

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



Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public Inspection

	rtha '	2013 cale	ndar vear or tay vear beginning	01-01-2013 , 2013, and ending 12-3	1-2013			
		pplicable	C Name of organization		1-2013	D Employ	er iden	tification number
Address change			FOOD ALLERGY RESEARCH & EDUCA	TION INC		13-39	05508	
┌ Nai	me chai	nge	Doing Business As					
┌ Inıt	ıal retui	m	Number and street (or P O box if ma	ail is not delivered to street address) Room/su	ııte	E Telephoi	ne numh	ner
<b>Г</b> Тег	mınated	d	7925 JONES BRANCH DRIVE Suite 1100					
┌ Am	ended i	return	City or town, state or province, coun	try, and ZIP or foreign postal code		(703)	591-3	1/9
Г <sub>Арр</sub>	lication	n pending	MCLEAN, VA 221025303			<b>G</b> Gross re	ceipts \$	17,675,921
			F Name and address of princ	· ·	<b>H(a)</b> Is	this a group	return	for
			JAMES BAKERMDINTERIM ( 7925 JONES BRANCH DRIV		su	bordinates?		Γ Yes <b>Γ</b> No
			MCLEAN, VA 221025303		<b>Н(b)</b> Аг	e all subordır	nates	┌ Yes ┌ No
					1	luded?		
		npt status		nsert no ) 4947(a)(1) or 527	11	"No," attach	alist (	see instructions)
J W	ebsite	e:⊫ WW	W FOODALLERGY ORG		H(c) G	roup exempti	on num	nber <b>►</b>
<b>K</b> Forr	n of org	ganızatıon	Corporation Trust Association	T Other ►	<b>L</b> Year o	f formation 199	8 <b>M</b> :	State of legal domicile NY
Pa	rt I	Sum	mary					
		•	scribe the organization's missio	n or most significant activities				
e e	] =	SEE PAR	T III, LINE 1					
<u>e</u>	-							
Ë	, -	Check th	is how <b>b</b> if the organization dis	continued its operations or disposed (	of more tha	n 25% of its	net acc	ests
Governance		CHECK th	is box Fig. If the organization dis	continued its operations of disposed (	or more tha	11 2 3 70 01 103	net as:	sets
<u>ئ</u>	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	20
<u>e</u>	4 1	Number	f independent voting members o	fthe governing body (Part VI, line 1b)	)		4	19
Activities &	l			alendar year 2013 (Part V, line 2a)			5	7 2
å 4			•	ecessary)			6	250
				om Form 990-T, line 34			7a 7b	0
	, b	ivec unite	ated business taxable income in	om 1 om 1 5 o 1 , me 5 +		rior Year		Current Year
	8	Contril	outions and grants (Part VIII, lin	e1h)	-	8,817,9	83	15,724,060
Revenue	9			ne 2g)			0	315,365
ē Š	10			(A), lines 3, 4, and 7d)		63,8	67	11,361
	1	Invest	ment income (Part VIII, column	(,,				
ά	11	Other	evenue (Part VIII, column (A), l	ines 5, 6d, 8c, 9c, 10c, and 11e)		-569,7	52	-549,718
ř	11 12	O ther I	evenue (Part VIII, column (A), l evenue—add lines 8 through 11	ines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lin				
<u></u>		Other of Total r	evenue (Part VIII, column (A), l evenue—add lines 8 through 11	ines 5, 6d, 8c, 9c, 10c, and 11e)		-569,7 8,312,0 4,883,0	98	15,501,068
<u> </u>	12	Other Total r 12) . Grants	evenue (Part VIII, column (A), levenue—add lines 8 through 11	ines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lin-	e	8,312,0	98	15,501,068 2,152,722
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Firm's name MATKINS MEEGAN LLC

Firm's address ► 6720B ROCKLEDGE DRIVE SUITE 750

BETHESDA, MD 20817

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

Paid

Preparer

**Use Only** 

Firm's EIN 🕨

Phone no (301) 654-7555

✓ Yes ☐ No

) (Expenses \$

Pag	e <b>2</b>

Form 990 (2013)	Page.
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
Briefly describe the organization's mission	
Food Allergy Research & Education (FARE) is the nation's leading organization working on behalf of the 15 million American allergies, including all those at risk for life-threatening anaphylaxis. FARE's mission is to find a cure for food allergy, and to with food allergy safe and included. The organization works to fulfill its mission by investing in world-class research that ad and understanding of the disease, providing evidence-based education and resources, undertaking advocacy at all levels of	keep individuals Ivances treatment
increasing awareness of food allergies as a serious public health issue	

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

3,130,277 including grants of \$

Research In April 2013, FARE brought together more than 50 leading researchers, senior government officials, industry representatives, and food allergy advocates to Washington, DC for a Research Retreat Based on discussions at the Retreat, FARE created "A Vision and Plan for Food Allergy Research," a comprehensive strategic plan for advancing research. The plan, which was released in November 2013, seeks to build a deep scientific understanding of the disease and to accelerate the development of safe, practical therapies that will protect all individuals with food allergies from life-threatening reactions. By year-end, FARE established four expert committees, each focused on making recommendations to implement a key area of the plan FARE funded three new clinical trials o Gideon Lack, MD, Kings College London, "Does a peanut, tree-nut or sesame seed allergy necessitate the avoidance of all nuts and seeds?" o Cathryn Nagler, PhD, University of Chicago, "Protective Role of Intestinal Microbiota in Food Allergy" o Sarita U Patil, MD, Massachusetts General Hospital, "Tracking Antigen-Specific B Cell Responses in Peanut Oral Immunotherapy," AAAAI/FARE Howard Gittis Memorial Fellowship/Instructor Research Award In addition, FARE continued to fund other clinical trials of promising new treatments, as well as epidemiological and basic research. The results of FARE-funded research studies were published in leading peer-reviewed scientific journals, including "Allergy & Asthma Proceedings," "Annals of Allergy and Immunology," "JAMA Pediatrics," the "Journal of Allergy and Clinical Immunology," and the "Journal of Allergy and Clinical Immunology."

