Form 990 — Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

C Name of organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): 7925 JONES BRANCH DRIVE, STE 1100 — Room/suite
City or town, state or province, country, and ZIP or foreign postal code: MCLEAN, VA 22102-5303

D Employer identification number: 13-3905508
E Telephone number: (703) 691-3179
G Gross receipts $ 13,771,995.

F Name and address of principal officer: JAMES BAKER,MD
7925 JONES BRANCH DRIVE MCLEAN, VA 22102-5303

H(a) Is this a group return for subordinates? Yes [ ] No [X]
H(b) Are all subordinates included? Yes [ ] No [ ]
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: ▶ WWW.FOODALLERGY.ORG
K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation: 1998 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	81.
6	Total number of volunteers (estimate if necessary)	6	250.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,724,060.	13,080,496.
	9	Program service revenue (Part VIII, line 2g)	315,365.	52,268.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,361.	7,852.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-549,718.	-312,017.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,501,068.	12,828,599.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,152,722.	1,405,838.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,508,423.	6,061,344.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,473,505.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,924,863.	4,400,863.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,586,008.	11,868,045.
	19	Revenue less expenses. Subtract line 18 from line 12	2,915,060.	960,554.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	14,109,091.	9,862,161.
	21	Total liabilities (Part X, line 26)	6,217,734.	3,301,771.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,891,357.	6,560,390.

Part II Signature Block

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

Sign Here ▶ Signature of officer — Date
▶ SANDEEP DHAR, SVP & CFO.
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: DANIEL D O'SHEA — Preparer's signature — Date: 11/12/15 — Check [ ] if self-employed — PTIN: P00957510
Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099
Firm's address ▶ 6720B ROCKLEDGE DRIVE, SUITE 750 BETHESDA, MD 20817 — Phone no. 301-654-7555

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,304,000. including grants of $ 1,171,773.) (Revenue $)

ATTACHMENT 2

4b (Code:) (Expenses $ 5,410,575. including grants of $ 234,065.) (Revenue $)

ATTACHMENT 3

4c (Code:) (Expenses $ 710,838. including grants of $) (Revenue $)

ATTACHMENT 4

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

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

4e Total program service expenses ▶ 8,425,413.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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	X	
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		X
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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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 assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	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		X
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
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		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
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," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			Yes	No
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	X	
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	X	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	53			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	81			
b	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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?			13a		
	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	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?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				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.	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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			X
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			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

SANDEEP DHAR 7925 JONES BRANCH DRIVE, SUITE 1100 MCLEAN, VA 22102 703-691-3179

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JANET ATWATER CHAIR	1.00 0	X		X				0	0	0
(2) JULIE BIRKEY DIRECTOR	1.00 0	X						0	0	0
(3) LESLIE CORNFELD DIRECTOR	1.00 0	X						0	0	0
(4) ANDREW GILMAN DIRECTOR	1.00 0	X						0	0	0
(5) JOHN HANNAN DIRECTOR	1.00 0	X						0	0	0
(6) DAVID JAFFE DIRECTOR	1.00 0	X						0	0	0
(7) MICHAEL LADE TREASURER	1.00 0	X		X				0	0	0
(8) REBECCA LAINOVIC DIRECTOR	1.00 0	X						0	0	0
(9) SHARYN MANN SECRETARY	1.00 0	X		X				0	0	0
(10) ADAM MILLER DIRECTOR	1.00 0	X						0	0	0
(11) ROBERT NICHOLS VICE CHAIR	1.00 0	X		X				0	0	0
(12) AMIE RAPPAPORT MCKENNA DIRECTOR	1.00 0	X						0	0	0
(13) TODD SLOTKIN DIRECTOR	1.00 0	X						0	0	0
(14) MARIA ACEBAL DIRECTOR	1.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) JOE IANNIELLO	1.00									
DIRECTOR	0	X						0	0	0
16) MARY WEISER	1.00									
DIRECTOR	0	X						0	0	0
17) JAMES BAKER JR.	40.00									
CEO - EFFECTIVE 8/1/14	0	X		X				208,151.	0	7,364.
18) JOHN LEHR	40.00									
CEO - THROUGH 8/16/14	0			X				406,201.	0	16,906.
19) IRVING A. ALEXANDER, III	40.00									
CFO	0			X				234,172.	0	21,207.
20) MARY JANE MARCHISOTTO	40.00									
SENIOR VP OF RESEARCH	0				X			301,411.	0	15,218.
21) DONNA MCKELVEY	40.00									
SR. VP DEVELOPMENT	0				X			179,950.	0	5,503.
22) VERONICA LAFEMINA	40.00									
VP OF COMMUNICATIONS	0					X		180,633.	0	23,414.
23) GEORGE DAHLMAN	40.00									
VP OF ADVOCACY	0					X		138,191.	0	21,315.
24) ANNE HORNING	40.00									
DIRECTOR OF SPECIAL EVENTS	0					X		147,831.	0	11,027.
25) MICHAEL SPIGLER	40.00									
VP OF EDUCATION	0					X		158,617.	0	24,808.
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								2,091,831.	0	158,346.
d Total (add lines 1b and 1c) ▶								2,091,831.	0	158,346.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 11

