

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

<b>A</b> For the <b>2017</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b></td> <td><b>D</b> Employer identification number <b>13-3905508</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>(703) 691-3179</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>13,445,311.</b></td> </tr> <tr> <td><b>7901 JONES BRANCH DRIVE</b></td> <td><b>240</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>MCLEAN, VA 22102-5303</b></td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>JAMES BAKER, MD</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.FOODALLERGY.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b></td> </tr> </table>	<b>C</b> Name of organization <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>		<b>D</b> Employer identification number <b>13-3905508</b>	Doing business as		<b>E</b> Telephone number <b>(703) 691-3179</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>13,445,311.</b>	<b>7901 JONES BRANCH DRIVE</b>	<b>240</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>MCLEAN, VA 22102-5303</b>		<b>H(b)</b> Are all subordinates included? Yes No	<b>F</b> Name and address of principal officer: <b>JAMES BAKER, MD</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.FOODALLERGY.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b>
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<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>FARE'S MISSION IS TO IMPROVE THE QUALITY OF LIFE AND THE HEALTH OF INDIVIDUALS WITH FOOD ALLERGIES,</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 61
	6	Total number of volunteers (estimate if necessary)	6 1215
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 20,450.
	b Net unrelated business taxable income from Form 990-T, line 34	7b -2,440.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	11,577,982. 12,202,169.
	9	Program service revenue (Part VIII, line 2g)	159,574. 105,977.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,946,668. 201,479.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-420,642. -12,376.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,370,246. 12,497,249.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,873,428. 3,043,514.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,616,459. 6,674,970.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,653,286.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,438,742. 4,272,508.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,928,629. 13,990,992.
	19 Revenue less expenses. Subtract line 18 from line 12	-5,558,383. -1,493,743.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	57,090,740. 55,538,497.
	21	Total liabilities (Part X, line 26)	5,551,809. 5,493,309.
	22	Net assets or fund balances. Subtract line 21 from line 20	51,538,931. 50,045,188.

<b>Part II Signature Block</b>						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
<b>Sign Here</b>	Signature of officer <b>LISA GABLE, CEO</b> Type or print name and title				Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH HELLER</b>	Preparer's signature <i>Elizabeth Heller</i>	Date <b>11/1/2018</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00397829</b>	
	Firm's name ▶ <b>TATE AND TRYON</b>	Firm's EIN ▶ <b>52-1855942</b>		Phone no. (202) 293-2200		
	Firm's address ▶ <b>2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036</b>					

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

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**FOOD ALLERGY RESEARCH & EDUCATION, INC.**

**13-3905508**

Name and title of officer

**LISA GABLE  
CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>12,497,249.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TATE AND TRYON

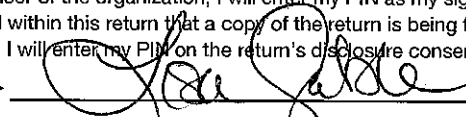
ERO firm name

to enter my PIN 05508

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 10/31/18

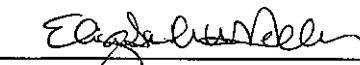
### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472820036

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ 10/29/2018

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

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

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>	Employer identification number (EIN) or <b>13-3905508</b>
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>7925 JONES BRANCH DRIVE, NO. 1100</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MCLEAN, VA 22102-5303</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SANDEEP DHAR**

• The books are in the care of ► **7925 JONES BRANCH DRIVE, SUITE 1100 - MCLEAN, VA 22102**  
Telephone No. ► **703-691-3179** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box  \_\_\_\_\_ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2017** or
- tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,519,406. including grants of \$ 2,935,492. ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 3,817,201. including grants of \$ 108,022. ) (Revenue \$ 85,527. )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 2,176,142. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 10,512,749.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> 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>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <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> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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 .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included in line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CALIBRE CPA GROUP - 202-331-9880 7501 WISCONSIN AVENUE, SUITE 1200 WEST, BETHESDA, MD 20814



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET ATWATER CHAIR	1.00	X		X			0.	0.	0.	
(2) ROB NICHOLS VICE-CHAIR	1.00	X		X			0.	0.	0.	
(3) MIKE LADE TREASURER	1.00	X		X			0.	0.	0.	
(4) DENISE BUNNING SECRETARY	1.00	X		X			0.	0.	0.	
(5) MARIA ACEBAL DIRECTOR	1.00	X					0.	0.	0.	
(6) DAVID CROWN DIRECTOR	1.00	X					0.	0.	0.	
(7) LEIGH FEUERSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(8) ANDY GILMAN DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN HANNAN DIRECTOR	1.00	X					0.	0.	0.	
(10) JOE IANNIELLO DIRECTOR	1.00	X					0.	0.	0.	
(11) HELEN JAFFE DIRECTOR	1.00	X					0.	0.	0.	
(12) REBECCA LAINOVIC DIRECTOR	1.00	X					0.	0.	0.	
(13) SHARYN MANN DIRECTOR	1.00	X					0.	0.	0.	
(14) ADAM MILLER DIRECTOR	1.00	X					0.	0.	0.	
(15) ELISE PURCELL DIRECTOR	1.00	X					0.	0.	0.	
(16) JOELLE RESNICK DIRECTOR	1.00	X					0.	0.	0.	
(17) ROBERT L. RICH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE WILCOX DIRECTOR	1.00	X					0.	0.	0.	
(19) JAMES R. BAKER CHIEF EXECUTIVE OFFICER	40.00	X		X			533,872.	0.	34,643.	
(20) SANDEEP DHAR CHIEF FINANCIAL OFFICER	40.00			X			285,931.	0.	46,844.	
(21) MARY JANE MARCHISOTTO SVP RESEARCH	40.00				X		257,921.	0.	25,034.	
(22) LOIS A. WITKOP CHIEF ADVANCEMENT OFFICER	40.00				X		235,039.	0.	8,341.	
(23) SCOTT RICCIO SVP EDUCATION & ADVOCACY	40.00				X		159,359.	0.	17,751.	
(24) LANNY BROMFIELD CONTROLLER	40.00					X	144,887.	0.	13,944.	
<b>1b Sub-total</b>							1,617,009.	0.	146,557.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,617,009.	0.	146,557.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEACONFIRE, 2300 CLARENDON BLVD, SUITE 92, ARLINGTON, VA 22201	CONSULTING	384,536.
BLACKBAUD, INC. PO BOX 930256, ATLANTA, GA 31193-0256	SOFTWARE LICENSES	203,922.
COLORNET PRINTING & GRAPHICS 22570 GLENN DR, STERLING, VA 20164	PRINTING, MAILINGS, STORAGE	153,990.
INVITAE CORPORATION 1400 16TH ST, SAN FRANCISCO, CA 94103	PATIENT REGISTRY IMPLEMENTATION, SURV	135,000.
CHARITY DYNAMICS LLC 4031 GUADALUPE ST, AUSTIN, TX 78751	CONSULTING, LICENSE FEES	132,264.