2,115,995 ) (Revenue \$

4b (Code 5,121,469 36,727 ) (Revenue \$ ) (Expenses \$ including grants of \$

Education, Awareness & Communications FARE conducted food allergy education through both national and regional efforts. These education programs provided vital information on preventing and managing food allergy reactions, including the life-threatening reaction known as anaphylaxis FARE's national education initiatives provide information for those living with food allergies, as well as those whose work is impacted by food allergies and the public. In 2013, FARE provided free educational information through its vast website (foodallergy org) and blog, a new monthly webinar series on a variety of topics related to food allergy management, and materials such as "Your Food Allergy Field Guide," a comprehensive resource for newly diagnosed patients. FARE also hosted its annual Teen Summit, a national gathering of teens (ages 11-22) with food allergies, along with their parents and siblings, Food Industry Day, a conference that allowed FARE to educate food manufacturers and government representatives about the needs of those with food allergies, and Leaders Summit, a national conference that brought together support group leaders and other volunteer advocates to share ideas and learn from one another FARE also launched, in partnership with the National Restaurant Association, a national training program for restaurant workers about serving diners with food allergies, and conducted national outreach and education efforts in support of the Centers for Disease Control & Prevention's "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs," which were published in October 2013 Regionally, FARE held three food allergy conferences in 2013 that educated a total of approximately 500 individuals with food allergies, their family members and school personnel, provided training to educators via its Safe@School and AllergyReady com programs, and provided community grants to local food allergy advocates and leaders to support education and awareness programs in their local communities. Through our programs and outreach to media nationwide, FARE heightens awareness of food allergy as a significant and growing public health issue that demands urgent attention FARE introduced more than 20 new sites to our national FARE Walk for Food Allergy program in 2013 There are now more than 60 of these family friendly events across the country bringing communities together to support the food allergy cause and increase awareness of food allergy as a serious public health issue In September 2013, FARE partnered with the Discovery Channel to shine a national spotlight on food allergies and anaphylaxis by producing a one-hour documentary on food allergies, "An Emerging Epidemic Food Allergies in America," narrated by Steve Carell During Food Allergy Awareness Week in May, FARE launched the "It's Not a Joke" PSA campaign, which is designed to increase awareness about food allergy bullying among parents and teens without food allergies FARE's media outreach efforts resulted in coverage in more than 400 media outlets throughout the year. In the digital space, FARE's award-winning website received more than 1.1 million visits in 2013, and FARE's growing social media presence continued to reach tens of thousands of users with important information about food allergies

) (Expenses \$ 1,009,109 including grants of \$ ) (Revenue \$

Advocacy and Public Policy FARE devoted resources to addressing a range of public policy issues that impact Americans with food allergies. At the federal level, FARE has been a leader in generating increases in funding for food allergy research, particularly at the National Institutes of Health, and championed the successful passage of the School Access to Emergency Epinephrine Act, providing an incentive for states to require emergency epinephrine in their schools. In 2013, FARE launched an Advocates Network, allowing supporters to directly engage their elected representatives on food allergy issues. On the state and local levels, FARE has successfully accelerated legislation providing for emergency epinephrine in schools. FARE also played a leadership role in policy changes providing for food allergy awareness and accommodation in restaurants and colleges

Other program services (Describe in Schedule O )

(Code

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

9,260,855 Total program service expenses >

Part TV	Checklist o	f Required	Schedules
	CHECKHISLO	Reduired	Sciledules

			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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			_
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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
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	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	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 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2013)

	Check if Schedule O contains a response or note to any line in this Part V			٦
	eneck in deficultie of contains a response of note to any line in this fact v		Yes	No.
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   57			
)	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	]		
a	gaming (gambling) winnings to prize winners?	1c		
-	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	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	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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		N
)	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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 any taxable distributions under section 4966 /	9a 9b		
	Section 501(c)(7) organizations. Enter	1 20		
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	
	The section by requests innormation about pointing frequency by the sharing his	0.000	Yes	No No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		N o
b				140
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes Yes	
b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes Yes Yes	
b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes ME, MIC, ND	
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes ME, MIC, ND	

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

interest policy, and financial statements available to the public during the tax year

►IRVIN A ALEXANDERIIICPAC 7925 JONES BRANCH DRIVE

MCLEAN, VA 22102 (703)691-3179

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

Check if Schedule O contains a response or note to any line in this Part VII  $\,\cdot\,\,$  .  $\,\cdot\,\,$ 

