Form **990**

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2016 calendar year, or tax year beginning a	ınd ending		
В	Check if applicat	C Name of organization ASTHMA AND ALLERGY FOUNDATION OF		D Employer identific	ation number
	Addr chan				
	Name chan	Doing business as	13-16	591693	
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final returi termi	n-	1000		466-7643
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,602,455.
F	Ireturi Appli	HANDOVER, MD 20705		H(a) Is this a group ref	
	tiòn pend	F Name and address of principal officer: OAMES FLOOD		for subordinates?	
_	-		(1) 07 50	_	cluded? Yes No
		tempt status: $X = 501(c)(3) = 501(c)(0) = (insert no.) = 4947(a)$ ite: $WWW \cdot AAFA \cdot ORG$	(1) or 527	H(c) Group exemption	ist. (see instructions)
		f organization: X Corporation Trust Association Other	I Voor		State of legal domicile: NY
	art I	Summary	L 1641	OF TOTTINGUOTI. 1999 WI	State of legal doffficite, 14 1
	T	Briefly describe the organization's mission or most significant activities: A 1	JATTONAI	VOLUNTARY F	IEALTH
Governance	'	ORGANIZATION PROVIDING EDUCATION, INFOR	RMATION	SERVICES &	RESEARCH.
na	2	Check this box if the organization discontinued its operations or dis			
ove.	3	- · · · · · · · · · · · · · · · · · · ·	-	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1		·····	23
Š	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			33
ij	6	Total number of volunteers (estimate if necessary)			24
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			123,247.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			-1,750.
		·		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,335,913.	2,153,767.
	9	Program service revenue (Part VIII, line 2g)		1,525,425.	1,465,370.
eke	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,700.	117,921.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,318.	-1,229.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		3,963,720.	3,735,829.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,333.	2,518.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		2,182,900.	2,140,387.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 212,	,562.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,314,684.	2,343,359.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,505,917.	4,486,264.
	19	Revenue less expenses. Subtract line 18 from line 12		457,803.	-750,435.
Net Assets or European	3		В	eginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		5,621,298.	5,352,398.
TA A	21	Total liabilities (Part X, line 26)		1,103,882.	1,581,809.
킬	22	Net assets or fund balances. Subtract line 21 from line 20		4,517,416.	3,770,589.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying scheo			knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information o	of which prepare	r has any knowledge.	
		Signature of officer		 Date	
Sig		1'	Opp-		
He	re	LYNDA MITCHELL, ACTING CHIEF EXECUTITY Type or print name and title	IVE OFF	LCER	
			1	Date Check	II PTIN
Pai	id	Print/Type preparer's name FRANK H. SMITH Preparer's signature			
	parer	FRANK H. SMITH Firm's name RAFFA, P.C.		J9/U1/1/ self-employed Firm's EIN ►	52-1511275
	e Only	Firm's address 1899 L STREET, NW, SUITE 850		FIIIII S EIN	32 IJII2/J
031	Unity	WASHINGTON, DC 20036		Phone no. (20	02) 822-5000
N4-	41 1			Prilone no. (2 C	
ivia	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
637	11_	THE REPORT OF A PER PROPERTY OF RECURSION ACTIVITIES SEE THE SENSISTE INSTALL			-orm 33U (2016)

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC (THE FOUNDATION), A
	NOT-FOR-PROFIT FOUNDED IN 1953, IS DEDICATED TO FINDING CURES &
	IMPROVING THE QUALITY OF LIFE FOR PEOPLE WITH ASTHMA & ALLERGIC
	DISEASES, & THEIR CAREGIVERS, THROUGH EDUCATION, ADVOCACY & RESEARCH.
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
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 1,171,716 • including grants of \$) (Revenue \$)
44	RESEARCH - AAFA IS THE ONLY PATIENT ORGANIZATION TO FUND RESEARCH
	GRANTS FOR BOTH ASTHMA AND ALLERGIC DISEASES. OUR RESEARCH GOALS:
	ENHANCE THE UNDERSTANDING OF ASTHMA AND ALLERGIC DISEASES; DEVELOP
	IMPROVED TREATMENTS TO MANAGE THESE DISEASES; HELP SEARCH FOR CURES;
	SUPPORT ADVANCED TRAINING IN ALLERGY AND IMMUNOLOGY; BETTER UNDERSTAND
	PATIENT AWARENESS; AND FIND OUT HOW BEHAVIORS RELATE TO ASTHMA AND
	<u> </u>
	ALLERGY PREVENTION AND TREATMENT.
	1 105 040
4b	(Code:) (Expenses \$ 1,105,249 • including grants of \$) (Revenue \$ 1,460,383 •)
	PUBLIC INFORMATION - PROVIDING INFORMATION TO THE PUBLIC AND CHAPTERS
	VIA WEBSITE, TOLL-FREE INFORMATION LINE, PUBLICATIONS, MEDIA,
	CERTIFICATION PROGRAM AND PRINT MATERIALS.
	717 240 0 510 2 500
4c	(Code:) (Expenses \$ 717,340 · including grants of \$ 2,518 ·) (Revenue \$ 3,580 ·)
	COMMUNITY AND CHAPTER OUTREACH - PARTICIPATION IN COMMUNITY HEALTH
	SERVICES, SPONSORING CHAPTER DEVELOPMENT AND LEADERSHIP SEMINARS,
	DISTRIBUTION OF PROGRAMS, INFORMATION AND LITERATURE, AND HANDLING
	INQUIRIES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 230,055 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,224,360.
	Form 990 (2016)