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 **16**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>	33,760.			
	<b>c</b> Fundraising events .....	<b>1c</b>	2,770,538.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	87,955.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,309,916.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,401,886.			
	<b>h Total.</b> Add lines 1a-1f .....		12,202,169.			
	<b>Program Service Revenue</b>	<b>2 a</b> EDUCATIONAL PROGRAMS .....	<b>Business Code</b>	900099	85,527.	85,527.
<b>b</b> ADVERTISING .....			541800	20,450.	20,450.	
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			105,977.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		201,479.		201,479.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		11,246.		11,246.	
	<b>6 a</b> Gross rents .....	(i) Real	869.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....		0.		
		<b>c</b> Rental income or (loss) .....		869.		
	<b>d</b> Net rental income or (loss) .....		869.		869.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,770,538. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	813,244.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	913,692.		
<b>c</b> Net income or (loss) from fundraising events .....			-100,448.		-100,448.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	28,350.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	2,547.			
	<b>c</b> Net income or (loss) from gaming activities .....		25,803.		25,803.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	64,955.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	31,823.			
	<b>c</b> Net income or (loss) from sales of inventory .....		33,132.	33,132.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME .....		900099	17,022.		17,022.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		17,022.			
<b>12 Total revenue.</b> See instructions. ....		12,497,249.	118,659.	20,450.	155,971.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,043,514.	3,043,514.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,628,521.	1,169,420.	125,504.	333,597.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,144,691.	2,978,687.	319,553.	846,451.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	131,569.	95,516.	9,500.	26,553.
<b>9</b> Other employee benefits .....	380,588.	269,695.	29,717.	81,176.
<b>10</b> Payroll taxes .....	389,601.	281,116.	27,040.	81,445.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	177,395.	52,974.	5,189.	119,232.
<b>b</b> Legal .....	25,384.	1,417.	19,942.	4,025.
<b>c</b> Accounting .....	32,750.		32,750.	
<b>d</b> Lobbying .....	186,500.	186,500.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	1,607,380.	1,270,832.	23,079.	313,469.
<b>12</b> Advertising and promotion .....	172,742.	87,748.	25.	84,969.
<b>13</b> Office expenses .....	480,338.	219,048.	20,329.	240,961.
<b>14</b> Information technology .....	510,776.	163,512.	63,905.	283,359.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	428,878.	210,300.	106,704.	111,874.
<b>17</b> Travel .....	529,794.	430,290.	16,601.	82,903.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	23,047.	12,457.	6,399.	4,191.
<b>23</b> Insurance .....	65,386.	35,341.	18,156.	11,889.
<b>24</b> 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.)				
<b>a</b> MAIL SHOP FEES	26,638.	1,619.	7.	25,012.
<b>b</b> MISC. EXPENSES	5,500.	2,763.	557.	2,180.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,990,992.	10,512,749.	824,957.	2,653,286.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,109,064.	795,081.	0.	313,983.

**Part 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,710,529.	<b>1</b>	1,995,826.
	<b>2</b> Savings and temporary cash investments .....	52,224,765.	<b>2</b>	48,035,562.
	<b>3</b> Pledges and grants receivable, net .....	1,841,234.	<b>3</b>	5,122,649.
	<b>4</b> Accounts receivable, net .....	12,160.	<b>4</b>	12,805.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	29,967.	<b>8</b>	28,796.
	<b>9</b> Prepaid expenses and deferred charges .....	178,426.	<b>9</b>	193,632.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 230,554.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 170,262.	<b>10c</b>	60,292.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	31,521.	<b>15</b>	88,935.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	57,090,740.	<b>16</b>	55,538,497.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	817,518.	<b>17</b>	1,397,809.
	<b>18</b> Grants payable .....	4,639,600.	<b>18</b>	4,031,407.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	94,691.	<b>25</b>	64,093.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,551,809.	<b>26</b>	5,493,309.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	45,031,650.	<b>27</b>	40,298,373.
	<b>28</b> Temporarily restricted net assets .....	6,507,281.	<b>28</b>	9,746,815.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	51,538,931.	<b>33</b>	50,045,188.	
<b>34</b> Total liabilities and net assets/fund balances .....	57,090,740.	<b>34</b>	55,538,497.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,497,249.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,990,992.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,493,743.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,538,931.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,045,188.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15724060.	13005978.	12086613.	11577982.	12202169.	64596802.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15724060.	13005978.	12086613.	11577982.	12202169.	64596802.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						13935280.
<b>6 Public support.</b> Subtract line 5 from line 4.						50661522.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	15724060.	13005978.	12086613.	11577982.	12202169.	64596802.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	15,222.	7,932.	25,847.	94,079.	213,594.	356,674.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					17,022.	17,022.
<b>11 Total support.</b> Add lines 7 through 10						64970498.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,129,129.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	77.98 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	76.98 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  FOOD ALLERGY RESEARCH & EDUCATION, INC.	<b>Employer identification number</b>  13-3905508
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 4,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 368,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 266,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>	<b>Employer identification number</b>
<b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>	<b>13-3905508</b>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	14,985 SHARES OF EXPEDITORS INTERNATION OF WASHINGTON, INC. (EXPD) STOCK	\$ 965,933.	12/08/17
3	10,000 SHARES OF APOLLO GLOBAL MGT LLC (APO) STOCK	\$ 266,200.	05/15/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>	Employer identification number <b>13-3905508</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**FOOD ALLERGY RESEARCH & EDUCATION, INC.**

Employer identification number

**13-3905508**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	186,500.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	186,500.													
<b>d</b>	Other exempt purpose expenditures .....	14,752,554.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	14,939,054.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	896,953.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	224,238.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	739,676.	1,000,000.	793,806.	896,953.	3,430,435.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,145,653.
<b>c</b> Total lobbying expenditures	152,250.	94,125.	99,500.	186,500.	532,375.
<b>d</b> Grassroots nontaxable amount	184,919.	250,000.	198,452.	224,238.	857,609.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,286,414.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2017

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,748.	13,838.	23,910.
d Equipment		179,276.	142,894.	36,382.
e Other		13,530.	13,530.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,292.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	<b>64,093.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>64,093.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	13,445,310.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	948,061.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	948,061.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	12,497,249.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	12,497,249.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	14,939,053.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	948,061.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	948,061.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	13,990,992.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	13,990,992.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	31,823.
DIRECT FUNDRAISING EXPENSES	916,238.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	948,061.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD	31,823.
DIRECT FUNDRAISING EXPENSES	916,238.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	948,061.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	LUNCH (event type)	14 (total number)		
Revenue	1	Gross receipts	1,998,595.	900,701.	684,486.	3,583,782.
	2	Less: Contributions	1,886,042.	839,051.	45,445.	2,770,538.
	3	Gross income (line 1 minus line 2)	112,553.	61,650.	639,041.	813,244.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,450.	27,538.	7,295.	36,283.
	6	Rent/facility costs		55,000.	4,846.	59,846.
	7	Food and beverages	188,769.	82,847.	43,371.	314,987.
	8	Entertainment				
	9	Other direct expenses	277,727.	139,763.	85,086.	502,576.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				913,692.
11	Net income summary. Subtract line 10 from line 3, column (d)				-100,448.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			28,350.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			2,547.	2,547.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				2,547.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				25,803.	