#### 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

- 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

10   Translations   10	(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot rect	not box h ar or/tr	office	ess er ()	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
X		below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and related
VICE CHAIR & SECRETARY (2) JULIE BIRKEY (3) DIRECTOR (3) GAUD BUNNING (4) ESUE CORNFELD (5) TRACEY DOI DIRECTOR (6) ANDREW GILMAN (6) ANDREW GILMAN (7) JOHN HANNAN (8) DIRECTOR (8) DAVID JAFFE (8) DAVID JAFFE (9) MICHAEL LADE (9) MICHAEL LADE DIRECTOR (10) REBECCA LAINOVIC DIRECTOR (11) JOHN LEFR (10) REBECCA LAINOVIC DIRECTOR (12) SHARYN MANN (10) TAX DIRECTOR (13) ADAM MILLER (14) ROBERT MICHAELS (15) CHUCK PATERAKIS (16) AND RET MICHAELS (17) CHUCK PATERAKIS (18) TAX DIRECTOR (16) AND RET MICHAELS (17) TODO SLOTKIN (18) CHUCK PATERAKIS (19) CHUCK PATERAKIS (10) REPER ADAM (10) REPER ADAM (11) JOHN LEFR (12) SHARYN MANN (10) TAX (13) ADAM MILLER (14) ROBERT MICHAELS (15) CHUCK PATERAKIS (16) AND REAPPOPORT MICKENNA (16) AND REAPPOPORT MICKENNA (17) CHUCK PATERAKIS (16) AND REAPPOPORT MICKENNA (17) TODO SLOTKIN (17) TODO SLOTKIN (18) CHUCK PATERAKIS (19) TAX (10) REBECCOR (11) CHUCK PATERAKIS (10) TAX (11) CHUCK PATERAKIS (11) CHUCK PATERAKIS (12) SHARYN MANN (13) TAX (14) ROBERT MICHOLS (15) CHUCK PATERAKIS (16) AMIE RAPPOPORT MICKENNA (17) TODO SLOTKIN	(1) JANET ATWATER	1 0	x		×				0	0	0
DIRECTOR											
(3) DAVID BUNNING  DIRECTOR  (4) LESLIE CORFIELD  1 0		1 0	x								
DIRECTOR											
(4) LESLIE CORNFELD  DIRECTOR  (5) TRACEY DOI  DIRECTOR  (6) ANDREW GILMAN  DIRECTOR  (7) JOHN HANNAN  1 0		1 0	×								
DIRECTOR		1.0	-								
S			×								
DIRECTOR		1.0									
Treadure   Treadure			Х								
DIRECTOR		1.0			-						
TREATOR			х								
DIRECTOR (8) DAVID JAFFE  10		1.0									
(8) DAVID JAFFE			х								
TREASURER		1.0			-						
10		10	х		х						
DIRECTOR											
To   To   To   To   To   To   To   To	` ,	10	х								
DIRECTOR   X											
CHIEF EXECUTIVE OFFICER		1 0	x								
X											
CHIEF EXECUTIVE OFFICER	(11) JOHN LEHR	40 0	l x		l x				324.479		17.489
DIRECTOR									,		,
DIRECTOR	(12) SHARYN MANN	1 0	l <sub>x</sub>								
DIRECTOR (14) ROBERT NICHOLS  1 0  X  DIRECTOR (15) CHUCK PATERAKIS  1 0  X  DIRECTOR (16) AMIE RAPPOPORT MCKENNA  DIRECTOR (17) TODD SLOTKIN  X  X  X  X  X  X  X  X  X  X  X  X  X											
DIRECTOR	(13) ADAM MILLER	1 0	<sub>v</sub>								
DIRECTOR					L						
DIRECTOR	(14) ROBERT NICHOLS	1 0									
DIRECTOR (16) AMIE RAPPOPORT MCKENNA 1 0 X DIRECTOR (17) TODD SLOTKIN 1 0 X X		<u> </u>			L						
DIRECTOR	(15) CHUCK PATERAKIS	1 0									
DIRECTOR X X X X X X X X X X X X X X X X X X X			L^_								
DIRECTOR	(16) AMIE RAPPOPORT MCKENNA	1 0									
	DIRECTOR		L ^	L	L	L			<u> </u>		
	(17) TODD SLOTKIN	1 0			.,						
	CHAIRMAN		×		×						

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

(A) Name and Title		(B) A verage hours per week (list any hours	more pers	sition than son is ladi	one bot	note bo tha	(E) Reportable compensatio from related organization	on d ns	(F Estim amount o compen from	ated of other sation the			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz	lated
(18)	MARIA ACEBAL	1 0	x										
DIREC											$\dashv$		
` ,	OE IANNIELLO	1 0	x										
(20) I	TOR MARY WEISER	1 0			$\vdash$	-		+			$\dashv$		
DIREC			×										
	CHRISTINA FANNING	40 0			$\vdash$	$\vdash$		+			$\dashv$		
CFO -	through 1/16/13				X				15,292				214
(22) 1	RVIN A ALEXANDER III	40 0			х				176,064				14,428
CFO -	Effective 2/11/13				L^				170,004				14,420
(23) 1	MARY JANE MARCHISOTTO	40 0				l x			223,952				14,362
	R VP OF RESEARCH				_	ļ		_			$\dashv$		
(24)	ULIANNE PUZZO	40 0				×			197,673				21,694
	P DEVELOPMENT VERONICA LAFEMINA	40 0	-		-	-		+-			$\dashv$		
		40 0					х		154,485				9,825
	COMMUNICATIONS GEORGE DAHLMAN	40 0	1		$\vdash$	+		+			$\dashv$		
	ADVOCACY						x		123,286				19,806
	BARBARA ROSENSTEIN	40 0	1		1	T		+			$\dashv$		
DIREC	TOR OF COMMUNICATIONS						X		115,146				12,140
	NNE HORNING	40 0				t	T						
DIREC	TOR OF SPECIAL EVENTS						Х		119,766				5,546
(29)	ENNIFER JOBRACK	40 0					x		111,816				27,742
DIREC	TOR OF ADVOCACY						^_		111,010		$\Box$		21,142
1b	Sub-Total			•		•	►	•		•	$\top$		
c	Total from continuation sheets to Part	VII, Section A					▶						
d	Total (add lines 1b and 1c)						►		1,561,959		0		143,246
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed a	bov	e) wh	o rec	eived more than				
												Yes	No
3	Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, ke	y en	nplo •	yee,	or hig	ghest compensate	d employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	_		
_					•						4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									naividual for	5		NI o
		-,				'	۲.		·	L			No
Se	ction B. Independent Contracto	ors											
1	Complete this table for your five highes		ındepe	nder	nt co	ntra	actors	s tha	t received more t	nan \$100,000	of		

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

(A) Name and business address	(B) Description of services	(C) Compensation
DISCOVERY COMMUNICATIONS LLC, PO BOX 79961 BALTIMORE MD 212790961	VIDEO PRODUCTION	386,652
MERCURY PUBLIC AFFAIRS LLC, 437 MADISON AVENUE 9TH FLOOR NEW YORK NY 10022	LOBBYING SERVICES	101,000
BUSINESS CARD, PO BOX 15796 WILMINGTON DE 19886	FINANCIAL SERVICES	310,481
VANGUARD DIRECT, 519 EIGHTH AVENUE 23RD FLOOR NEW YORK NY 10018	COPYING & PRINTING	133,035
515 MADISON AVENUE LLC, 125 PARK AVENUE 11TH FLOOR NEW YORK NY 10017	OFFICE RENT	144,383

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

ınts	1a b
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
Gifts nilar	d
tions, er Sin	f
tribu Othe	g
Con	h
enne	2a
Program Serwce Revenue	2a b c d e
Servic	d
์granı	e f
<u>~</u>	g
	g 3
	<b>4</b> 5
	6a
	b c
	d
	7a
	b
	С
	d 8a
enne	
r Reve	
Other	b c
-	9a
	b
	c 10a
	b c
	11a
	b
	c d
	e 12

