

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input 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	C Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.			D Employer identification number 45-1495723	
	Doing business as			E Telephone number (414) 272-6071	
	Number and street (or P.O. box if mail is not delivered to street address) 555 EAST WELLS		Room/suite 1100	G Gross receipts \$ 1,911,943.	
	City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53202			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: DAVID M. LANG, MD 555 E WELLS STREET, SUITE 1100, MILWAUKEE, WI 53202			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.AAAAIFOUNDATION.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2011			M State of legal domicile: WI		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FIND TREATMENTS AND CURES FOR THE MILLIONS OF PEOPLE SUFFERING FROM ALLERGIES, ASTHMA AND OTHER IMMUNOLOGIC DISEASES BY SUPPORTING EDUCATION AND RESEARCH.		
	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)	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0.
	6	Total number of volunteers (estimate if necessary)	20.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 38		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 635,345. Current Year: 1,230,091.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	368,874.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-74,542.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	929,677.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,681.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,348.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	682,598.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	247,079.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 15,477,981. End of Year: 15,209,286.
	21	Total liabilities (Part X, line 26)	3,708.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,474,273.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____				
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name JACOB COOK	Preparer's signature <i>Jacob Cook</i>	Date 10/29/2019	Check <input type="checkbox"/> if self-employed	PTIN P01240455
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 330 E. KILBOURN AVENUE, SUITE 750 MILWAUKEE, WI 53202			Phone no. 414-272-5900	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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

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.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number (EIN) or 45-1495723
	Number, street, and room or suite no. If a P.O. box, see instructions. 555 EAST WELLS 1100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

EXECUTIVE DIRECTOR, INC.

• The books are in the care of ▶ 555 E WELLS ST, SUITE 1100 MILWAUKEE WI 53202

Telephone No. ▶ 414 276-6445 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 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2018 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for 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.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

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:

ATTACHMENT 1

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 \$ 626,737. including grants of \$ 588,750.) (Revenue \$)

THE FOUNDATION FUNDS THREE FACULTY DEVELOPMENT AWARDS ANNUALLY. THESE RESEARCH AWARDS SUPPORT THE RESEARCH EFFORTS OF JUNIOR FACULTY MEMBERS IN THE FIELD OF ALLERGY/IMMUNOLOGY TO LEAD TO THE PREVENTION AND CURE OF ASTHMA AND ALLERGIC AND IMMUNOLOGIC DISEASE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 626,737.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, and Response (Yes/No). Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (16), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
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

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 X

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 dotted 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) ROBERT A. WOOD, MD PRESIDENT	2.00 15.00	X		X				0. 10,409.	0.	
(2) DAVID M. LANG, MD PRESIDENT-ELECT	2.00 5.00	X		X				0. 0.	0.	
(3) MARY BETH FASANO, MD, MSPH SECRETARY-TREASURER	2.00 5.00	X		X				0. 0.	0.	
(4) DAVID B. PEDEN, MD, MS IMMEDIATE PAST-PRESIDENT	2.00 2.00	X		X				0. 27,500.	0.	
(5) PAULA J. BUSSE, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(6) MELODY C. CARTER, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(7) TIMOTHY CRAIG, DO DIRECTOR	2.00 2.00	X						0. 0.	0.	
(8) JEFFREY G. DEMAIN, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(9) CHITRA DINAKAR, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(10) MITCHELL H. GRAYSON, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(11) DAVID A. KHAN, MD DIRECTOR	2.00 2.00	X						0. 5,000.	0.	
(12) SHARON B. MARKOVICS, MD DIRECTOR	2.00 2.00	X						0. 0.	0.	
(13) SCOTT H. SICHERER, MD DIRECTOR	2.00 2.00	X						0. 31,665.	0.	
(14) KELLY D. STONE, MD, PHD DIRECTOR	2.00 2.00	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 dotted 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			
15) KATHLEEN E. SULLIVAN, MD DIRECTOR	2.00 2.00	X						0.	0.	0.
16) PAUL V. WILLIAMS, MD DIRECTOR	2.00 2.00	X						0.	0.	0.
17) JAMES E. GERN, MD DIRECTOR THRU 03/2018	2.00 2.00	X						0.	0.	0.
18) AIDAN A. LONG, MD DIRECTOR THRU 03/2018	2.00 2.00	X						0.	0.	0.
19) GISELLE MOSNAIM, MD, MS DIRECTOR THRU 03/2018	2.00 2.00	X						0.	0.	0.
20) THOMAS A. FLEISHER, MD EXECUTIVE VICE PRESIDENT	2.00 2.00	X		X				0.	0.	0.
1b Sub-total								0.	74,574.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	74,574.	0.