13-1691693

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ \ \
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ıo		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			. v
	complete Schedule G, Part III	19		X



			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i> Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule L, Part W	200		122
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programment Second		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter o If not applicable Decided on the part of the payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led to the called year ending with or within the year covered by this return. 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization appray to a prohibited tax shefter transaction at any time during the tax year? 3c Did the organization partly to a prohibited tax shefter transaction at any time during the tax year? 3c Did any translated party northy the organization file Form 8868.7 3c Did any translated party northy the organization file Form 8868.7 3c Did any translation have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any contributions that were nort tax deductible as charitable contributions? 3c Did the organization nature annual gross receipts that are normally greater than \$100,000, and did the organization solicity and the property of the gross of tax years and the property of the organization solicity organization solicity organization solicity organization solicity organization solicity organization s						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (agambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrealed business greater since of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b X 4d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country. 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitatele contributions? 5c If "Yes," to line Sa or 5b, did the organization this form 88861? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6d If "Yes," this the organization include with every solicitation an supress statement that such contributions or egits were not tax deductible? 6d Porturn of the organization than the rounds with every solicitation an supress statement that such contributions or grits were not tax deductible? 6d Porturn of the organization received an ordity the donor of the value of the goods or services provided? 7d P	1a		1a				
gamblingly winnings to prize winners? a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b I fall teast one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) b If Yes, 1 and 1 filed a Form 990 Part I five, 1 for in 83 year, provide an explanation in Schedule 0 b If Yes, 1 and 1 filed a Form 990 Part I five, 1 for in 83 year, provide an explanation in Schedule 0 c 1 was 1 financial account; provide an explanation in Schedule 0 b If Yes, 1 and 1 filed provided in the organization have an interest in, or a signature or other authority over, a financial account; provided an explanation in Schedule 0 c 1 was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of the organization and the organization and the organization and the organization method with every solidation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6 b If Yes, 1 did the organization include with every solidation an express statement that such contributions or gifts were not tax deductibles a charitable contribution of a property for which it was required to file form 888617. 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, 1 did the organization receive a payment in excess o	b						
2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX I was a little of a promised business greater in the 250, you may be required to e-file (see instructions) 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b IX 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 888-817 6c If "Yes," to line 5a or 5b, did the organization file Form 888-817 6d Does the organization invalued with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization seleve a payment in excess of \$f\tilde{f}\$ make party as a contribution and party for goods and services provided to the payor? 7c IX 7d If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1980-07 7f If If yes," did the organization include with every solicitation and express that express the payment in excess of \$f\tilde{f}\$ make party as a contribution on a personal benefit contract? 7c IX 7f	С			-		37	
fleed for the calendary year ending with or within the year covered by this return 1			 I	I	1c	X.	
b if at least one is reported on line 2a, did the organization file all required federal employment fax returns? 3a bid the organization have unrelated business gross income of \$1,000 or more during the year? 3b if 1º Yes, 'has it filed a Form 990 Ti or this year? if 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if 'Yes,' enter the name of the foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes,' to line 5a or 5b, did the organization hat at was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did have granization and that it was or is a party to a prohibited tax shelter transaction? 5c Did have granization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d Did the use organization neceive apyment in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7b Did the organization receive a payment in excess of 35 made party as a contribution of party and the organization of the value of the goods or services provided? 7c Did the organization receive any furnish defined the federal property, did the organization file a Form 890 as required? 7c Did the organization receive any furnishment of the	2a			2.2			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		· · · · · · · · · · · · · · · · · · ·				v	
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				00		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	a						
a Initiation fees and capital contributions included on Part VIII, line 12	10				an		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15d		· · · · · ·	11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a		1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			•			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	(00:15

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		77	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	เอม	21	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, DE, FL	. GA	.HI	.ID
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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:			
	LYNDA MITCHELL - (202) 466-7643			
	8201 CORPORATE DRIVE, NO. 1000, LANDOVER, MD 20785			
	CEE COURNITE O FOR FILL I TOM OF CHAMES	_	000	(0040

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga	aniza			mpei	nsa			
(A)	(B))) Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HEIDI BAYER	line) 2 • 0 0	Ĕ	ü	J0	જ	三声	요			
CHAIR	2.00	Х		Х				0.	0.	0.
(2) LYNN HANESSIAN	2.00									
IMMEDIATE PAST CHAIR		х		х				0.	0.	0.
(3) DENNIS CRYER, MD	2.00									
SECRETARY		х		Х				0.	0.	0.
(4) JAMES FLOOD	2.00									
TREASURER & CHAIR OF FINANCE		Х		Х				0.	0.	0.
(5) PAUL ANTICO	2.00									
CHAIR OF MKTG. & COMMUNICATIONS		Х						0.	0.	0.
(6) PHYLLIS ARTHUR	2.00									
CHAIR OF CERTIFICATION PROGRAMS		Х						0.	0.	0.
(7) MARY ELLEN CONLEY, RN	2.00								_	_
CHAIR OF GOVERNANCE		Х						0.	0.	0.
(8) MITCHELL GRAYSON, MD	2.00								•	
CHAIR OF MEDICAL-SCIENTIFIC		Х						0.	0.	0.
(9) CHRIS WARD	2.00								0	•
CHAIR OF PUBLIC POLICY & ADVOCACY	1 00	Х						0.	0.	0.
(10) CALVIN ANDERSON	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(11) BARBARA CORN	1.00	x						0.	0.	0.
DIRECTOR	1.00	^				-		0.	0.	0.
(12) BETH EVE CORN, MD DIRECTOR	1.00	Х						0.	0.	0.
(13) STEPHEN COY	1.00							0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(14) PRUE FITZPATRICK	1.00									•
DIRECTOR		х						0.	0.	0.
(15) TAO TUAN LE, MD	1.00									
DIRECTOR		х						0.	0.	0.
(16) RICHARD MURRAY, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(17) ROBYN NASUTI	1.00									
DIRECTOR - UNTIL 02/2016		Х						0.	0.	0.