VIII	•	of Revenue					rage <b>3</b>
VIII		ule O contains a respo	nse or note to any lir	ne in this Part VIII			<u> </u>
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
Ь	Membership du	ies <b>1b</b>	395,105				
c	Fundraising eve	ents <b>1c</b>	5,072,289				
			· · ·				
d	•						
е	Government grant	s (contributions) <b>1e</b>	206,559				
f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b>	10,050,107				
g	N	ons included in lines	1,229,037				
h		s 1 a - 1 f		15,724,060			
			Business Code				+
	EDUCATIONAL PRO	OGRAMS	900099	315,365	315,365		
Ь			300033	313,303	313,303		+
c							+
d							+
e							+
f		am service revenue					+
'							1
g				315,365			
3		ome (including dividen ar amounts)		15,222			15,222
4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
5	Royalties	<u></u>	▶	0			
		(ı) Real	(11) Personal				
6a							
b	Less rental expenses						
c	Rental income or (loss)	0	0				
d	, ,	me or (loss)		0			
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other than inventory	1,121,871					
Ь	Less cost or other basis and	1,125,732					
	sales expenses						
C.		-3,861		-3,861			-3,861
d	3 (			-3,861			-3,861
8a	events (not inc \$5,072	.,289					
	See Part IV, lir	s reported on line 1c) ne 18					
		а	365,540				
b		penses b	1,007,743	-642,203			-642,203
C		(loss) from fundraising	events 🛌	-642,203			-642,203
30		rom gaming activities ne 19					
		a	50,901				
b		penses <b>b</b>	.,,,,,				
100		(loss) from gamıng actı 	vities	46,586			46,586
10a	Gross sales of returns and allo		71,245				
Ь	Less cost of g	oods sold <b>b</b>	37,063				
C		(loss) from sales of inv		34,182	34,182		1
<u> </u>	Miscellaneou		Business Code				
11a		<u> </u>	900099	11,717	11,717		4
Ь							
C	-						1
d							
e	Total. Add lines	s 11a-11d	•	11,717			
12	Total revenue.	See Instructions .	🕨	15,501,068	361,264		-584,256
				, -,	-,		Form 000 (2012)

# Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must compl	lete column (A )

	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	<u> Г</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,906,556	1,906,556		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	36,727	36,727		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	209,439	209,439		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,231,897	563,980	130,102	537,815
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,514,508	2,604,081	266,749	643,678
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,466	30,300	1,668	6,498
9	Other employee benefits	396,595	294,701	39,172	62,722
10	Payroll taxes	326,957	223,237	24,951	78,769
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	50,364	16,343	14,545	19,476
c	Accounting	113,175	36,725	32,685	43,765
d	Lobbying	321,000	321,000		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	916,557	626,249	76,434	213,874
12	Schedule O)	498,798	,	<del>                                     </del>	<u> </u>
13	Office expenses	1,249,101	466,438 782,899	922	31,438 366,697
	Information technology		,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
14 15	Royalties	484,071	348,278	20,142	115,651
	·	_	216 246	9E 936	102.225
16 17	Occupancy	405,517	216,346	· · · · · · · · · · · · · · · · · · ·	103,335
18	Travel	378,770	209,490	16,276	153,004
19	Conferences, conventions, and meetings	354,108	299,180	2,781	52,147
20	Interest	0	·	2,701	32,147
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	41,702	19,957	12,043	9,702
23	Insurance	77,979	41,053	13,714	23,212
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)	11,1272	11,000	23,721	23,212
а	MISC EXPENSES	33,721	7,876	8,886	16,959
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,586,008	9,260,855	846,411	2,478,742
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	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	8,360,205	1	3,848,880
	2	Savings and temporary cash investments	1,450,646	2	5,483,713
	3	Pledges and grants receivable, net	1,704,084	3	1,678,653
	4	Accounts receivable, net	34,862	4	309,110
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
			0	6	0
	7	Notes and loans receivable, net	761,250	7	0
	8	Inventories for sale or use	55,487	8	47,743
	9	Prepaid expenses and deferred charges	366,515	9	149,729
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 347,087	<u> </u>		
	b	Less accumulated depreciation	· ' '	10c	126,137
	11	Investments—publicly traded securities	58,895	11	860
	12	Investments—other securities See Part IV, line 11	500,000	12	2,442,026
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	29,211	15	22,240
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,469,351	16	14,109,091
	17	Accounts payable and accrued expenses	355,431	17	1,165,866
	18	Grants payable	6,579,755	18	4,880,692
	19	Deferred revenue	0	19	1,500
	20	Tax-exempt bond liabilities	0	20	0
S CD	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	135,377	25	169,676
	26	D	7,070,563	26	6,217,734
—	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	7,070,303	20	0,217,734
ည်		lines 27 through 29, and lines 33 and 34.	4.504.04		0.007.007
<u>8</u>	27	Unrestricted net assets	1,524,614	27	3,337,330
ă	28	Temporarily restricted net assets	4,874,174	28	4,554,027
Fund Balance	29	Permanently restricted net assets	0	29	0
Ţ.		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net As	33	Total net assets or fund balances	6,398,788	33	7,891,357
ź	34	Total liabilities and net assets/fund balances	13,469,351	34	14,109,091
	17.		. 5, 455, 551	<i>-</i>	, .00,001

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,	501,068
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,	586,008
3	Revenue less expenses Subtract line 2 from line 1	3		2,9	915,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,3	398,788
5	Net unrealized gains (losses) on investments	5			-29
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		- (	539,327
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7	783,135
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,8	391,357
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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 review a separate basis, consolidated basis, or both	wed 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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493255007514

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

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.