9 Enter the state(s) in which the organization conducts gaming activities: NY  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACHRI 13 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0694931	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVENUE - SEATTLE, WA 98101-2795	91-0653422	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
CHILDREN'S HOSPITAL CORP (DBA BOSTON CHILDREN'S HOSP) (FIEBIGER) - 300 LONGWOOD AVENUE - BOSTON, MA 02115	04-2774441	501 ( C ) 3	150,000.	0.			RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD MS #75 LOS ANGELES, CA 90027	95-1690977	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE.M ML 7030 - CINCINNATI, OH 45229-3039	31-0833936	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY MEDICAL CENTER 630 W. 138TH STREET, PH8E0101B NEW YORK, NY 10032	13-5598093	501 ( C ) 3	35,000.	0.			FARE CLINICAL NETWORK
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX # 1198 ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501 ( C ) 3	120,000.	0.			FARE CLINICAL NETWORK
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - BOX # 1198 ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501 ( C ) 3	25,000.	0.			RESEARCH
INDIANA UNIVERSITY 11725 N. ILLINOIS STREET CARMEL, IN 46032	35-6001673	501 ( C ) 3	35,000.	0.			FARE CLINICAL NETWORK
LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE - CHICAGO, IL 60611	36-2170833	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
MASSACHUSETTS GENERAL HOSPITAL 175 CAMBRIDGE STREET BOSTON, MA 02114	04-2697983	501 ( C ) 3	450,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 175 CAMBRIDGE STREET BOSTON, MA 02114	04-2697983	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
NORTHWEST ALLERGY AND ASTHMA CENTER - 9725 3RD AVE NE SUITE 500 - SEATTLE, WA 98115	23-7219813	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ASTHMA & ALLERGY 9725 3RD AVE NE SUITE 500 SEATTLE, WA 98115	23-7219813	501 ( C ) 3	12,371.	0.			RESEARCH
RADY CHILDREN'S HOSPITAL UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE # 0934 - LA JOLLA, CA 92093	95-6006144	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 S STATE ST - ANN ARBOR, MI 48109	38-6006309	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
SPECIALLY FOR CHILDREN 1301 BARBARA JORDAN BOULEVARD, SUIT AUSTIN, TX 78723	74-2800601	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
STANFORD UNIVERSITY 3160 PORTER DRIVE PALO ALTO, CA 94304	91-1156365	501 ( C ) 3	120,000.	0.			FARE CLINICAL NETWORK
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	36-2177139	501 ( C ) 3	52,500.	0.			FARE CLINICAL NETWORK
UNIVERSITY OF ARIZONA PO BOX 210017 TUSCON, AZ 85721	74-2652689	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
UNIVERSITY OF CALIFORNIA LOS ANGELES CENTER - 110000 KINROSS AVENUE, SUITE 211 - LOS ANGELES, CA 90095-1406	95-6006143	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA 260 MACNIDER, CB#7220 CHAPEL HILL, NC 27599	56-6001393	501 ( C ) 3	90,000.	0.			FARE CLINICAL NETWORK
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 777 ROCHESTER, NY 14642	16-0743209	501 ( C ) 3	70,000.	0.			FARE CLINICAL NETWORK
UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD, SUITE 165 TAMPA, FL 33612-9445	59-3102112	501 ( C ) 3	83,333.	0.			FARE CLINICAL NETWORK
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-6002868	501 ( C ) 3	13,969.	0.			FARE CLINICAL NETWORK
YALE UNIVERSITY 25 SCIENCE PARK, 3RD FLOOR (OFFICE SPONSORED PROJECTS) - NEW HAVEN, CT 06520	06-0646973	501 ( C ) 3	450,000.	0.			RESEARCH
ST. NORBERT COLLEGE 100 GRANT ST., DEPT. 47 DE PERE, WI 54115	39-1399196	501 ( C ) 3	10,000.	0.			EDUCATION GRANT
STANFORD UNIVERSITY R&DE STANFORD DINING, 693 PAMPAS LN STANFORD, CA 94305-7010	94-1156365	501 ( C ) 3	10,000.	0.			EDUCATION GRANT
ANAPHYLAXIS & FOOD ALLERGY ASSOCIATION OF MN - 970 RAYMOND AVENUE, SUITE G-40 - ST. PAUL, MN 55114	05-0585572	501 ( C ) 3	8,500.	0.			EDUCATION GRANT
UTAH FOOD ALLERGY NETWORK PO BOX 1066 DRAPER, UT 84020	20-8914771	501 ( C ) 3	6,500.	0.			EDUCATION GRANT

Schedule I (Form 990)

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

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

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

**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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**FOOD ALLERGY RESEARCH & EDUCATION, INC.**

Employer identification number

**13-3905508**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. BAKER CHIEF EXECUTIVE OFFICER	(i)	406,892.	125,000.	1,980.	8,100.	33,671.	575,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDEEP DHAR CHIEF FINANCIAL OFFICER	(i)	219,616.	65,625.	690.	8,100.	46,138.	340,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY JANE MARCHISOTTO SVP RESEARCH	(i)	178,312.	77,629.	1,980.	7,807.	20,859.	286,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LOIS A. WITKOP CHIEF ADVANCEMENT OFFICER	(i)	234,627.	0.	412.	6,914.	3,390.	245,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT RICCIO SVP EDUCATION & ADVOCACY	(i)	159,115.	0.	244.	4,514.	16,910.	180,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LANNY BROMFIELD CONTROLLER	(i)	122,459.	21,038.	1,390.	4,380.	11,650.	160,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 7:

BONUSES ARE PROVIDED TO ENSURE THAT KEY EMPLOYEES WHO PERFORM WELL ARE  
RECOGNIZED FOR THEIR PERFORMANCE AND RETAINED BY FARE. THE PERFORMANCE OF  
THESE EMPLOYEES WAS REVIEWED BY MANAGEMENT, INCLUDING THE CEO, AND BONUSES  
WERE AWARDED APPROPRIATELY. OTHER REPORTABLE COMPENSATION INCLUDES  
SEVERANCE PAY, RELOCATION, AND TRANSITION COSTS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	5,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,005.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	1,365,603.	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				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( PHOTOGRAPHY P )	X	5	11,300.	FMV
26 Other ▶ ( ADVERTISING )	X	2	6,000.	FMV
27 Other ▶ ( VACATION PACK )	X	2	5,195.	FMV
28 Other ▶ ( FOOD/RESTAURA )	X	5	2,350.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ..... **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ..... **32a**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017

**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.

**PART I, OTHER TYPES OF PROPERTY:**

**FASHION/BEAUTY PACKAGES**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 5
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1886.
- (D) METHOD OF DETERMINING REVENUE: FMV

**OTHER MISCELLANEOUS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1805.
- (D) METHOD OF DETERMINING REVENUE: FMV

**FITNESS/GYM**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1110.
- (D) METHOD OF DETERMINING REVENUE: FMV

**SPORTS/SHOWS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 560.
- (D) METHOD OF DETERMINING REVENUE: FMV

**JEWELRY**

- (A) CHECK IF APPLICABLE = X



**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.

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 72.

(D) METHOD OF DETERMINING REVENUE: FMV

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

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

AND TO PROVIDE THEM HOPE THROUGH THE PROMISE OF NEW TREATMENTS.

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

FOOD ALLERGY RESEARCH & EDUCATION (FARE) IS THE NATION'S LEADING

ADVOCACY ORGANIZATION WORKING ON BEHALF OF THE 15 MILLION AMERICANS

WITH FOOD ALLERGIES, INCLUDING ALL THOSE AT RISK FOR LIFE THREATENING

ANAPHYLAXIS. FARE'S MISSION IS TO IMPROVE THE QUALITY OF LIFE AND THE

HEALTH OF INDIVIDUALS WITH FOOD ALLERGIES, AND TO PROVIDE THEM HOPE

THROUGH THE PROMISE OF NEW TREATMENTS. OUR WORK IS ORGANIZED AROUND

THREE CORE TENETS: LIFE - SUPPORTING THE ABILITY OF INDIVIDUALS WITH

FOOD ALLERGIES TO LIVE SAFE, PRODUCTIVE LIVES WITH THE RESPECT OF

OTHERS THROUGH OUR EDUCATION AND ADVOCACY INITIATIVES; HEALTH -

ENHANCING THE ACCESS OF INDIVIDUALS WITH FOOD ALLERGIES TO STATE-OF-THE

ART DIAGNOSIS AND TREATMENT; AND HOPE - ENCOURAGING AND FUND RESEARCH

IN BOTH INDUSTRY AND ACADEMIA THAT PROMISES NEW THERAPIES TO IMPROVE

THE EVERYDAY LIVES OF THOSE LIVING WITH FOOD ALLERGIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH:

FARE CLINICAL NETWORK

THE CORNERSTONE OF OUR EFFORTS WAS THE LAUNCH OF THE FARE CLINICAL

NETWORK ('FCN') IN 2015 WITH 24 CENTERS OF EXCELLENCE ACROSS THE UNITED

STATES. THE FCN SITES ARE CHANGING THE FACE OF FOOD ALLERGY RESEARCH BY

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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RAISING THE QUALITY OF CARE FOR FOOD ALLERGIC PATIENTS NATIONWIDE, BY REDUCING DISCREPANCIES IN CARE AMONG PROVIDERS, AND BY MAKING COMPREHENSIVE CARE AVAILABLE FOR ALL PATIENTS WITH FOOD ALLERGIES. FCN SITES ARE HELPING PARENTS, CAREGIVERS AND PATIENTS IDENTIFY CENTERS THAT PROVIDE CLINICAL AND SUB-SPECIALTY FOOD ALLERGY SERVICES OF THE HIGHEST QUALITY AND THAT ARE LEADERS IN RAPIDLY APPLYING NEW EVIDENCE-BASED KNOWLEDGE. IMPORTANTLY, FCN CENTERS ARE ACCELERATING DRUG DEVELOPMENT FOR FOOD ALLERGY BY ENHANCING SITES' INFRASTRUCTURE AND CAPABILITIES TO PERFORM CRUCIAL LATE STAGE TRIALS AND PROVIDING THE BASIS FOR THE DEVELOPMENT AND GROWTH OF FARE'S NATIONAL FOOD ALLERGY PATIENT REGISTRY AND , EVENTUALLY, BIO-REPOSITORY. FARE ADDED FIVE NEW SITES IN 2016 AND AN ADDITIONAL THREE IN 2017. FARE'S ANNUAL INVESTMENT IN THE NETWORK IN 2017 WAS \$2.2MM FOR 29 SITES (THREE SITES HAVE GONE INACTIVE SINCE INCEPTION DUE TO PERSONNEL CHANGES). THE ANNUAL INVESTMENT REPRESENTS FARE'S SUPPORT OF PART OF THE PRINCIPAL INVESTIGATOR'S SALARY AND THE SALARY OF A FULL-TIME RESEARCH COORDINATOR. AT YEAR-END 2017, THE FCN HAD 29 ACTIVE MEMBER SITES.

#### FARE PATIENT REGISTRY

ON MAY 22, 2017, THE FARE PATIENT REGISTRY WAS LAUNCHED. THE REGISTRY WILL BE A VITAL TOOL THAT WILL HARNESS THE POWER OF PATIENT DATA TO ACCELERATE RESEARCH TOWARD REVEALING THE CAUSES OF FOOD ALLERGY, UNCOVERING, FOR EXAMPLE, WHY FOOD ALLERGY RATES HAVE INCREASED IN RECENT YEARS AND IDENTIFYING WHICH TREATMENTS MIGHT BE MOST EFFECTIVE FOR INDIVIDUAL FOOD ALLERGY PATIENTS. PATIENTS WITH FOOD ALLERGIES OR RELATIVES OF CHILDREN WITH FOOD ALLERGIES ARE ENCOURAGED TO PARTICIPATE IN THE REGISTRY AND HELP ADVANCE SCIENTIFIC DISCOVERIES BY ANONYMOUSLY SHARING THEIR MEDICAL HISTORIES WITH SCIENTISTS AND OTHERS. THIS IS A

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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SIMPLE STEP THAT WILL PROVIDE CRITICALLY IMPORTANT DATA TO ASSIST RESEARCHERS IN MANY WAYS AND HELP INDIVIDUALS TRACK THEIR OWN CLINICAL HISTORIES. FARE'S PATIENT REGISTRY WILL COLLECT AND STORE DETAILED, DE-IDENTIFIED INFORMATION ABOUT PEOPLE WITH DIAGNOSED FOOD ALLERGIES. AMONG ITS MANY USES, THE REGISTRY DATABASE WILL BE A VALUABLE SOURCE OF DATA ON FOOD ALLERGY PREVALENCE, DEMOGRAPHY, MANAGEMENT AND OUTCOMES THAT CAN BE ACCESSED BY RESEARCHERS, CLINICIANS, CAREGIVERS, PHARMACEUTICAL COMPANIES AND OTHERS. IN ADDITION TO DATA PROVIDED BY PATIENTS, THE REGISTRY WILL HOUSE INFORMATION FROM DOCTORS AND HOSPITALS, INCLUDING THOSE IN THE FARE CLINICAL NETWORK, A COLLABORATIVE NETWORK OF 29 RESEARCH AND CLINICAL CARE INSTITUTIONS ACROSS THE COUNTRY.