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26) LANNY BROMFIELD CONTROLLER	40.00 0					X		136,674.	0	11,584.

1b Sub-total . . . . ▶

c Total from continuation sheets to Part VII, Section A . . . . ▶

d Total (add lines 1b and 1c) . . . . . . ▶

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII **Statement of Revenue**

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	226,929.				
	c	Fundraising events	1c	4,773,454.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	161,582.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,918,531.				
	g	Noncash contributions included in lines 1a-1f: $		200,488.				
	h	**Total.** Add lines 1a-1f ▶			13,080,496.			
Program Service Revenue			Business Code					
	2a	EDUCATIONAL PROGRAMS	900099		52,268.	52,268.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			52,268.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			7,932.			7,932.
	4	Income from investment of tax-exempt bond proceeds ▶			0			
	5	Royalties ▶			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶			0			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	125,890.					
	b	Less: cost or other basis and sales expenses	125,970.					
	c	Gain or (loss)	-80.					
	d	Net gain or (loss) ▶			-80.			-80.
	8a	Gross income from fundraising events (not including $ 4,773,454. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 7 390,969.				
	b	Less: direct expenses	b	789,623.				
	c	Net income or (loss) from fundraising events ATCH 8 ▶			-398,654.			-398,654.
	9a	Gross income from gaming activities. See Part IV, line 19	a	70,636.				
	b	Less: direct expenses	b	4,540.				
	c	Net income or (loss) from gaming activities ▶			66,096.			66,096.
	10a	Gross sales of inventory, less returns and allowances	a	41,946.				
	b	Less: cost of goods sold ATCH 9	b	23,263.				
	c	Net income or (loss) from sales of inventory ▶			18,683.	18,683.		
		Miscellaneous Revenue	Business Code					
	11a	OTHER INCOME	900099		1,858.	1,858.		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			1,858.			
	12	**Total revenue.** See instructions ▶			12,828,599.	72,809.		-324,706.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,171,773.	1,171,773.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	223,310.	223,310.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,755.	10,755.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,450,646.	655,516.	428,021.	367,109.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,751,880.	2,851,991.	92,663.	807,226.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,540.	76,595.	3,032.	21,913.
9 Other employee benefits	395,023.	291,963.	27,817.	75,243.
10 Payroll taxes	362,255.	246,191.	32,041.	84,023.
11 Fees for services (non-employees):				
a Management	0			
b Legal	62,503.	9,241.	52,807.	455.
c Accounting	46,204.		46,204.	
d Lobbying	152,250.	152,250.		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,047,016.	778,473.	20,969.	247,574.
12 Advertising and promotion	71,787.	23,908.		47,879.
13 Office expenses	1,111,251.	648,889.	72,854.	389,508.
14 Information technology	361,069.	249,327.	35,676.	76,066.
15 Royalties	0			
16 Occupancy	465,834.	248,179.	106,599.	111,056.
17 Travel	496,735.	364,686.	19,726.	112,323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	483,821.	380,648.	887.	102,286.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,033.	20,213.	13,172.	8,648.
23 Insurance	40,750.	15,100.	9,840.	15,810.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. EXPENSES	19,610.	6,405.	6,819.	6,386.
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	11,868,045.	8,425,413.	969,127.	2,473,505.
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 ▶ [X] if following SOP 98-2 (ASC 958-720)	2,633,341.	2,080,340.		553,001.