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

2013

Open to Public Inspection

Name	of the	organization	
FOOD A	LLFRGY	RESEARCH & EDUCATION INC	

Employer identification number

13-3905508

	rt I			blic Charity Sta						struction	ıs.		
The	he organization is not a private foundation because it is (For lines 1 through 11, check only one box )												
1	$\Gamma$	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).				
2	$\vdash$	A scho	ol described	i ın <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedu	ıle E )						
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	$\vdash$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
_	_			ty, and state									
5	ļ	-	•	erated for the benefi	_	or universit	ty owned or o	perated by a	a government	al unit des	scribed	i in	
_	_			A)(iv). (Complete P	•			486(1)(4					
6	 			local government or									
7	굣	_		at normally receives in 170(b)(1)(A)(vi).		-	support from	a governme	ntal unit or fi	om the ge	nerai	oublic	
8	Г			described in <b>sectior</b>			nplete Part II	)					
9				at normally receives					utions, mem	bership fee	es, and	gros	s
		_		ities related to its ex					•	-		_	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from I	ousine	sses	
		acquire	d by the org	janization after June	30,1975 S	ee <b>section 5</b>	<b>509(a)(2).</b> (C	omplete Par	tIII)				
10	$\Gamma$	Anorga	anızatıon orç	ganized and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).				
11	Γ	Anorga	anızatıon orç	ganized and operated	dexclusively	for the bene	efit of, to perf	orm the fund	tions of, or t	o carry ou	t the p	urpos	ses of
				y supported organiz						ee <b>section</b>	509(a	)(3).	Check
				bes the type of supp <b>b</b> Type II <b>c</b>					gn 11n Type III - No	n-function	nallv ir	tears	atad
e	$\vdash$			ox, I certify that the								_	
_	'			on managers and otl									
_			509(a)(2)										
f			rganızatıon :hıs box	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or Type	III suppo	rtıng o	rganı	zation,
g				2006, has the organi	zation accep	ted anv aift	or contribution	on from anv	of the				'
_			g persons?	, ,	·	, 3		,			_		
				rectly or indirectly o			_	persons des	cribed in (ii)	_		Yes	No
			•	governing body of th		_	17				Lg(i)		
			*	er of a person descri							.g(ii)		
_				lled entity of a perso						11	g(iii)		
h		Provide	the following	ng information about	the supporte	ed organizati	ion(s)						
	i) Nam	o of	(ii) EIN	(iii) Type of	<b>(iv)</b> Is t	·h o	(v) Did you	notifi(	(vi) Is	tha	100	i) A ~	nount of
	suppoi		(II) LIN	organization	organizati		the organiz	•	organizati		("	mone	
	rganiz			(described on	col <b>(i)</b> list		ın col (i) o		col (i) org			supp	
				lines 1 - 9 above	your gove	-	suppor	t?	ın the U	S?			
				or IRC section <b>(see</b>	docume	nt?							
				instructions))						T	$\dashv$		
					Yes	No	Yes	No	Yes	No	_		
											+		
	1										-		
Tota	•		ı	i		ı	1	ı	1	1			

instructions

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) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 7,191,086 5,564,660 7,361,212 8,817,983 15,724,060 44,659,001 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7,191,086 5,564,660 7,361,212 8,817,983 15,724,060 44,659,001 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 13,476,707 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 31,182,294 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) 🟲 44,659,001 7,191,086 5,564,660 7,361,212 8,817,983 15,724,060 Amounts from line 4 Gross income from interest, dividends, payments received on 121,362 57,217 18,160 24,100 15,222 securities loans, rents, royalties 236,061 and income from similar sources Net income from unrelated business activities, whether or O not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part IV) 11 Total support (Add lines 7 44,895,062 through 10) Gross receipts from related activities, etc (see instructions) 12 12 420,949 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  $\operatorname{stop}$  here  $\ldots\ldots\ldots\ldots\ldots$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 69 456 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 57 909 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. 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 - 2013. 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 - 2012. 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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

Part IV	Part IV Supplemental Information. 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							
Retu	Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493255007514

### OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

• 5	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III				
	me of the organization DD ALLERGY RESEARCH & EDUCATION I			Empl	loyer ide	ntification number
100	DD ALLERGY RESLARCIT & EDUCATION I	inc		13-3	3905508	3
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c			
1	Provide a description of the ord	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV		
2	Political expenditures				<b>.</b>	\$
3	Volunteer hours					т
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).		
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		<b>•</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	►	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?			☐ Yes ☐ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	;), except sec	tion 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activiti	es 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to otl	her organizations	for section 527	<b>.</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	O-POL, line 17b	<b>F</b>	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered t	m the filing organ to a separate poli	ızatıon's itical org	funds Also enter the anization, such as a
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount pa filing organiz funds If none,	atıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		321,000	
c	Total lobbying expenditures (add lines 1a and 1i	o)		321,000	
d	Other exempt purpose expenditures			12,265,008	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		12,586,008	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		779,300	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin	ue 1f)		194,825	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -			
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -			
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 47	20 report	ına	

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

	Lobbying Expe	nditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d)</b> 2013	<b>(e)</b> Total
2a	Lobbying nontaxable amount	468,055	574,231	640,608	779,300	2,462,194
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,693,291
c	Total lobbying expenditures	15,100	105,000	506,841	321,000	947,941
d	Grassroots nontaxable amount	117,014	143,558	160,152	194,825	615,549
e 	Grassroots ceiling amount (150% of line 2d, column (e))					923,324
f	Grassroots lobbying expenditures				Julo C (Form 990	

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a		on 501(c)(3)?				
b						
C				İ		
		-				
Par	<del></del>	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai						
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not incleaned expenses for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3	- · · · · · · · · · · · · · · · · · · ·	a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5			5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					
		teers?  taff or management (include compensation in expenses reported on lines 1c through 1i)?  advertisements?  gs to members, legislators, or the public?  ations, or published or broadcast statements?  s to other organizations for lobbying purposes?  contact with legislators, their staffs, government officials, or a legislative body?  s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  activities?  Add lines 1c through 1i  e activities in line 1 cause the organization to be not described in section 501(c)(3)?  s," enter the amount of any tax incurred under section 4912  s," enter the amount of any tax incurred by organization managers under section 4912  filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  substantially all (90% or more) dues received nondeductible by members?  e organization make only in-house lobbying expenditures of \$2,000 or less?  e organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Note 10.0 (2) (3) (4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Note 10.0 (2) (3) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6				