FARE'S PLANS FOR THE PATIENT REGISTRY INCLUDE A REPOSITORY OF BIOLOGICAL SAMPLES COLLECTED FROM FOOD ALLERGY PATIENTS AT PARTICIPATING CENTERS IN THE FARE CLINICAL NETWORK. DNA, RNA, BIOPSY AND SERUM SAMPLES WILL SPEED THE DISCOVERY OF SERUM BIOMARKERS, GENETIC RISK FACTORS AND ENVIRONMENTAL TRIGGERS OF FOOD ALLERGY. DATA WILL ASSIST FARE IN ITS ADVOCACY EFFORTS FOR REGULATORY APPROVAL OF TREATMENTS.

PARTICIPATING PATIENTS WILL BE ABLE TO USE THE REGISTRY AS A FOOD ALLERGY MANAGEMENT TOOL TO HELP THEM KEEP RECORDS OF THEIR ALLERGIC REACTIONS, TRACK THE PROGRESSION OF THEIR DISEASE, AND CONNECT WITH CLINICAL TRIALS IN THEIR AREA. A PATIENT WOULD HAVE THE OPTION OF SHARING THIS DATA WITH HIS OR HER HEALTHCARE PROVIDERS.

NEW INVESTIGATOR AND MID-CAREER AWARDS

Name of the organization

FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.

Employer identification number

13-3905508

FARE IS ALSO COMMITTED TO MARKEDLY INCREASING THE NUMBER OF INVESTIGATORS IN THE FIELD THROUGH ITS INVESTIGATOR IN FOOD ALLERGY AWARD PROGRAM THAT WAS ALSO LAUNCHED IN 2015. THE PROGRAM IS DIVIDED INTO TWO CATEGORIES: NEW INVESTIGATOR AWARDS AND MID-CAREER AWARDS. THE INAUGURAL FARE INVESTIGATOR IN FOOD ALLERGY AWARDS WERE LAUNCHED AND FUNDED IN 2015. FARE LAUNCHED THE SECOND CYCLE OF THIS PROGRAM IN THE FALL OF 2016 (AND ANNOUNCED RECIPIENTS IN EARLY 2017). THE RECIPIENTS FOR THE FIRST CYCLE WERE:

2015 NEW INVESTIGATOR RECIPIENTS (\$75K ANNUALLY FOR 2 YEARS)

1. JESSICA O'KONEK, PHD, UNIVERSITY OF MICHIGAN (ANN ARBOR) O'KONEK RESEARCHED THE MODULATION OF FOOD ALLERGY RESPONSES WITH NANOEMULSION-BASED ALLERGY VACCINES, EXPLORING THE POSSIBILITY OF PROVIDING PROTECTION AGAINST ANAPHYLAXIS WITH INTRANASAL ADMINISTRATION OF NANOEMULSION COMBINED WITH EGG OR PEANUT ANTIGENS.

2. DUANE WESEMANN, MD, PHD, BRIGHAM AND WOMEN'S HOSPITAL (BOSTON) WESEMANN SEEKS TO IDENTIFY THE EXTENT TO WHICH PRIMARY IG REPERTOIRES CAN BE INFLUENCED BY MICROBIAL AND DIETARY EXPOSURES EARLY IN LIFE AND EXAMINE HOW MODIFICATION OF THESE EXPOSURES CAN REDUCE ALLERGIC RESPONSE TO FOOD.

BOTH STUDIES CONCLUDED IN SEPTEMBER 2017.

2015 MID-CAREER AWARD RECIPIENTS (\$150K ANNUALLY FOR 5 YEARS)

1. SIMON HOGAN, PHD, CINCINNATI CHILDREN'S HOGAN'S WORK FOCUSES ON IDENTIFYING THE KEY PROTEINS AND CELLS THAT CAUSE THE BLOOD VESSEL FLUID LEAK LEADING TO SEVERE ANAPHYLAXIS TRIGGERED BY FOODS. THIS KNOWLEDGE WILL HAVE IMPORTANT IMPLICATIONS FOR DEVELOPING NEW TREATMENT

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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STRATEGIES AND THERAPEUTICS FOR PREVENTING THE DEVELOPMENT OF SEVERE, LIFE- THREATENING FOOD REACTIONS.

2. MICHIKO OYOSHI, PHD, BOSTON CHILDREN'S HOSPITAL AND HARVARD MEDICAL SCHOOL OYOSHI IS EXAMINING THE ROLE OF MATERNAL ANTIBODIES TRANSFERRED TO BABIES THROUGH BREAST MILK IN INDUCING ORAL TOLERANCE IN CHILDREN. THIS STUDY MAY SUPPORT POTENTIAL BENEFICIAL EFFECTS OF MATERNAL ALLERGEN EXPOSURE DURING PREGNANCY AND LACTATION ON PROTECTING BABIES FROM FOOD ALLERGY.

3. ERIK WAMBRE, PHD, BENAROYA RESEARCH INSTITUTE (SEATTLE) WAMBRE IS INVESTIGATING THE SPECIFIC T CELL RESPONSES TO PEANUT ALLERGIC COMPONENTS TO DETERMINE THE CELLULAR AND MOLECULAR MECHANISM ASSOCIATED WITH PEANUT SENSITIZATION, AS WELL AS THOSE THAT LEAD TO RESTORATION AND MAINTENANCE OF PROTECTIVE RESPONSES.

2017 NEW INVESTIGATOR RECIPIENTS (\$75K ANNUALLY FOR 2 YEARS)

1. EDDA FIEBIGER, PHD, BOSTON CHILDREN'S HOSPITAL AND HARVARD MEDICAL SCHOOL DR. FIEBIGER IS EVALUATING WHETHER TREATMENTS TO INHIBIT A PROTEIN THAT IS ACTIVE DURING ALLERGIC REACTIONS MIGHT LEAD TO BETTER OUTCOMES FOR ORAL IMMUNOTHERAPY.