D1 \/III												
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0	-			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Estima	ted
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		amoun	t of
	week	⊢—	Jer an	uau	recio	ii us	lee)	from	from related		othe	
	(list any hours for	or director						the	organizations		compens	
	related	or d	ee.			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	′ I	from t	
	organizations	trustee	trust		e e	ubeu		(88-2/1099-181130)			organiza and rela	
	below	lual tr	tional		yoldı	st cor	_			, ا	organiza	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			`	organiza	LIOTIO
(18) PHILIP S. NORMAN, MD	1.00	_	_				_					
EMERITUS		Х						0.	(o .		0.
(19) RITESH PATEL	1.00											
DIRECTOR		Х						0.	(0.		0.
(20) FRANCIS RIENZO	2.00											
DIRECTOR		Х						0.	(٥.		0.
(21) AMY ROSE	1.00											_
DIRECTOR		Х						0.	() .		0.
(22) LAWRENCE SCHWARTZ, MD, PHD	1.00	ļ										•
DIRECTOR	1 00	Х						0.	(٠.		0.
(23) DAVID STUKUS, MD	1.00	١										^
DIRECTOR		Х						0.	(٥.		0.
(24) VICTORIA MATESE, JD	2.00	ļ										^
GENERAL COUNSEL	25 00	Х						0.	(٠.		0.
(25) CARY SENNETT	35.00							000 405			2.2	
PRESIDENT AND CEO	25 00			Х				289,107.	(٠.	33,4	198.
(26) LYNDA MITCHELL, MA	35.00							140 400			00 1	705
CHIEF OPERATING OFFICER				X			<u> </u>	148,409.		2.	22,	
1b Sub-total								437,516.		0.	56,2	
c Total from continuation sheets to Part V								264,096.		0.	36,5	
d Total (add lines 1b and 1c)							<u> </u>	701,612.	l .	0.	92,8	5∠5.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			1
compensation from the organization											Yes	No.
O Diel He a supplied the list on favor of the	dina akan an ku				1 -		1				res	NO
3 Did the organization list any former officer,												x
line 1a? If "Yes," complete Schedule J for s										F	3	A
4 For any individual listed on line 1a, is the si	•							•	•		4 X	
and related organizations greater than \$15										··	4 X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•			•			5	Х
Section B. Independent Contractors	ipiete Scriedui	e	UI SI	ICII	pers	OII .				-	<u> </u>	- 23
Complete this table for your five highest co	mneneated in	dene	nde	nt c	ontr	racto	ore t	hat received more than	\$100,000 of comp	oneati	on from	
the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	oi isati	011 11 0111	
(A)	o caloridal y	Jai	ul	<u>9</u> V		J. VV	1	(B)	,		(C)	
(A)							- 1	5		_	ν-,	

Name and business address Compensation Description of services RAFFA, P.C., 1899 L STREET, NW, SUITE 850, ACCOUNTING & WASHINGTON, DC 20036 ICF MACRO, INC. CONSULTING SERVICES 490,123. 9300 LEE HIGHWAY, FAIRFAX, VA 22031 RESEARCH SERVICES 257,069.

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Tru	1	nplo	yee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that	app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MERYL BLOOMROSEN	35.00									
SR. VICE PRES. OF ADVOCACY						Х		153,719.	0.	22,798
(28) MELANIE CARVER	35.00							440 0		
VP, DIGITAL STRATEGY AND COMM. SVCS						Х		110,377.	0.	13,744
Fotal to Part VII, Section A, line 1c								264,096.		36,542

AMERICA, INC. 13-1691693 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 87,470. 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 157,403 e Government grants (contributions) f All other contributions, gifts, grants, and 908,894 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 2,153,767. h Total. Add lines 1a-1f ... Business Code 1,066,786.1,066,786. 900099 2 a CERTIFICATION INCOME Program Service Revenue **EXCHANGE AGREEMENTS** 900099 271,757. 271,757. 541800 c ADVERTISING 123,247. 123,247. d CHAPTER ASSESSMENTS 900099 3,580. 3,580. f All other program service revenue 1,465,370. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 59,447 59,447. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 919,480. assets other than inventory b Less: cost or other basis 861,006. and sales expenses 58,474. c Gain or (loss) 58,474. 58,474. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 4,213 5,620. **b** Less: cost of goods sold -1,407.-1,407c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 178 178. b d All other revenue 178.

632009 11-11-16

118,099.

123,247.

Total revenue. See instructions.

e Total. Add lines 11a-11d

3,735,829.1,340,716.