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 **0.**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	285,780.				
	d Related organizations	1d	16,500.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	927,811.				
	g Noncash contributions included in lines 1a-1f: \$		9,917.				
	h Total. Add lines 1a-1f			1,230,091.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			598,986.			598,986.
	4 Income from investment of tax-exempt bond proceeds .			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			0.			
	8a Gross income from fundraising events (not including \$ 285,780. of contributions reported on line 1c). See Part IV, line 18	a		82,866.			
	b Less: direct expenses	b		123,352.			
	c Net income or (loss) from fundraising events			-40,486.			-40,486.
	9a Gross income from gaming activities. See Part IV, line 19	a		0.			
b Less: direct expenses	b		0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.				
b Less: cost of goods sold	b		0.				
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0.				
12 Total revenue. See instructions.			1,788,591.				558,500.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	588,750.	588,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	117,386.	23,477.	35,216.	58,693.
b Legal	2,614.		2,614.	
c Accounting	3,675.		3,675.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	32,764.		32,764.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	29,134.			29,134.
13 Office expenses	19,386.	14,510.	4,876.	
14 Information technology.	4,854.			4,854.
15 Royalties.	0.			
16 Occupancy	0.			
17 Travel	13,637.		13,637.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	812,200.	626,737.	92,782.	92,681.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	
Assets	1	Cash - non-interest-bearing	485,002.	1	508,788.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	41,193.	4	314,352.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	74,282.	9	378,613.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation	0.	10b	0.
	11	Investments - publicly traded securities	14,877,504.	11	14,007,533.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,477,981.	16	15,209,286.	
Liabilities	17	Accounts payable and accrued expenses	3,708.	17	164,647.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	5,925.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	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	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,708.	26	170,572.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	0.	27	0.
	28	Temporarily restricted net assets	15,474,273.	28	15,038,714.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,474,273.	33	15,038,714.	
34	Total liabilities and net assets/fund balances	15,477,981.	34	15,209,286.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,788,591.
2	Total expenses (must equal Part IX, column (A), line 25)	2	812,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	976,391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,474,273.
5	Net unrealized gains (losses) on investments	5	-1,467,860.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	55,910.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,038,714.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
45-1495723

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					588,750.	

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. 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.

19b 33 1/3% support tests - 2017. 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
1 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>	X	
2 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>		X
3a 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>		X
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>		
c 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>		
4a 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>		X
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 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>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
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>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a 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>		X
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a: A person who directly or indirectly controls... 11b: A family member... 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a: The organization satisfied the Activities Test. b: The organization is the parent of each of its supported organizations. c: The organization supported a governmental entity. Row 2: Activities Test. Answer (a) and (b) below. a: 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? 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? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. a: 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? b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER	
			YES	NO		SUPPORT AMOUNT	
AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY, INC.	39-6061326	10	X		588,750.		0.
TOTAL AMOUNT OF SUPPORT					588,750.		0.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Table with 2 columns: Name of the organization, Employer identification number. Row 1: AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC., 45-1495723

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

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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	_____	\$ 15,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 10,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 15,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 6,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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
7		\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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						
13		\$ 5,910.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
14		\$ 5,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
15		\$ 10,650.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
16		\$ 5,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
17		\$ 5,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
18		\$ 5,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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
19	_____	\$ 48,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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
25		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 17,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 12,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 11,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 44,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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						
31		\$ 152,132.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
32		\$ 14,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
33		\$ 5,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
34		\$ 100,000.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
35		\$ 9,917.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
		\$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Person</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	111 SHARES OF T ROWE PRICE MID CAP GROWTH FUND #64	\$ 9,917.	11/01/2018
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Public Disclosure Copy

Name of organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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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 information once. See instructions.) ► \$ _____
 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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

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

Employer identification number 45-1495723

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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:

Table for 3a with columns Yes/No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2: ASC 740 FOOTNOTE

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

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

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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
		BENEFIT DINNER (event type)	RUN/WALK (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	193,400.	175,246.	368,646.
	2	Less: Contributions	133,648.	152,132.	285,780.
	3	Gross income (line 1 minus line 2)	59,752.	23,114.	82,866.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,066.	837.	4,903.
	7	Food and beverages	55,617.		55,617.
	8	Entertainment	1,850.		1,850.
	9	Other direct expenses	24,988.	35,994.	60,982.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			123,352.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-40,486.