2017 MID-CAREER AWARD RECIPIENTS (\$150K ANNUALLY FOR 5 YEARS)

1. ROBERT ANTHONY, PHD, MASSACHUSETTS GENERAL HOSPITAL AND HARVARD MEDICAL SCHOOL (BOSTON) DR. ANTHONY IS EXAMINING THE ROLE OF ANTIBODY GLYCOSYLATION - THE ADDITION OF SUGAR MOLECULES TO ANTIBODY PROTEINS - IN PROMOTING OR LIMITING ALLERGIC REACTIONS.

2. STEPHANIE EISENBARTH, MD, PHD, YALE SCHOOL OF MEDICINE BY STUDYING A RARE, INHERITED SENSITIVITY TO FOOD ALLERGENS, DR.

Name of the organization

FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.

Employer identification number

13-3905508

EISENBARTH IS SEARCHING FOR INSIGHT INTO MECHANISMS THAT UNDERLIE FOOD ALLERGIES IN THE GENERAL POPULATION.

FARE ALSO SUPPORTS ESTABLISHED RESEARCHERS THROUGH FUNDING BASIC, CLINICAL AND EPIDEMIOLOGICAL RESEARCH AT SEVERAL SITES ACROSS THE COUNTRY.

FARE CONTINUED ITS SUPPORT OF THE FOLLOWING RESEARCH STUDIES IN 2016 THAT WERE APPROVED IN PRIOR YEARS. PLEASE NOTE THAT FARE'S RESEARCH ADVISORY BOARD (RAB) NOT ONLY REVIEWS ALL GRANT APPLICATIONS IN A CONFLICT FREE MANNER, IT ALSO MONITORS PROGRESS RELATIVE TO MILESTONES CLOSELY FOR ALL GRANT AWARDS.

1. EDWIN KIM, MD - U. NORTH CAROLINA

SECOND SITE: U. TEXAS SOUTHWEST (DREW BIRD, MD)

STUDY: PEANUT SUBLINGUAL IMMUNOTHERAPY TRIAL

PREVIOUS STUDIES ON SUBLINGUAL IMMUNOTHERAPY (SLIT) AND ORAL

IMMUNOTHERAPY (OIT) FOR PEANUT HAVE SHOWN THAT BOTH APPROACHES ARE ABLE

TO DESENSITIZE MOST PATIENTS TO A DEGREE THAT IS LIKELY TO PREVENT

ALLERGIC REACTIONS AFTER ACCIDENTAL INGESTION. HOWEVER, WHILE SLIT

APPEARS TO BE FAR SAFER THAN OIT, IT PRODUCES A LESS ROBUST

DESENSITIZATION EFFECT. THE LONG- TERM OBJECTIVE OF THIS STUDY IS TO

DEVELOP A SAFE AND EFFECTIVE TREATMENT FOR PEANUT ALLERGY THAT WILL

ENABLE PATIENTS TO DEVELOP TOLERANCE. TO THAT END, THIS STUDY OF 48

PATIENTS AIMS TO DETERMINE WHETHER 36 MONTHS OF TREATMENT WITH PEANUT

SLIT WILL RESULT IN CLINICAL TOLERANCE. IT ALSO SEEKS TO DEFINE THE

CHANGES IN THE BODY'S IMMUNE SYSTEM THAT LEAD TO TOLERANCE. DR. EDWIN

KIM AND HIS TEAM HOPE THAT THIS STUDY WILL PROVIDE A STRONG SCIENTIFIC

Name of the organization <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>	Employer identification number <b>13-3905508</b>
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**BASIS FOR THE DEVELOPMENT OF SLIT AND OTHER TREATMENTS THAT AIM TO PRODUCE LONG-TERM CLINICAL TOLERANCE TO PEANUTS AND OTHER FOODS. THIS STUDY IS ALSO BEING CONDUCTED AT UT SOUTHWESTERN MEDICAL CENTER IN DALLAS.**

**STATUS: FULLY ENROLLED.**

**IN ADDITION, FARE CONTINUED TO FUND THE ONGOING CLINICAL TRIAL FOR WALNUT OIT.**

**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: IN PRACTICE AND PRESENTED AT ACADEMIC MEETINGS IN THE UNITED STATES AND IN EUROPE.**

**[CONTINUED BELOW AT LINE 4D]**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

**EDUCATION AND ADVOCACY:**

**EDUCATION:**

**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**



Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ALLERGIES, AS WELL AS THOSE WHOSE WORK IS IMPACTED BY FOOD ALLERGIES  
AND THE PUBLIC.

IN 2017, FARE PROVIDED FREE EDUCATIONAL INFORMATION THROUGH ITS WEBSITE  
(FOODALLERGY.ORG) AND BLOG, MAINTAINED AN ONGOING WEBINAR SERIES ON A  
VARIETY OF TOPICS RELATED TO FOOD ALLERGY MANAGEMENT, AND DISTRIBUTED  
KEY EDUCATIONAL 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; AND OUR NATIONAL  
FOOD ALLERGY CONFERENCE, WHICH BROUGHT TOGETHER INDIVIDUALS AND  
FAMILIES MANAGING FOOD ALLERGIES, CAREGIVERS, SCHOOL STAFF, AND HEALTH  
PROFESSIONALS- ADDING A LEARNING TRACK AND CONTINUING EDUCATION FOR  
SCHOOL NURSES - GIVING THEM AN OPPORTUNITY TO LEARN ABOUT ADVANCES IN  
FOOD ALLERGY RESEARCH AND ADVOCACY, BEST PRACTICES AND PRACTICAL SKILLS  
FOR LIVING WELL WITH FOOD ALLERGIES; AND THE INTERNATIONAL FOOD ALLERGY  
& ANAPHYLAXIS ALLIANCE MEETING, WHICH GATHERS LEADERS FROM PATIENT  
ADVOCACY ORGANIZATIONS ACROSS THE WORLD TO INFORM INTERNATIONAL POLICY  
ON FOOD ALLERGY RESEARCH, EDUCATION AND TREATMENT, ADVANCE FOOD ALLERGY  
AWARENESS, AND ENCOURAGE THE COMMERCIAL SECTOR TO SUPPORT THE FOOD  
ALLERGY COMMUNITY.

FARE CONTINUED THE WORK OF ITS COLLEGE PROGRAM, LAUNCHING A NEW SEARCH  
TOOL TO PROVIDE MORE DETAILED AND SEARCHABLE INFORMATION ON  
ACCOMMODATIONS FOR STUDENTS WITH FOOD ALLERGIES ON COLLEGE CAMPUSES.