Part IX | Statement of Functional Expenses

	rt IX Statement of Functional Expens			(A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must com				X
	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0 510	0 510		
	and domestic governments. See Part IV, line 21	2,518.	2,518.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	493,799.	404,915.	49,380.	39,504.
^	trustees, and key employees	493,199.	404,913.	49,300.	39,304.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		1,242,170.	770,304.	424,754.	47,112.
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,242,110•	770,504•	444,/J4•	±/,±±2•
0	section 401(k) and 403(b) employer contributions)	45,704.	25,763.	18,749.	1.192.
9	Other employee benefits	229,758.	151,085.	68,146.	1,192. 10,527.
10	Payroll taxes	128,956.	86,684.	35,966.	6,306.
11	Fees for services (non-employees):		00,000		
	Management				
b	Legal	17,400.	14,178.	2,684.	538.
c	Accounting	399,720.	325,697.	61,668.	12,355.
d	Lobbying	·			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	1,096,248.	893,237.	169,128.	33,883. 237.
12	Advertising and promotion	7,668.	6,248.	1,183.	
13	Office expenses	266,556.	194,782.	48,285.	23,489.
14	Information technology				
15	Royalties				
16	Occupancy	147,916.	99,803.	40,938.	7,175.
17	Travel	118,924.	94,975.	20,700.	3,249.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40 011	20 201	0.565	1 245
19	Conferences, conventions, and meetings	49,211.	39,301.	8,565.	1,345.
20	Interest	2,773.	1,190.	1,244.	339.
21	Payments to affiliates	48,605.	32,795.	13,452.	2,358.
22	Depreciation, depletion, and amortization	41,912.	18,000.	18,804.	5,108.
23	Insurance Other average Itamize averages not severed	41,914.	10,000.	10,004.	3,100.
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 0.)	E0 0E0	05 00 /	06 444	8 485
а	SUBSCRIPTIONS AND DUES	58,873.	25,284.	26,414.	7,175.
b	FILING FEES	31,875.	13,689.	14,301.	3,885.
C	BAD DEBT EXPENSE	24,914.	10,700.	11,178.	3,036.
d	OTHER EXPENSES	23,837.	10,237. 2,975.	10,695.	2,905. 844.
	All other expenses	6,927. 4,486,264.	3,224,360.	3,108. 1,049,342.	212,562.
25	Total functional expenses. Add lines 1 through 24e	4,400,204.	3,444,300.	1,043,344.	414,304.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	► II TOHOWING OUT 30-2 (MOU 300-720)				

F 000 /	0040)	•
Form 990 (
Part X	Balance	Sheet

Pal	πχ	Balance Sneet				
		Check if Schedule O contains a response or note to an	y line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	117.	1	0.	
	2	Savings and temporary cash investments		2,488,271.	2	2,296,247.
	3	Pledges and grants receivable, net	620,995.	3	397,939.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated em				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified per	rsons (as defined under			
		section 4958(f)(1)), persons described in section 4958(d				
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use		43,070.	8	42,846.
	9	Prepaid expenses and deferred charges		40,713.	9	90,886.
	10a	Land, buildings, and equipment: cost or other	450 004			
		basis. Complete Part VI of Schedule D 10a	453,301.	400 565		405 004
	b	Less: accumulated depreciation 10b	326,067.	128,765.	10c	127,234.
	11	Investments - publicly traded securities	2,276,299.	11	2,368,330.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	02.060	14	00 016	
	15	Other assets. See Part IV, line 11	23,068.	15	28,916.	
	16	Total assets. Add lines 1 through 15 (must equal line 3		5,621,298.	16	5,352,398.
	17	Accounts payable and accrued expenses	387,429.	17	482,671.	
	18	Grants payable		E22 626	18	052 020
	19	Deferred revenue		523,626.	19	953,820.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
Liabilities	22	Loans and other payables to current and former officer				
Ε		key employees, highest compensated employees, and			00	
Lia	00	Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thin Unsecured notes and loans payable to unrelated third payable third pay			24	
	25	Other liabilities (including federal income tax, payables	F		24	
	25	parties, and other liabilities not included on lines 17-24)				
		Schedule D	•	192,827.	25	145,318.
	26			1,103,882.	26	1,581,809.
		Organizations that follow SFAS 117 (ASC 958), chec		_,,,		=,::=,:::
ý		complete lines 27 through 29, and lines 33 and 34.				
၁င	27	Unrestricted net assets		3,065,083.	27	2,858,798.
alaı	28	Temporarily restricted net assets		1,292,333.	28	751,791.
d B	29	D		160,000.	29	160,000.
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958				,
ρ		and complete lines 30 through 34.	, —			
)ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipmer	Г		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances	_	4,517,416.	33	3,770,589.
	34	Total liabilities and net assets/fund balances		5,621,298.	34	5,352,398.

Pa	rt 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		,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,48 -75		
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,51		
5	Net unrealized gains (losses) on investments	5			3,6	08.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,77	0,5	89.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ASTHMA AND ALLERGY FOUNDATION OF **Employer identification number** AMERICA, INC. 13-1691693 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2090854.	2676220.	1912310.	2335913.	2153767.	11169064.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0000054	0.67.6000	1010210	0225012	0150565	11160064
	Total. Add lines 1 through 3	2090854.	2676220.	1912310.	2335913.	2153/6/.	11169064.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4072004
	column (f)						4273224.
	Public support. Subtract line 5 from line 4.						6895840.
		() 0040	#1.0040	() 004.4	(1) 0045	() 2042	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2012 2090854.	(b) 2013 2676220.	(c) 2014 1912310.	(d) 2015 2335913.	(e) 2016 2153767	(f) Total 11169064.
	Amounts from line 4	2030034.	2070220•	1912310.	2333913.	2133707•	11103004.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	48,782.	63,231.	102,586.	88,784.	59,447.	362,830.
_	and income from similar sources	40,702.	05,251.	102,300.	00,704.	33,447.	302,030.
9	Net income from unrelated business						
	activities, whether or not the		37,066.	23,613.			60,679.
10	business is regularly carried on Other income. Do not include gain		37,000.	23,013.			00,075.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,184.	2,001.	178.	4,363.
11	Total support. Add lines 7 through 10			2,2010	2,0020		11596936.
12	Gross receipts from related activities,	etc. (see instruction	ons)				,453,277.
	First five years. If the Form 990 is for						<u> </u>
	organization, check this box and stor				-		>
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2016 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	59.46 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	65.10 %
	33 1/3% support test - 2016. If the o					nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2015. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶;
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶∟