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493255007514

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

### **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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Ciriai	Trevenide Scratte				шэрссс	
	me of the organization  DO ALLERGY RESEARCH & EDUCATION INC			oloyer identificati 3905508	on numbe	r
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,				Complete	e if the
		(a) Donor advised funds		<b>(b)</b> Funds and ot	heraccou	nts
	Total number at end of year					
!	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org	<del>_</del>	nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?				┌ Yes	┌ No
a	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV,	line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation of Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)	certifie	rically important l d historic structu n of a conservatio	ıre	
	easement on the last day of the tax year					
	Total number of conservation easements		<u> </u>	Held at the E	nd of the	Year
•			2a			
)	Total acreage restricted by conservation easements  Number of conservation easements on a certified history	ric structure included in (a)	2b			
ı		, ,	2c			
I	Number of conservation easements included in (c) acquired historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or termina	ted by th	ne organization di	ırıng	
	the tax year -					
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	ndling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ements (	during the year		
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easemen	ıts durın	a the vear		
	<b>▶</b> \$	, and annually annual and annual and annual and annual annual annual annual annual annual annual annual annual		<b>3 7</b>		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financi				
ar	Complete if the organization answered "Ye		, or Ot	her Similar A	ssets.	
<b>a</b>	If the organization elected, as permitted under SFAS 13 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education	, or rese	earch in furtheran		
b	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue s held for public exhibition, education	e staten	nent and balance		с
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
3	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
ь				· · ·		
-	Assets included in Form 990, Part X			F \$		

Part	••• Organizations Maintaining Col	llections of Art,	Hist	tori	<u>cal T</u>	<u>reasu</u>	res, or (	<u>Othe</u>	<u>r Similar A</u>	sse	ts (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of	the follo	owing that	are a	significant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	grams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	the	y furth	er the o	rganızatıo	n's ex	empt purpos	e in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t	o be maintained as i	part o	fthe	organ	ızatıon':	s collectio	n?		Γ,		┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answer	ed "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontrib	utions o	r other as	sets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	/ıng t	able							
										mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natı	on has	been p	rovided in	Part	XIII			Γ
Pai	rt V Endowment Funds. Complete											
4.	Danimum of warmhalana	(a)Current year	(b)	Prior	year	<b>b (c)</b> Tv	vo years bad	ck (d)	Three years bac	k (e)	Four ye	ars back
1a L	Beginning of year balance							+				
b	Contributions					-		+		-		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
e	and programs							+		1		
'	End of year balance							+		-		
g	·		- //		1	(- ) \  -	1					
2	Provide the estimated percentage of the curr	ent year end balanc	e (IIne	еід	, colun	nn (a)) r	ieid as					
a	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
C	Temporarily restricted endowment	11.000										
_	The percentages in lines 2a, 2b, and 2c shou	·										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition t	nat	are nei	a ana a	amınıster	ea for	tne		Yes	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations								3	a(ii)		
b	If "Yes" to 3a(II), are the related organization	· · · · · · · · · · · · · · · · · · ·								3b		
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he or	rgar	ıızatıo	n answ	ered Ye	s' to	Form 990, 1	Part	IV, Iir	ie
	Description of property				ı) Cost o sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumula depreciatio		( <b>d</b> ) Bo	ok value
1a	and											
b i	Buildings											
<b>c</b> l	_easehold improvements						:	16,547	4	,238		12,309
d i	Equipment						15	52,770	88	8,884		63,886
е (	Other			1			I 4-	77,770	127	,828		49,942
	I. Add lines 1a through 1e (Column (d) must ed									,020		

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
(A) 2,982,570 SHARES OF ARC	2,442,026	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,442,026		
Part VIII Investments—Program Related. C	Complete if the organization	answered 'Yes' to Form 990, Part IV	', lıne 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation	
	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>*</b>		
Part IX Other Assets. Complete if the organization		J , Part IV , line 11d See Form 990 , Part X ,	lıne 15
(a) Desc	ription	(b) Book valu	ıe
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org	janization answered 'Yes' to	Form 990, Part IV, line 11e or 11f.	See
Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
DEFERRED RENT	137,808		
DEPOSITS	4,800		
PENSION PAYABLE	27,068		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 169,676		

Par		<b>evenue per Audited Financial Statements With Revenue p</b> vered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>Return</b> Complete If
1		er support per audited financial statements	1	16,296,497
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	tments		
ь	Donated services and use of f	acılıtıes		
c	Recoveries of prior year grant	s		
d	Other (Describe in Part XIII )			
e	Add lines <b>2a</b> through <b>2d</b> .		2e	795,429
3	Subtract line <b>2e</b> from line <b>1</b> .		3	15,501,068
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	15,501,068
Part		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line 12a.	<u> </u>	
1	·	r audited financial statements	1	14,164,601
2		t not on Form 990, Part IX, line 25		
а		acilities	-	
Ь				
С	Other losses			
d	Other (Describe in Part XIII )			
е	Add lines <b>2a</b> through <b>2d</b>		2e	1,578,593
3			3	12,586,008
4		0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)			
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	12,586,008
	Supplemental Inf			
Part	vide the descriptions required for V, line 4, Part X, line 2, Part XI rmation	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provi	de any additional
	Return Reference	Explanation		
PART	X,LINE 2	FARE believes it has appropriate support for any tax position taken and,		
		uncertain tax positions that are material to the financial statements. FAR		
		expense and penalties on income taxes related to uncertain tax positions administrative expenses on the statement of activities and change in net	_	
		payable and accrued expenses in the statement of financial position. The	re is i	no provision in these
		financial statements for penalties and interest on income taxes related to the year ended December 31, 2013 Tax years prior to 2010 are no long		·
		the IRS or the tax jurisdictions of the state of New York and the Common		
PART	XI, LINE 2D	Cost of Goods Sold \$37,063 Direct Fundraising Expenses 1,012,058 Loreporting of investment in corporation (783,135) Amount on L	ss fro	m Equity Method
PART	XII, LINE 2D	Cost of Goods Sold \$37,063 Direct Fundraising Expenses \$1,012,058 - \$1,049,121		Amount on Line 2d