IN 9 PILOT COMMUNITIES AROUND THE COUNTRY, FARE WORKED WITH THE  
COMMUNITY ENGAGEMENT COUNCILS. THE COUNCILS CONSIST OF GROUPS OF FOOD

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ALLERGY HEALTHCARE PROFESSIONALS, ADVOCATES, FAMILIES, AND VOLUNTEERS. THEIR WORK IS TO IMPROVE EDUCATION, OUTREACH, AND ADVOCACY EFFORTS LOCALLY. FARE ALSO PROVIDED 26 COMMUNITY FUNDING AWARDS TO LOCAL FOOD ALLERGY ADVOCATES AND GROUP LEADERS TO SUPPORT EDUCATION AND AWARENESS PROGRAMS IN THEIR LOCAL COMMUNITIES. THESE AWARDS AGAIN SERVED HUNDREDS OF FAMILIES ACROSS 20 STATES.

ADVOCACY AND PUBLIC POLICY:

FARE DEVOTED RESOURCES TO ADDRESSING A RANGE OF PUBLIC POLICY ISSUES THAT AFFECT AMERICANS WITH FOOD ALLERGIES AND THE ENTITIES THAT SERVE THEM. FARE CONTINUED TO PROVIDE INFORMATION AND SUBJECT MATTER EXPERTISE TO THE U.S. CONGRESS, FOOD AND DRUG ADMINISTRATION, THE U.S. DEPARTMENT OF AGRICULTURE, THE NATIONAL INSTITUTES OF HEALTH, AND A VARIETY OF PROFESSIONAL ASSOCIATIONS IN RELATED FIELDS. FARE CONTINUES TO LEAD EFFORTS TO EDUCATE ELECTED OFFICIALS AND KEY REGULATORS ABOUT THE IMPACT OF HIGH EPINEPHRINE AUTO-INJECTOR PRICES, OUT OF POCKET EXPENSES, AND OTHER INSURANCE ACCESS CHALLENGES ON MEMBERS OF THE FOOD ALLERGY COMMUNITY AND WORKED TO HIGHLIGHT SOLUTIONS TO IMPROVE COMPETITION, INNOVATION, ACCESS, AND AFFORDABILITY IN THE EPINEPHRINE MARKET, PARTICULARLY IN LIGHT OF RECALLS AND INVENTORY CONCERNS. WE ARE ALSO WORKING TO INTRODUCE PUBLIC POLICY THAT WOULD PROVIDE A VARIETY OF PROTECTIVE AND INCLUSIVE MEASURES FOR PEOPLE WITH FOOD ALLERGIES AT SCHOOL, AT WORK, WHILE TRAVELING, AND WHILE PURCHASING GROCERY PRODUCTS WITH ACCURATE LABELING INFORMATION.

NATIONWIDE, FARE HAS BEEN INTEGRAL TO THE PASSAGE OF LAWS THAT ALLOW PUBLIC ENTITIES TO STOCK AUTO-INJECTABLE EPINEPHRINE IN 33 STATES AND SAW ELEVEN PIECES OF FOOD ALLERGY LEGISLATION PASS LAST YEAR. WE ALSO

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ORGANIZED SUCCESSFUL FOOD ALLERGY AWARENESS DAYS IN FOUR STATE CAPITALS (ANNAPOLIS (MD), AUSTIN (TX), BOSTON (MA), AND JEFFERSON CITY (MO) TO DEMONSTRATE SUPPORT FOR LEGISLATION.). FARE CONTINUED ITS COLLABORATIVE EFFORTS WITH ALLIED PROFESSIONALS BY PRESENTING AT CONFERENCES AND WORKING ON PROJECTS WITH FAIR HEALTH, THE NATIONAL CONFECTIONERS ASSOCIATION, THE CONFERENCE FOR FOOD PROTECTION, THE GROCERY MANUFACTURERS ASSOCIATION, FEEDING AMERICA, AND OTHERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AWARENESS:

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. IN 2017, FARE LAUNCHED THE REBRAND OF THE NATIONAL FOOD ALLERGY WALK, FARE'S FOOD ALLERGY HEROES WALK AND THE NEW COMMUNITY FOCUSED WALK PROGRAM, FARE'S HOMETOWN HEROES WALK. THE PROGRAMS BROUGHT TOGETHER SUPPORTERS IN 40 COMMUNITIES FOR FAMILY-FRIENDLY EVENTS FOCUSED ON SUPPORTING THE FOOD ALLERGY COMMUNITY'S CAUSE AND INCREASING AWARENESS OF FOOD ALLERGY AS A SERIOUS PUBLIC HEALTH ISSUE.

IN MAY 2017, FARE CONTINUED ITS FOOD ALLERGY ACTION MONTH CAMPAIGN, WHICH EXPANDS THE TRADITIONAL AWARENESS WEEK INTO AN ENTIRE MONTH OF ACTIVITIES AND ACTIONS SUPPORTERS CAN TAKE TO HELP INCREASE UNDERSTANDING OF FOOD ALLERGIES AND MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE MANAGING THE DISEASE.

IN SEPTEMBER AND OCTOBER 2017, FARE RAISED AWARENESS ABOUT FOOD

Name of the organization

FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.

Employer identification number

13-3905508

ALLERGIES VIA ITS HIGH-PROFILE CAMPAIGN, THE TEAL PUMPKIN PROJECT, DESIGNED TO PROMOTE SAFETY, INCLUSION AND RESPECT OF INDIVIDUALS MANAGING FOOD ALLERGIES AND TO KEEP HALLOWEEN A FUN, POSITIVE EXPERIENCE FOR ALL. RESONATING WITH COMMUNITIES ACROSS THE COUNTRY AND AROUND THE WORLD, THE TEAL PUMPKIN PROJECT REACHED MORE THAN 5 MILLION USERS ON FACEBOOK, MORE THAN HALF A MILLION PEOPLE ON TWITTER, WAS COVERED BY HUNDREDS OF MEDIA OUTLETS, AND GARNERED PARTICIPATION FROM ALL 50 STATES, WASHINGTON, D.C., AND PUERTO RICO.

IN THE DIGITAL SPACE, FARE'S AWARD-WINNING WEBSITE AND BLOG RECEIVED ALMOST 5 MILLION PAGE-VIEWS IN 2017, FARE'S BIMONTHLY E-NEWSLETTER REACHED MORE THAN 150,000 SUBSCRIBERS WITH EACH EDITION, AND FARE'S GROWING SOCIAL MEDIA PRESENCE REACHED MILLIONS OF USERS WITH IMPORTANT INFORMATION ABOUT FOOD ALLERGIES AND FARE PROGRAMS.