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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 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: _____

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- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
45-1495723

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE GENERAL HOSPITAL CORPORATION 50 STANIFORD ST, 9TH FLOOR BOSTON, MA 02114	04-2697983	501(C)(3)	80,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(2) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL 104 AIRPORT DR ST 2200 CHAPEL HILL NC 27599	56-6001393	501(C)(3)	80,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(3) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	80,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(4) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	50,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(5) INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	80,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(6) CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	40,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(7) AMERICAN LUNG ASSOCIATION 14 WALL STREET, SUITE 8C NEW YORK, NY 10005	13-1632524	501(C)(3)	18,750.		N/A	N/A	RESPIRATORY DISEASES RESEARCH AWARD
(8) BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3419	04-2312909	501(C)(3)	80,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(9) CHILDREN'S RESEARCH INSTITUTE 801 ROEDER RD, SILVER SPRING, MD 02241	52-165-4453	501(C)(3)	40,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(10) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR, MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	40,000.		N/A	N/A	FACULTY DEVELOPMENT AWARD
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

THERE IS AN AD HOC REVIEW COMMITTEE, MADE UP OF INDIVIDUAL MEMBERS WITHOUT ANY INSTITUTIONAL CONFLICTS, THAT MAKE SUGGESTIONS FOR APPLICATION AND AWARD OBJECTIVE MODIFICATIONS. THESE CHANGES SUGGESTED ARE THEN PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. FOR EACH GRANT AWARDED, A PROGRESS REPORT IS REQUIRED TO BE SUBMITTED TO THE FOUNDATION ON A 6-MONTH AND/OR ANNUAL BASIS, DEPENDING ON THE TYPE OF AWARD. THE PROGRESS REPORT IS REQUIRED TO OUTLINE THE FOLLOWING:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

- 2) SYNOPSIS OF RESEARCH PROGRESS TO DATE
- 3) ABSTRACTS OR OTHER PUBLICATIONS RESULTING FROM THE RESEARCH PROJECT
- 4) ANY ADDITIONAL PENDING FUNDING RESULTING FROM THE STUDIES PERFORMED IN THIS RESEARCH PROJECT
- 5) RESEARCHER'S PLANS AFTER THE AWARD TERM
- 6) A FULL ACCOUNTING OF THE AWARD EXPENDITURES TO DATE

SCHEDULE 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.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA &
IMMUNOLOGY FOUNDATION, INC.Employer identification number
45-1495723

PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION AND ONE 3RD-4TH YEAR AT-LARGE BOARD MEMBER. THE EXECUTIVE COMMITTEE SHALL EXECUTE AND MONITOR THE DIRECTIVES OF THE BOARD OF DIRECTORS AND MAY ACT ON BEHALF OF THE ORGANIZATION IN ANY MATTER WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, REPORTING TO THE BOARD OF DIRECTORS FOR ITS RATIFICATION OF THE EXECUTIVE COMMITTEE'S ACTIONS.