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493255007514

\_ \_ \_

2013

OMB No 1545-0047

Open to Public

**Inspection** 

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION INC

(a) Region

Employer identification number

13-3905508

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

- nts and other
- **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

	(d) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	for and investments in region
	Europe (Including Iceland and Greenland)	0	0	Grantmakıng		209,439
За	Sub-total	0	0			209,439
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			209,439

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total expenditures

EC				eived more than \$5,0					to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			Europe (Including Iceland and Greenland)		209,439	WIRE			
2				ted above that are r e or counsel has pro					0
3	Enter total nun	nber of other	organizations or en	tities					1

Schedule F (Form 990) 2013

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

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)
							ula E (Earry 000) 2012

### Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation
PART I, LINE 2	There is a formal grant
,	review process All
	disbursements are
	documented Grantees
	are required to write
	annual updates on their
	progress as well as
	goals achieved Future
	grant awards are
	contingent upon
	achievement of specific
	milestones

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DLN: 93493255007514

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

**Employer identification number** 

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

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

Open to Public Inspection

OD ALLERGY RESEARCH & E	EDUCATION INC				13-3905508		
<b>Fundraising Act</b> Form 990-EZ filers				on answered "Yes" t part.	to Form 990, Part IV	, line 17.	
Indicate whether the organi	ızatıon raısed funds	through a	ny of the f	ollowing activities Che	eck all that apply		
Mail solicitations		_		Solicitation of non			
☐ Internet and email solid	citations		f	☐ Solicitation of gov	ernment grants		
Phone solicitations			g	Special fundraisin	g events		
☐ In-person solicitations							
Did the organization have a or key employees listed in						Г <sub>Yes</sub> Г	
If "Yes," list the ten highes to be compensated at least			fundraisei	rs) pursuant to agreem	ents under which the fu	ndraiser is	
(i) Name and address of	(ii) Activity	(iii)	<b>)</b> Dıd	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to	
ındıvıdual or entity (fundraiser)			serhave ody or	from activity	(or retained by) fundraiser listed in	(or retained by) organization	
or energy (rantal are ery	neity (landraiser)		trol of		col (i)		
			outions?				
		Yes	No				
		+					
		1					
	1	•					
11							
List all states in which the	organization is regis	tered or li	censed to	solicit contributions o	r has been notified it is	exempt from	
registration or licensing							

		G (Form 990 or 990-EZ) 2013				Page <b>2</b>
Pai	t I	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	Coi ( <b>c)</b> )
E G	1	Gross receipts	2,927,745	879,062	1,631,022	5,437,829
Revenue	2	Less Contributions	2,752,745	781,562	1,537,982	5,072,289
<u>~</u>	3	Gross income (line 1 minus line 2)	175,000	97,500	93,040	365,540
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	223,520	55,000	38,701	317,221
ă	7	Food and beverages .	238,380	82,975	123,080	444,435
Direct	8	Entertainment	50,000	)		50,000
ឨ	9	Other direct expenses .	109,543	74,839	11,705	196,087
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)		(1,007,743)
	11	Net income summary Subtract li	ine 10 from line 3, columi	n (d)		-642,203
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue			50,901	
မွ	2	Cash prizes				
kpenses		Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses			4,315	4,315
	6	Volunteer labor		┌ Yes %	✓ Yes %	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)	•	4,315
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)	🛌	46,586
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		1
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

						11
Doe:	s the organıza	ition operate gaming act	vities with nonmembers	57	<b>.</b>	Yes No
12	Is the organ	nization a grantor, benefi	cıary or trustee of a trus	st or a member of a partnership or	other entity	
	formed to a	dmınıster charıtable gam	ıng?			┌ Yes ┌ No
13	Indicate the	e percentage of gaming a	ctivity operated in			
а	The organız	ation's facility			13a	%
b	An outside 1	facility			13b	100 000 %
14	Enter the na	ame and address of the p	erson who prepares the	organization's gaming/special eve	ents books and record	s
	Name 🟲	ANNE HORNING				
	Address 🟲	515 Madison Avenue New York, NY 10022				
15a	Does the or			m whom the organization receives		
	revenue?					. ┌ <sub>Yes</sub> ┌ <sub>No</sub>
b	If "Yes," en	ter the amount of gaming	j revenue received by th	ne organization 🟲 \$	and the	
	amount of g	amıng revenue retained	by the third party 🟲 \$ _			
c	If "Yes," en	ter name and address of	the third party			
	Name 🟲					
	Address 🟲					
16	Gaming mar	nager information				
	Name 🟲					
	Gaming mar	nager compensation 🟲 \$				
	Description	of services provided 🕨				
	☐ Director	/officer	F Employee	☐ Independent cont	ractor	
17	Mandatory o	distributions	, ,	·		
а	Is the organ	nization required under s	tate law to make charita	ble distributions from the gaming	proceeds to	
	retain the st	tate gaming license? .				Γ <sub>Yes</sub> Γ <sub>No</sub>
b	Enter the ar	mount of distributions red	quired under state law di	istributed to other exempt organiz	ations or spent	
	ın the organ	ıızatıon's own exempt ac	tivities during the tax ye	ear 🟲 💲		
Pa	Part		15b, 15c, 16, and 17	planations required by Part I, b, as applicable. Also comple		
		urn Reference	<del></del>	Explanation	on	
				,		

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Schedule I (Form 990)

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

DLN: 93493255007514 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION INC

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

► Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

13-3905508

Part I General Inforn	nation on Grants	and Assistance					
<ul><li>Does the organization man the selection criteria used</li><li>Describe in Part IV the or</li></ul>	d to award the grants o	rassistance <sup>?</sup>		·			✓ Yes
Part II Grants and Oth		Governments and receive					l "Yes" to
(a) Name and address of organization or government	<b>(b)</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) AMER ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY 555 E WELLS ST MILWAUKEE, WI 53202	39-6061326	501(c)(3)	128,279				GITTIS MEMORIAL
(2) LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO BOX 4 CHICAGO,IL 60611	36-2170833	501(c)(3)	67,947				FOOD ALLERGY PROGRAM
(3) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	825,423				FOOD ALLERGY PROGRAMS
(4) STANFORD UNIVERSITY SCHOOL OF MEDICINE 301 RAVENSWOOD DRIVE MENLO PARK, CA 94025	94-1156365	501(c)(3)	122,070				RESEARCH
(5) UNIVERSITY OF CHICAGO 924 EAST 57TH STREET R120 CHICAGO,IL 60637	36-2177139	501(c)(3)	153,800				