Schedule A (Form 990 or 990-EZ) 2016



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.)

qualify under the tests listed be Section A. Public Support	low, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(4) 2012	(5) 2515	(6) 2511	(4) 2010	(5) 23 13	(i) rotal
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				1		
Calendar year (or fiscal year beginning in) ► 🛚	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
	· ·			•		▶
Section C. Computation of Public						
15 Public support percentage for 2016 (lir			column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves					1	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2						<u> </u>
19a 33 1/3% support tests - 2016. If the o					•	
more than 33 1/3%, check this box an	-					
b 33 1/3% support tests - 2015. If the c						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
i i i i i i i i i i i i i i i i i i i			, ,			

632023 09-21-16

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
	2		
	0-		
	3a		
	3b		
	20		
	3c		
	4a		
	415		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9d		
	9b		
	9с		
	10a		
	10b 90 or 99	00 57	2010
111 9	90 or 99	90-EZ) #	2016

Pai	rt IV Supporting Organizations _(continued)			
	(SIMILAR)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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 at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations	$\overline{}$	1	
	5		Yes	No
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 during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)	١.	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a		
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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	04		
•		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Ja		
		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	าg Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A				
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.					
Sect	ion 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						
Sect	ion 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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						
Sect	ion 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							

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
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 t	the organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	ion E Biodibation Anocations (see mediations)		110 2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
<u>b</u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>_i</u>	Carryover from 2011 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
′	and 4c			
8	Breakdown of line 7:			
<u>-</u> о	DICAMOWITOTING 1.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_				

Schedule A (Form 990 or 990-EZ) 2016

INC.

Schedule A (Form 990 or 990-EZ) 2016 AMERICA,

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 0. 2012 AMOUNT: \$ 2013 AMOUNT: 0. 2014 AMOUNT: 2,184. 2,001. 2015 AMOUNT: 2016 AMOUNT: 178.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number

13-1691693

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 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				
	, 0	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., explored any of the parts unless the General Rule applies to this organization because it received nonexclusively explored, etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number

13-1691693

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$550,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 218,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 157,403.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Prairie, addi 635, dila Eli ^e T T	\$ 110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Name of organization ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number

13-1691693

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$101,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>95,556.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	Total contributions \$ 51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ASTHMA AND ALLERGY FOUNDATION OF
AMERICA, INC.

Employer identification number

13-1691693

Part II	Noncash Property (See instructions). Use duplicate copies of P	art 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
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
453 10-18-		Sohodulo B /Form	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Employer identification number Name of organization ASTHMA AND ALLERGY FOUNDATION OF 13-1691693 AMERICA, 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

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

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

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

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

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

-	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		AND ALLERGY FOUN	DATION OF	Emp	loyer identification number
	AMERICA				13-1691693
Pa		janization is exempt und	er section 501(c)	or is a section 527 of	rganization.
					-
1	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
2	Political campaign activity expendit	ures		▶ \$	S
	Volunteer hours for political campa				
_					
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization unc	ler section 4955		<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶ \$	S
	If the organization incurred a section				
	Was a correction made?				Yes No
Da Da	If "Yes," describe in Part IV. rt I-C Complete if the org	ianization is exempt und	er section 501(c)	except section 501	(c)(3)
	·	<u> </u>		•	. ,, ,
	Enter the amount directly expended				
	Enter the amount of the filing organ			· ·	•
	exempt function activities Total exempt function expenditures				
	line 17b			<i>'</i>	•
	Did the filing organization file Form				
	Enter the names, addresses and er				
3	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)	(12)	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1	1	1

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

ASTHMA AND ALLERGY FOUNDATION OF Schedule C (Form 990 or 990-EZ) 2016 AMERICA, INC. 13-1691693 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► 」 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 AMERICA, INC.

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

For e	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of th	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	77	X	2 05	<u> </u>
	Publications, or published or broadcast statements?	Х	X	3,95	<u> </u>
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Λ	3,95	3.
	Total. Add lines 1c through 1i		X	3,33	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).	, ,	· //		
				Yes No	<u> </u>
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, line 3,	is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
_	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	TIV Supplemental Information	P N 5 ::		10/	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ıst); Part I	I-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
LAI	XI II-B, BINE I, BOBBIING ACTIVITIES.				
тип	E FOUNDATION ADVOCATES PUBLIC POLICY ISSUES THAT SU	ידים∩סים	ттс м	TGGTON	
	I TOUNDATION ADVOCATED TODDIC TODDET IDDOED THAT DO	1101(1	110 H	IDDION.	
FRO	OM TIME TO TIME, THE FOUNDATION MAY STATE A POSITIO	N ON S	SPECIF	IC	
LE	GISLATION TO LEGISLATORS OR OTHER GOVERNMENT EMPLOY	EES W	Ю		
PAI	RTICIPATE IN THE FORMATION OF LEGISLATION OR ISSUE	A "CA	ALL TO		
AC	FION" TO THE GENERAL PUBLIC VIA ITS PRINT, WEB-BASE	D AND	OTHER		
		Schodu	lo C (Form	990 or 990-F7)	2016

