	Form 990, Part IX, line 11g	Other professional fees Program service expenses 172,397 Management and general expenses 1,631 Fundraising expenses 26,192 Total expenses 200,220 Surveys and polling Program service expenses 255,218 Management and general expenses 0 Fundraising expenses 0 Total expenses 255,218 Consultants Program service expenses 63,634 Management and general expenses 0 Fundraising expenses 0 Total expenses 63,634 Product testing & standards Program service expenses 516,534 Management and general expenses 0 Fundraising expenses 0 Total expenses 516,534