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,848,880.	1	1,751,322.
	2	Savings and temporary cash investments		5,483,713.	2	3,762,810.
	3	Pledges and grants receivable, net		1,678,653.	3	3,548,389.
	4	Accounts receivable, net		309,110.	4	105,820.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		47,743.	8	45,538.
	9	Prepaid expenses and deferred charges		149,729.	9	365,663.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 204,575.			
	b	Less: accumulated depreciation	10b 115,604.	126,137.	10c	88,971.
	11	Investments - publicly traded securities		860.	11	0
	12	Investments - other securities. See Part IV, line 11		2,442,026.	12	150,505.
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		22,240.	15	43,143.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,109,091.	16	9,862,161.
Liabilities	17	Accounts payable and accrued expenses		1,165,866.	17	627,365.
	18	Grants payable		4,880,692.	18	2,529,250.
	19	Deferred revenue		1,500.	19	3,449.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		169,676.	25	141,707.
	26	**Total liabilities.** Add lines 17 through 25		6,217,734.	26	3,301,771.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,337,330.	27	1,609,829.
	28	Temporarily restricted net assets		4,554,027.	28	4,950,561.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,891,357.	33	6,560,390.
	34	Total liabilities and net assets/fund balances		14,109,091.	34	9,862,161.

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,828,599.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,868,045.
3	Revenue less expenses. Subtract line 2 from line 1	3	960,554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,891,357.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	380,896.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,672,417.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,560,390.

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [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.)

9 [ ] 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.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . [ ]

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,564,660.	7,361,212.	8,817,983.	15,724,060.	13,005,978.	50,473,893.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	5,564,660.	7,361,212.	8,817,983.	15,724,060.	13,005,978.	50,473,893.
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, column (f)						13,391,950.
6 **Public support.** Subtract line 5 from line 4.						37,081,943.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	5,564,660.	7,361,212.	8,817,983.	15,724,060.	13,005,978.	50,473,893.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,217.	18,160.	24,100.	15,222.	7,932.	122,631.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						50,596,524.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 517,021.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 73.29 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 69.46 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test - 2014. 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" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Section 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		

Section 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		

Section D. All Type III Supporting Organizations

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the 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 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		

Section 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 year (****see instructions****):*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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 activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2014**	**(iii) Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

2014

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number 13-3905508

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 951,068.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 2,134,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number 13-3905508

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from 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 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number 13-3905508

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE 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

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . ▶ $

3 Volunteer hours . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ No

4a Was a correction made? . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	152,250.	
c Total lobbying expenditures (add lines 1a and 1b)	152,250.	
d Other exempt purpose expenditures	11,641,277.	
e Total exempt purpose expenditures (add lines 1c and 1d)	11,793,527.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	739,676.	

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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	184,919.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0

j 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	574,231.	640,608.	779,300.	739,676.	2,733,815.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,100,723.
c Total lobbying expenditures	105,000.	506,841.	321,000.	152,250.	1,085,091.
d Grassroots nontaxable amount	143,558.	160,152.	194,825.	184,919.	683,454.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,025,181.
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ________________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________________

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ ________ %

c Temporarily restricted endowment ▶ ________ %

The percentages in 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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,547.	6,934	9,613.
d Equipment		107,947.	72,161	35,786.
e Other		80,081.	36,509	43,572.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				88,971.

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments - Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	135,480.
(3) DEPOSITS	5,300.
(4) PENSION PAYABLE	927.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	141,707.

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,973,608.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-1,854,991.		
e	Add lines **2a** through **2d**			2e	-1,854,991.
3	Subtract line **2e** from line **1**			3	12,828,599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,828,599.

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	12,685,471.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	817,426.		
e	Add lines **2a** through **2d**			2e	817,426.
3	Subtract line **2e** from line **1**			3	11,868,045.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	11,868,045.

Part XIII **Supplemental Information.**

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FIN 48 FOOTNOTE

PART X, LINE 2

FARE BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. FARE RECOGNIZES INTEREST EXPENSE AND PENALTIES ON INCOME TAXES RELATED TO UNCERTAIN TAX POSITIONS IN GENERAL AND ADMINISTRATIVE EXPENSES ON THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS, AND ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION. THERE IS NO PROVISION IN THESE FINANCIAL STATEMENTS FOR PENALTIES AND INTEREST ON INCOME TAXES RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2014. TAX YEARS PRIOR TO 2011 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTIONS OF THE STATE OF NEW YORK AND THE COMMONWEALTH OF VIRGINIA.