Part IV Supplemental Information (continued)
COMMUNICATIONS TO CONTACT THEIR LEGISLATORS WITH A POSITION ON SPECIFIC
LEGISLATION. LOBBYING ACTIVITIES ARE LIMITED AND DO NOT CONSTITUTE A
SUBSTANTIAL PART OF THE FOUNDATION'S ACTIVITIES. THE FOUNDATION DOES
NOT EMPLOY A PAID LOBBYIST; HOWEVER, THE FOUNDATION IS A MEMBER OF A
NATIONAL ASSOCIATION, THE NATIONAL HEALTH COUNCIL, WHOSE MEMBERSHIP
DUES SUPPORT LIMITED LOBBYING ACTIVITIES. THE FOUNDATION DOES NOT
SUPPORT CANDIDATES FOR PUBLIC OFFICE OR MAKE POLITICAL CAMPAIGN
DONATIONS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number 13-1691693

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or (Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Sillinal Assets.
			ment and belongs sheet works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	ance of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the examination placed as permitted under SEAS 116 (AS		at and balance about works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	rucation, or research in furtherance of pr	ablic service, provide the following amounts
			▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		· · · · · · · · · · · · · · · · · · ·
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	·	, ,	•
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$

632051 08-29-16

Schedule D (Form 990) 2016

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

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 apphy): Check all that apphy):		t III Organizations Maintaining C	•	t. Historical Tr	easures. or (Other	Similar		ts (contir		age Z
Check all that apply : a Poticis exhibition d Loan or exchange programs b Scholarly research c Other Processivation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. A Provide a description of 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 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, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization and provided an amount on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. (or escrow or custodial account liability?	3			•							
a Public exhibition d			on, and onto record	s, ss a, s. a		o a o.g					•
b Scholarly research c Preservation for future generations d 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 air, historical treasures, or other similar assess to be sold to raise funds antamilarish as part of the organization collection?	а	`	Ь	Loan or excl	nange programs	:					
c					iango programa						
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 is collection? Part VI 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, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Beginning balance 2d Additions during the year 1 Ending balance 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes No 1b 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. 1a Beginning of year balance 340,803,346,143,345,066,3328,770,337,233,367,317,070. 1b Contributions 1c Not investment earnings, gains, and losses 8,884,1,060,7,037,233,367,333,67,3			ū								
5 During the year, did the organization solicit or neoeve donations of art, historical treasures, or other similar assets to be soft to arise 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, Ine 9, or reported an amount on Form 990, Part X line 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. Is 1'Yes, 'explain the arrangement in Part XIII and complete the following table: Beginning balance		_	allections and explain	how they further th	ne organization's	s exemn	t nurnose	in Par	ł XIII		
The sold for raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance									. ,		
Part V 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? Ves	•								Yes		No
Teported an amount on Form 990, Part X, line 21. Ves	Pai										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				to ii tiio organizatio	Tunoworda 10	0		a ,			
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the segment of the arrangement in Part XIII and complete the following table:		· · · · · · · · · · · · · · · · · · ·		ary for contribution	s or other asset	s not inc	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance									Yes		No
C Beginning balance C C	b	If "Yes." explain the arrangement in Part XIII.	and complete the fol	lowing table:							
C Beginning balance 1c	-		and complete and re-						Amoun	t	
d Additions during the year	С	Beginning balance					1c		,	-	
E Distributions during the year E											
t Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Describe in Part XIII. Check here if the explanation has been provided on Part XIII in the 10.									Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back		_				-]
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 340,803. 346,143. 345,506. 328,770. 317,0	_										
1a Beginning of year balance 340,803. 346,143. 345,506. 328,770. 317,070. b Contributions 0 <t< td=""><td></td><td>·</td><td></td><td></td><td></td><td></td><td>Three year</td><td>s back</td><td>(e) Four</td><td>years</td><td>back</td></t<>		·					Three year	s back	(e) Four	years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 6,400, 6,400, 6,400, 6,400, 6,400, 6,400, 6,400, 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 ▶ 9/6 b Permanent endowment ▶ 46.61 9/6 c Temporarily restricted endowment ▶ 53.39 9/6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related paralizations (iii) related organizations 2 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Open Conditions 334,557. 249,150. 85,407. d Equipment 570,126. 33,269. 36,857. e Other	1a	Beginning of year balance		` , ,	345,5				,		
to Net investment earnings, gains, and losses d'arants or scholarships			,	,							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 343,287. 340,803. 346,143. 345,506. 328,770. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			8,884.	1,060.	7,0	37.	23	,136.		18,	100.
e Other expenditures for facilities and programs 6,400. 6			,	,	,			<i>.</i>			
and programs 6,400. 6,											
f Administrative expenses g End of year balance 343,287, 340,803, 346,143, 345,506, 328,770. 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 ▶ 46.61 % c Temporarily restricted endowment ▶ 53.39 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b f'Yes' on line 3a(ii), are the related 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. 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. Describing of property (a) Cost or other basis (investment) Buildings C Leasehold improvements 334,557. 249,150. 85,407. d Equipment 70,126. 33,269. 36,857. e Other			6,400.	6,400.	6,4	00.	6	,400.		6,	400.
g End of year balance 343,287, 340,803, 346,143, 345,506, 328,770. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f		,	,	, , , , , , , , , , , , , , , , , , ,			<i>.</i>			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			343,287.	340,803.	346,1	43.	345	,506.		328,	770.
a Board designated or quasi-endowment ▶	_		,	-		<u> </u>		,			
b Permanent endowment ▶ 46 · 61			, ,		,,,						
c Temporarily restricted endowment ▶ 53 ⋅ 39 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements 4 249,150 • 85,407 • 334,557 • 249,150 • 85,407 • 334,648 • 43,648 • 4,970 • 0ther b Gother 4 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			%	_							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) related organizations (iv) ves" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value b Buildings c Leasehold improvements 334,557. 249,150. 85,407. d Equipment 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.			3.39 %								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 7 0 , 126 33 , 269 36 , 857 407 48 , 618 43 , 648 44 , 970 45 60 60 60 60 60 60 60 60 60 60 60 60 60		· · · · · · · · · · · · · · · · · · ·									
Vest No (i) unrelated organizations 3a(i) X	За		•	tion that are held a	nd administered	for the	organizati	on			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 334,557. 249,150. 85,407. d Equipment 70,126. 33,269. 36,857. e Other 48,618. 43,648.		· ·	3				J		[Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 48,618. 43,648. 44,970.									3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment o Other Other 48,618. 43,648. Abb Abb Abb Abb Abb Abb Abb A									``		X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 334,557. 249,150. 85,407. d Equipment 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment Other 1a Land 4a , 618 . Coy Accumulated depreciation (d) Book value 3 3 4 , 5 5 7 . 2 4 9 , 1 5 0 . 8 5 , 4 0 7 . 8 5 , 4 0 7 . 4 8 , 618 . 4 3 , 648 . 4 9 , 9 7 0 .	4										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Pai										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	see Form 990, Pa	art X, lin	e 10.				
basis (investment) basis (other) depreciation 1a Land Buildings 249,150. 85,407. c Leasehold improvements 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.		-							(d) Boo	k value	 e
b Buildings 334,557. 249,150. 85,407. c Leasehold improvements 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.			1 ' '	1 ' '							
b Buildings 334,557. 249,150. 85,407. c Leasehold improvements 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.	1a	Land									
c Leasehold improvements 334,557. 249,150. 85,407. d Equipment 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.											
d Equipment 70,126. 33,269. 36,857. e Other 48,618. 43,648. 4,970.				33	4,557.	24	9,150	١.	8	5,4	07.
e Other 48,618. 43,648. 4,970.				7	0,126.						
10= 001				4	8,618.	4	3,648	3.			
				X, column (B), line 1	0c)			•	12	7,2	34.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 AMERICA, INC		INDATION OF	1 1	3-1691693	Docc '
Schedule D (Form 990) 2016 AMERICA, INC Part VII Investments - Other Securities.	· •			, TO)TO)J	rage
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11h See Form 990 I	Part Y line 12		
(a) Description of security or category (including name of security)	(b) Book value			nd-of-year market v	alue
	(b) Book value	(e) mounda or ve		id or your marker v	4.40
(1) Financial derivatives					
(2) Char					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total (Col. (h) must equal Form 000. Part V. col. (P) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.					
	5 000 B 1 N	" 44 0 5 000 5	2 1 1 1 10		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV. (b) Book value			nd-of-year market v	aluo
	(b) Book value	(C) Method of va	iluation. Cost of el	id-or-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	5 000 D 111	" 44 0 5 000	5 1 V P 45		
Complete if the organization answered "Yes" (, line 11d. See Form 990, I	Part X, line 15.	(la) Dankun	l a
	Description			(b) Book va	iue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	•	
Part X Other Liabilities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV		990, Part X, line 2	.5.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) DEFERRED RENT AND LEASE IN	NCENTIVES	145,318.			
(3)					
(4)					
(5)					
(6)					
(7)					
(Q)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2016