PART VI, SECTION A, LINE 3

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

PART VI, SECTION B, LINE 11

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

PART VI, SECTION B, LINE 12 B & C

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

Public Disclosure Copy

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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MUST BE RETURNED PRIOR TO THE COMMENCEMENT OF AN OFFICE TERM, AND THESE FORMS MUST BE UPDATED WHENEVER CIRCUMSTANCES REQUIRE OR ONCE PER CALENDAR YEAR, WHICHEVER IS SOONER. ALL INFORMATION DISCLOSED IS REVIEWED TO IDENTIFY CONFLICTS OF INTEREST AND TO GUIDE THE RESOLUTION OF THOSE CONFLICTS. FOR LEADERS, REVIEWS WILL BE COMPLETED BY AN APPROPRIATE AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY COMMITTEE OR EXECUTIVE BODY. FOR FACULTY, REVIEWS WILL BE COMPLETED BY THE CONTINUING MEDICAL EDUCATION COMMITTEE OR THE ANNUAL MEETING PROGRAM COMMITTEE, DEPENDING ON THE ACITVITY IN WHICH THE FACULTY MEMBER WILL POTENTIALLY BE INVOLVED. FOR AUTHORS, REVIEWS WILL BE COMPLETED BY THE PRACTICE DIAGNOSTICS AND THERAPEUTICS COMMITTEE. IN ALL CASES, AN INDIVIDUAL'S DISCLOSURE WILL BE REVIEWED IN THE CONTEXT OF THE ACTIVITY IN WHICH S/HE WILL POTENTIALLY BE PARTICIPATING. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE REVIEWERS WILL BE ASKED TO IDENTIFY AN APPROPRIATE MECHANISM FOR RESOLVING THE CONFLICT. THIS COULD POTENTIALLY INCLUDE ASKING THE INDIVIDUAL TO ALTER THE RELATIONSHIP WHICH CREATES THE CONFLICT, OR REMOVING THE INDIVIDUAL FROM INVOLVEMENT IN THE ACTIVITY. THE RESULTS OF EACH REVIEW WILL BE COMMUNICATED TO THE INDIVIDUAL AND THE ORGANIZATION PLANNING THE ACTIVITY TO FACILITATE THE RESOLUTION OF THE CONFLICT. THE INDIVIDUAL WILL BE EXPECTED TO DISCLOSE TO THE APPROPRIATE AUDIENCE ANY RELATIONSHIPS THAT WERE FOUND TO BE, OR TO PRESENT THE POTENTIAL FOR, CONFLICTS OF INTEREST BY THE REVIEWER. IN THE EVENT THAT A CANDIDATE FOR ANY AWARD WORKS IN THE LABORATORY, DEPARTMENT OR INSTITUTION OF A COMMITTEE MEMBER, THAT COMMITTEE MEMBER WILL NOT BE PERMITTED TO VOTE OR SUBMIT ANY SCORE FOR THAT APPLICATION. COMMITTEE MEMBERS WILL ALSO EXCUSE THEMSELVES FROM THE

Public Disclosure Copy

Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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REVIEW PROCEDURE IF THEY ARE ACTIVELY COLLABORATING WITH THE CANDIDATE OR HIS OR HER MENTOR. SUCH CONFLICTS MUST BE DISCLOSED PRIOR TO THE CONFERENCE CALL. AT THE DISCRETION OF THE CHAIRPERSON, THE COMMITTEE MEMBER MAY BE PERMITTED TO REMAIN ON THE CONFERENCE CALL BUT CAN NOT PARTICIPATE IN THE DISCUSSION OF THAT APPLICATION IN ANY WAY UNLESS SPECIFICALLY REQUESTED TO PROVIDE ANY POINT OF CLARIFICATION BY ANOTHER COMMITTEE MEMBER. THE EXCEPTION TO THIS IS IF THE CANDIDATES WORK DIRECTLY IN THE LABORATORY OF THE COMMITTEE MEMBER, IN WHICH CASE THE COMMITTEE MEMBER MAY BE ASKED TO DISCONNECT FROM THE CONFERENCE CALL WHILE THAT APPLICATION IS DISCUSSED.

PART VI, SECTION B, LINE 15 A & B

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. IS MANAGED BY EXECUTIVE DIRECTOR, INC., A FOR-PROFIT MANAGEMENT COMPANY. AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. HAS NO OFFICIAL EMPLOYEES, AS STAFF ASSIGNED TO AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. ARE EMPLOYEES OF THE MANAGEMENT COMPANY. AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. ALSO DOES NOT HAVE ANYONE THAT FITS THE DESCRIPTION OF A KEY EMPLOYEE. THE CONTRACTED MANAGEMENT FEE IS REVIEWED YEARLY BY THE BOARD OF DIRECTORS.