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

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

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

(a)Type of grant or assistance	2	( <b>b)</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)	<b>(f)</b> Description of non-cash assistance		
(1) COMMUNITY GRANTS		13	29,171					
(2) SUPPORT GROUP GRANTS		31	6,156					
(3) LEADERS SUMMIT		1	400					
(4) TEEN SUMMIT		3	1,000					
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	rn Reference Explanation							
PART I, LINE 2 There is a formal grant review process. All disbursements are documented. Grantees are required to write annual updates on their progress as						ıl updates on theır progress as well as		

goals achieved Future grant awards are contingent upon achievement of specific milestones

Schedule I (Form 990) 2013

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DLN: 93493255007514

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

**Compensation Information** 

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION INC

**Employer identification number** 

13-3905508

			13-3903300			
Pa	rt I Questions Regarding Compensatio	n			I I	
_					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all ti used by a related organization to establish compens	hat apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	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			
а	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,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $53\ 4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)JOHN LEHR CHIEF EXECUTIVE OFFICER	(i) (ii)	324,479			8,463	9,026	341,968		
(2)VERONICA LAFEMINA VP OF COMMUNICATIONS	(i) (ii)	154,485			969	8,856	164,310		
(3)MARY JANE MARCHISOTTO SENIOR VP OF RESEARCH	(i) (ii)	223,952			4,310	10,052	238,314		
(4)IRVIN A ALEXANDER III CFO - Effective 2/11/13	(i) (ii)	176,064				14,428	190,492		
(5)JULIANNE PUZZO SR VP DEVELOPMENT	(i) (ii)	197,673			5,756	15,938	219,367		

Schedule J (Form 990) 2013

### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

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#### DLN: 93493255007514

OMB No 1545-0047

(Form 990)

### **Noncash Contributions**

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION INC

**Employer identification number** 

Down T. Turner of D			13	3-3905508
Part I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d)  Method of determining noncash contribution amounts
1 Art—Works of art	X	1	1,000	) FMV
2 Art—Historical treasures .			1,000	
3 Art—Fractional interests				
4 Books and publications				
<b>5</b> Clothing and household goods	Х		2,300	FMV
<b>6</b> Cars and other vehicles				
<b>7</b> Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	6	1,125,761	. FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential .				
16 Real estate—Commercial				
<b>17</b> Real estate—Other				
<b>18</b> Collectibles				
<b>19</b> Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
<ul><li>24 Archeological artifacts</li><li>25 Other►(</li></ul>	X	3	18,500	) FMV
JEWELRY )	^	Ĭ	10,500	
<b>26</b> Other►( FASHION/BEAUTY PACKAGES)	Х	38	19,580	FMV
<b>27</b> Other►( FOOD/RESTAURANT GIFT CERTIFICATES)	Х	19	3,040	FMV
<b>28</b> Other►( SPORTS/SHOWS)	Х	18	7,473	FMV
Other►( VACATION PACKAGES)	Х	10	20,746	FMV
Other▶( GYM MEMBERSHIP/PERSONAL TRAINER)	Х	7	3,661	
Other►( OTHER MISCELLANEOUS)	_ X	19	12,430	
Other▶ ( FOOD FOR EVENT )	X	21	14,546	5 FMV
29 Number of Forms 8283 received by t for which the organization completed				yes No
<b>30a</b> During the year, did the organization	receive by	contribution any property r	eported in Part I, lines 1	
it must hold for at least three years f	rom the dat	e of the initial contribution	, and which is not require	d to be used
for exempt purposes for the entire ho	olding period	17		30a No
<b>b</b> If "Yes," describe the arrangement i	n Part II			
31 Does the organization have a gift acc	ceptance po	licy that requires the revie	w of any non-standard co	ontributions?   31   No
32a Does the organization hire or use thi			•	ncash
contributions?				<u>32a</u> No
<ul><li>b If "Yes," describe in Part II</li><li>33 If the organization did not report an a</li></ul>	amount in co	olumn (c) for a type of prop	erty for which column (a)	is checked.

describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493255007514

OMB No 1545-0047

Open to Public Inspection

# 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization	Employer identification number
FOOD ALLERGY RESEARCH & EDUCATION INC	
	13-3905508

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XI, Line 9	Net loss from activity reported using equity method for investment in corporation (\$783,135)
PART VI, SECTION B, LINE 15	THE ORGANIZATION USES COMPARABLE DATA IN THE INDUSTRY TO DETERMINE COMPENSATION AND COMPENSATION IS VOTED AND AGREED UPON BY THE GOVERNING BODY
Part VI, Section C, Line 19	The Organization's financial statements are available on the organization's website. Any other documents are available upon request
Part VI, Line 11B	DRAFT OF FORM 990 IS SENT TO THE audit COMMITTEE FOR REVIEW BEFORE IT IS FILED WITH THE IRS
PART VI, SECTION B, LINE 12C	ALL STAFF, BOARD MEMBERS, OFFICERS AND TRUSTEES ANNUALLY SIGN A FOOD ALLERGY RESEARCH & EDUCATION MANAGEMENT AND STAFF DISCLOSURE STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND IT, AND HAVE AGREED TO COMPLY WITH THE POLICY IF A CONFLICT OF INTEREST IS DISCLOSED, THE AFFECTED PARTY WILL DISCUSS THE ISSUE WITH THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS WILL DISCUSS THE ISSUES, CONSULT AN ATTORNEY IF NECESSARY, AND TAKE APPROPRIATE ACTION APPROPRIATE DISCIPLINARY ACTION WILL BE IMPOSED AGAINST ANY PERSON VIOLATING THE POLICY