145,318.

Sche	dule D (Form 990) 2016 AMERICA, INC.				13-3	1691693	Page 4
Pai	t XI Reconciliation of Revenue per Audited	Financial Statem	ents With	Revenue per F	Return	١.	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financi	al statements			1	4,247,	895
2	Amounts included on line 1 but not on Form 990, Part VIII,	line 12:					
а	Net unrealized gains (losses) on investments		2a	3,608.			
b	Donated services and use of facilities		2b	508,458.			
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d				2e	512,	066
3	Subtract line 2e from line 1				3	3,735,	829
4	Amounts included on Form 990, Part VIII, line 12, but not o	n line 1:					
а	Investment expenses not included on Form 990, Part VIII, I	ine 7b	4a				
b	Other (Describe in Part XIII.)		4b				
С	Add lines 4a and 4b				4c		0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 9				5	3,735,	829
Pa	t XII Reconciliation of Expenses per Audited	d Financial Stater	ments Wit	h Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements	s			1	4,994,	722
2	Amounts included on line 1 but not on Form 990, Part IX, lin	ne 25:					
а	Donated services and use of facilities		2a	508,458.			
b	Prior year adjustments		2b				
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d				2e		458
3	Subtract line 2e from line 1				3	4,486,	264
4	Amounts included on Form 990, Part IX, line 25, but not on						
а	Investment expenses not included on Form 990, Part VIII, I	ine 7b	4a				
b	Other (Describe in Part XIII.)		4b				
С	Add lines 4a and 4b				4c		0 .
_5	Total expenses. Add lines 3 and 4c. (This must equal Form	990, Part I, line 18.)			5	4,486,	264
Pa	t XIII Supplemental Information.						
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and 4; Pa	rt IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part 2	ΚI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any ad	lditional infori	mation.			
PAI	T V, LINE 4:						
THI	FOUNDATION HAS A DONOR-RESTR	ICTED ENDOW	MENT FU	ND ESTABLI	SHE	D FOR TH	ΙE
PUI	POSE OF SUPPORTING RESEARCH B	Y PHYSICIAN	-SCIENT	ISTS IN TH	E F	IELD OF	
AL]	ERGY AND IMMUNOLOGY.						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Open to Public

Inspection

OMB No. 1545-0047

➤ Attach to Form 990.