IN 2017, FARE ISSUED 166 ALLERGY ALERTS AND INGREDIENT NOTICES. THE ALERTS PROVIDE INFORMATION ABOUT MISLABELED OR RECALLED FOOD AND THE INGREDIENT NOTICES ARE ADVANCE NOTIFICATIONS OF INGREDIENT CHANGES FROM FOOD COMPANIES. FOR FOOD ALLERGY FAMILIES, THIS IS CRITICAL INFORMATION TO RECEIVE IN ORDER TO PREVENT INADVERTENT REACTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONTINUATION OF 4A:

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE --EUGENE WASHINGTON PCORI ENGAGEMENT AWARD PROGRAM

IN MAY 2016, FARE ANNOUNCED IT HAD RECEIVED THE EUGENE WASHINGTON

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ENGAGEMENT AWARD FROM THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI).

FARE'S TWO-YEAR PROJECT, "EMPOWERING PATIENT PARTNERS AND KEY STAKEHOLDERS TO DEVELOP A PATIENT-CENTRIC FOOD ALLERGY RESEARCH PROGRAM," SEEKS TO ADDRESS AN UNMET NEED IN THE RESEARCH FIELD BY DEVELOPING A PARTNERSHIP OF PATIENTS EMPOWERED TO WORK WITH OTHER KEY STAKEHOLDERS, INCLUDING MEMBERS OF THE FARE CLINICAL NETWORK, TO DEVELOP A ROBUST PATIENT-CENTRIC FOOD ALLERGY RESEARCH PROGRAM INFORMED BY REAL-WORLD EXPERIENCES.

FARE UNDERTOOK THIS INITIATIVE AT A CRITICAL TIME IN FOOD ALLERGY RESEARCH. THE ADVISORY BOARD IS INFLUENCING THE PROCESS OF SELECTING AND PRIORITIZING RESEARCH AND WILL HAVE INPUT INTO POTENTIAL CLINICAL TRIAL DESIGNS AND ENDPOINTS, THUS ENSURING THAT PATIENT-REPORTED OUTCOMES ARE CAPTURED.

THE CORNERSTONE OF THIS PROJECT IS FARE'S NEW OUTCOMES RESEARCH ADVISORY BOARD, WHICH INCLUDES FOUR REGIONAL SUBGROUPS (MIDWEST, NORTHEAST MID-ATLANTIC, SOUTH, AND WEST) AND SEVERAL NATIONAL ADVISORS. FARE HAS CONSTITUTED THE OUTCOMES RESEARCH ADVISORY BOARD TO INCLUDE PATIENT REPRESENTATIVES (PARENTS OF CHILDREN WITH FOOD ALLERGIES OR ADULTS WITH FOOD ALLERGIES), RESEARCHERS, AND OTHER STAKEHOLDERS SUCH AS NURSES, EDUCATORS, ADVOCATES, HEALTH PLAN PAYERS AND PHARMACY BENEFIT MANAGERS. WORKING COLLECTIVELY, MEMBERS OF THE ADVISORY BOARD IS HELPING TO SHAPE FOOD ALLERGY RESEARCH INITIATIVES BY IDENTIFYING THEIR NEEDS, PREFERENCES AND PRIORITIES FOR RESEARCH-BASED INFORMATION OR EVIDENCE.

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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## 2017 KEY ACCOMPLISHMENTS:

## 1. REGIONAL AND NATIONAL CALLS/MEETINGS

THE FOUR REGIONAL BOARDS HELD QUARTERLY IN-PERSON OR TELEPHONIC FOCUS GROUP MEETINGS TO DISCUSS SURVEYS PRE AND POST 2016 RESEARCH RETREAT, TO DISCUSS DISSEMINATION AND IMPLEMENTATION INITIATIVES, AND TO PLAN FOR AND TO PROVIDE INPUT TO THE RESEARCH RETREAT HELD APRIL 13/14/2018 IN MCLEAN, VA

## 2. DISSEMINATION AND IMPLEMENTATION ACCOMPLISHMENTS TO DATE, THE ORAB WORK HAS BEEN PRESENTED AT

A. JMP SECURITIES CONFERENCE, 6/21/2017 NEW YORK, NY

B. EAACI PATIENT ORGANIZATION COMMITTEE MEETING, 6/2017, HELSINKI, FINLAND

C. INTERNATIONAL FOOD ALLERGY AND ANAPHYLAXIS MEETING, 10/25/17, LONDON, UK

D. AMERICAN COLLEGE MEETING 10/26/17, BOSTON, MA

E. FARE TEEN SUMMIT, 11/10-12/2017, NEWPORT BEACH, CA

F. GORDON RESEARCH CONFERENCE (FOOD ALLERGY), 1/7-12/2018 VENTURA, CA

## 3. ABSTRACTS WERE SUBMITTED FOR

A. ACAA, 11/ 15-17/2018 (PLENARY SESSION), SEATTLE, WASHINGTON

B. AAAA, 2/2019, SAN FRANCISCO, CALIFORNIA

## 4. NON- PEER REVIEWED ORAB AUTHORED ARTICLES INCLUDE

A. OP ED WAS PUBLISHED ON SEPTEMBER 19 IN KEVINMD.COM; THE LINK IS [HTTP://WWW.KEVINMD.COM/BLOG/2017/09/FOOD-ALLERGIES-PUBLIC-HEALTH-CRISIS-CAN-NO-LONGER-IGNORE.HTML](http://www.kevinmd.com/blog/2017/09/food-allergies-public-health-crisis-can-no-longer-ignore.html)

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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B. WORK WAS DISCUSSED AT LENGTH IN THE ALLERGIC LIVING (NOVEMBER 2017)

ARTICLE ON THE INTERNATIONAL FOOD ALLERGY AND ANAPHYLAXIS MEETING

5. WORKING GROUPS HAVE BEEN FORMED, AND WORK IS UNDERWAY, ADVOCACY,

COMMUNITY ENGAGEMENT, AND ON THE FARE PATIENT REGISTRY

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS SENT TO THE BOARD FOR REVIEW BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES COMPARABLE DATA IN THE INDUSTRY TO DETERMINE COMPENSATION AND COMPENSATION IS VOTED AND AGREED UPON BY THE GOVERNING BODY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK

Name of the organization <b>FOOD ALLERGY RESEARCH &amp; EDUCATION, INC.</b>	Employer identification number <b>13-3905508</b>
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OR, PA, RI, SC, UT, VA, WA, WV, WI

FORM 990, 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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,270,582.
MANAGEMENT AND GENERAL EXPENSES	-135,211.
FUNDRAISING EXPENSES	259,808.
TOTAL EXPENSES	1,395,179.

PHOTOGRAPHY:

PROGRAM SERVICE EXPENSES	250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,525.
TOTAL EXPENSES	3,775.

TEMP AGENCY FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,696.
FUNDRAISING EXPENSES	4,136.
TOTAL EXPENSES	12,832.

RECRUITMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	149,594.



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**FUNDRAISING EXPENSES** 46,000.

**TOTAL EXPENSES** 195,594.

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 1,607,380.

**FORM 990, PART XII, LINE 2C**

**THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.**