PART VI, SECTION C, LINE 19

AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. REQUESTED DOCUMENTS ARE

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Name of the organization AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY FOUNDATION, INC.	Employer identification number 45-1495723
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PROVIDED WITHIN A REASONABLE TIME FRAME.

ATTACHMENT 1

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

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EXECUTIVE DIRECTOR, INC. 555 E. WELLS ST, SUITE 1100 MILWAUKEE, WI 53202	MANAGEMENT	133,092.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
45-1495723

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AM ACAD OF ALLERGY, ASTHMA & IMMUNOLOGY 39-6061326 555 EAST WELLS STREET, SUITE 1 MILWAUKEE, WI 53202	EDUCATION	WI	501(C)(3)	10	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

STATE OF WISCONSIN
Department of Financial Institutions

E-Mail To:
DFICharitableOrgs@wi.gov



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

Call: (608) 267-1711

FORM #1952I – FILING
INSTRUCTIONS

Fax: (608) 267-6813

www.wdfi.org

WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Wisconsin must file an annual report with the Department of Financial Institutions – Division of Corporate and Consumer Services.
- A charitable organization should use the form 1952 if:
 - The organization received more than \$25,000 in contributions or more than \$50,000 in contributions from the county their principle office is located in.
 - AND**
 - The organization files an IRS 990, 990EZ or 990-PF. The 990N is not acceptable.
- If the organization does not meet the above criteria please use form 1943 or form 308.
- Please refer to the definitions set forth in Wis. Stat. §. 202.12 when completing registration and report forms.

WHEN TO FILE

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

WHAT TO INCLUDE

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

Public Disclosure Copy

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

HOW TO FILE

- Email to: DFICharitableOrgs@wi.gov
- Mail to: PO Box 7879 Madison, WI 53707-7879
- Fax: (608) 267-6813

STATE OF WISCONSIN
Department of Financial Institutions

E-Mail To:
DFICharitableOrgs@wi.gov



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

Call: (608) 267-1711

Fax: (608) 267-6813

www.wdfi.org

FORM #1952 - WISCONSIN
SUPPLEMENT TO FINANCIAL
REPORT

ORGANIZATION INFORMATION - SECTION A

- 1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses.

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

- 2. WI Charitable Organization Number:

13545

- 800

- 3. Federal Employer Identification Number:

45-1495723

- 4. Supply the organization's website address:

WWW.AAAAIFOUNDATION.ORG

- 5. Provide the name and contact information of the individual the Department should contact about this form:

First Name: EXECUTIVE DIRECTOR, INC.		Last Name:	
Street: 555 E WELLS ST, STE 1100		City: MILWAUKEE	
State: WI	Zip Code: 53202	Phone: (414) 276-6445	Email: N/A

6. Did your organization use a professional fund-raiser or fund-raising counsel during the fiscal year in Wisconsin? Yes No
 If **YES**, attach contact information for each fund-raiser(s), fund-raising counsel(s), or person.
7. Has the organization changed its purpose(s) or program(s)? Yes No
 If **YES**, attach explanation.
8. Has any of the information your organization previously submitted to the division changed? Yes No
 (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.)
 If **YES**, attach an explanation and a copy of the amended document.

FINANCIAL INFORMATION - SECTION B

Enter the accounting period (month, day, and year) that the following financial information applies to.

9. What is the organization's Fiscal Year End Date:
10. How much has the organization received in contributions during the fiscal year?

("Contribution" means a grant or pledge of money, credit, property or other thing of any kind of value, except food, used clothing, or used household goods.
 More information can be found under ch. 202.11(5).)

11. Has the organization received \$300,000 - \$499,999 in contributions during this fiscal year? Yes No
 If **YES**, please attach the reviewed or audited financial standards conducted by Generally Accepted Accounting Principles.
12. Has the organization received \$500,000 or more in contributions during this fiscal year? Yes No
 If **YES**, please attach the audited financial standards conducted by Generally Accepted Accounting Principles.
13. Has the organization filed the IRS 990, 990 EZ or 990 PF for the fiscal year end indicated in question 9? Yes No
 If **YES**, please attach the document.

CERTIFICATION - SECTION C

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

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

_____	_____
Name (Print)	Name (Print)
_____	_____
Signature	Signature
_____	_____
Title	Title
_____	_____
Date	Date

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

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

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

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