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

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number 13-1691693

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016



Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation ((C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CARY SENNETT	(i)	289,107.	0.	0.	21,600.	11,898.	322,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNDA MITCHELL, MA	(i)	148,409.	0.	0.	11,951.	10,834.	171,194.	0.
	(ii) [0.	0.	0.	0.	0.	0.	0.
(3) MERYL BLOOMROSEN	(i)	153,719.	0.	0.	10,837.	11,961.		0.
	(ii) [0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i) L							
	(ii)							
	(i) L							
	(ii)							

Schedule J (Form 990) 2016

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

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ASTHMA AND ALLERGY FOUNDATION OF INC. AMERICA,

Employer identification number 13-1691693

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

THE FOUNDATION PROVIDES PRACTICAL INFORMATION, COMMUNITY BASED SERVICES AND SUPPORT THROUGH A NATIONAL NETWORK OF CHAPTERS AND SUPPORT GROUPS. THE FOUNDATION DEVELOPS HEALTH EDUCATION, ORGANIZES STATE AND NATIONAL ADVOCACY EFFORTS AND FUNDS RESEARCH TO FIND BETTER TREATMENTS AND CURES.

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

FAMILY & PATIENT SERVICES AND PROFESSIONAL EDUCATION

EXPENSES \$ 230,055. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE REVISED DURING THE YEAR ENDED DECEMBER 31, 2016 REFLECTING A MODIFICATION OF THE AUTHORITY OF THE FOUNDATION'S OFFICERS.

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

THE FEDERAL FORM 990, ONCE REVIEWED BY THE FOUNDATION'S ACCOUNTANTS, IS THEN FORWARDED TO THE FOUNDATION'S ACTING CHIEF EXECUTIVE OFFICER FOR REVIEW. WHEN THIS SECONDARY REVIEW HAS BEEN COMPLETED, AND THE FEDERAL FORM 990 HAS BEEN APPROPRIATELY UPDATED OR CORRECTED, IT IS THEN PRESENTED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM IS DISTRIBUTED TO THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) Name of the organization ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.

Employer identification number 13-1691693

STAFF, WHICH INCLUDES OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED

EMPLOYEES AND TO THE FULL BOARD OF DIRECTORS ANNUALLY FOR SIGNATURE REVIEW.

ANY REPORTABLE CONFLICTS ARE REPORTED ON DISCLOSURE FORMS AND AT BOARD

MEETINGS. DURING THE COURSE OF BOARD MEETING DISCUSSIONS, IF AREAS ARISE

WHICH MAY CREATE A CONFLICT, OR THE APPEARANCE OF A CONFLICT OF INTEREST,

THE BOARD OF DIRECTORS IS REMINDED OF THEIR RESPONSIBILITY TO RECUSE

THEMSELVES FROM PARTICIPATION ON THE SAID MATTER.

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

ANNUALLY DURING THE BUDGET PREPARATION PROCESS, THE FINANCE COMMITTEE

REVIEWS THE SALARIES OF THE SENIOR MANAGEMENT STAFF, WHICH INCLUDES

OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES, AND COMPARES THE

PROPOSED SALARIES TO LIKE ORGANIZATIONS, POSITIONS AND GEOGRAPHIC AREAS TO

RECOMMEND BUDGET APPROVAL TO THE FULL BOARD OF DIRECTORS. THE PRESIDENT AND

CEO'S COMPENSATION IS APPROVED BY THE FULL BOARD OF DIRECTORS.

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

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT

NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI,WY

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS

AND THE FEDERAL FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AT

WWW.AAFA.ORG. THEY MAY ALSO BE OBTAINED BY REQUEST FROM THE ACTING CHIEF

EXECUTIVE OFFICER.

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

CONSULTING FEES:

Name of the organization ASTHMA AND ALLERGY FOUNDATION OF AMERICA, INC.	Employer identification number 13-1691693
PROGRAM SERVICE EXPENSES	763,968.
MANAGEMENT AND GENERAL EXPENSES	144,652.
FUNDRAISING EXPENSES	28,980.
TOTAL EXPENSES	937,600.
CERTIFICATION:	
PROGRAM SERVICE EXPENSES	63,911.
MANAGEMENT AND GENERAL EXPENSES	12,101.
FUNDRAISING EXPENSES	2,424.
TOTAL EXPENSES	78,436.
HONORARIA:	
PROGRAM SERVICE EXPENSES	30,038.
MANAGEMENT AND GENERAL EXPENSES	5,687.
FUNDRAISING EXPENSES	1,139.
TOTAL EXPENSES	36,864.
DATA PROCESSING:	
PROGRAM SERVICE EXPENSES	35,320.
MANAGEMENT AND GENERAL EXPENSES	6,688.
FUNDRAISING EXPENSES	1,340.
TOTAL EXPENSES	43,348.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,096,248.