RECONCILIATION OF REVENUE

PART XI, LINE 2D

COST OF GOODS SOLD	$23,263
DIRECT FUNDRAISING EXPENSES	$794,163
LOSS FROM EQUITY METHOD REPORTING OF INVESTMENT IN CORPORATION	($2,672,417)

AMOUNT ON LINE 2D	($1,854,991)

RECONCILIATION OF EXPENSES

PART XII, LINE 2D

COST OF GOODS SOLD	$23,263
DIRECT FUNDRAISING EXPENSES	$794,163

Part XIII **Supplemental Information** *(continued)*

AMOUNT ON LINE 2D $817,426

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA		1.	GRANTMAKING		10,755.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		1.			10,755.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1.			10,755.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ►

3 Enter total number of other organizations or entities . . . . ►

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) EDUCATIONAL GRANTS - FOREIGN	NORTH AMERICA	1.	10,755.	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☒ No

Part V Supplemental Information

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

MONITORING THE USE OF GRANT FUNDS

THERE IS A FORMAL GRANT REVIEW PROCESS. ALL DISBURSEMENTS ARE DOCUMENTED.

GRANTEES ARE REQUIRED TO WRITE ANNUAL UPDATES ON THEIR PROGRESS AS WELL

AS GOALS ACHIEVED. FUTURE GRANT AWARDS ARE CONTINGENT UPON ACHIEVEMENT OF

SPECIFIC MILESTONES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 GALA (event type)	(b) Event #2 LUNCH (event type)	(c) Other events 5. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,619,153.	919,774.	1,625,496.	5,164,423.
	2 Less: Contributions	2,479,153.	822,274.	1,472,027.	4,773,454.
	3 Gross income (line 1 minus line 2)	140,000.	97,500.	153,469.	390,969.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	94,320.		87,606.	181,926.
	7 Food and beverages	176,897.	116,316.	156,298.	449,511.
	8 Entertainment	16,750.		25,000.	41,750.
	9 Other direct expenses	73,711.	30,931.	11,794.	116,436.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				789,623.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-398,654.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			70,636.	70,636.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			4,540.	4,540.
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				4,540.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				66,096.

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

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . [X] Yes [ ] No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . [ ] Yes [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	100.0000 %

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

Name ▶ ANNE HORNING

Address ▶ 515 MADISON AVENUE, SUITE 1912 NEW YORK, NY 10022

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . [ ] Yes [X] No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

c If "Yes," enter name and address of the third party:

Name ▶ ______

Address ▶ ______

16 Gaming manager information:

Name ▶ ______

Gaming manager compensation ▶ $ ______

Description of services provided ▶ ______

[ ] Director/officer [ ] Employee [ ] Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . [ ] Yes [X] No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047
2014
Open to Public Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMER ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY 555 E WELLS ST, MILWAUKEE, WI 53202	39-6061326	501(C)(3)	65,000.				GITTIS MEMORIAL
(2) CHILDREN'S HOSPITAL TRUST 401 PARK DR, STE 602 BOSTON, MA 02215	04-2774441	501(C)(3)	8,880.				EDUCATION
(3) LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO, BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	167,000.				FOOD ALLERGY PROJECT
(4) JOHNS HOPKINS UNIVERSITY 1800 ORLEANS ST. BALTIMORE, MD 21287	52-0595110	501(C)(3)	10,000.				MULTI CENTER PILOT STUDY
(5) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	103,921.				RESEARCH & CLIN. ADMIN
(6) STANFORD UNIVERSITY SCHOOL OF MEDICINE 301 RAVENSWOOD DRIVE MENLO PARK, CA 94025	94-1156365	501(C)(3)	105,030.				RESEARCH
(7) ARTRUST 555 EAST WELLS ST. MILWAUKEE, WI 53202	45-1495723	501(C)(3)	137,337.				RESEARCH
(8) NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	419,394.				CONSENSUS STUDY
(9) UNIVERSITY OF CINCINNATI 51 GOODMAN DR, STE 530 CINCINNATI, OH 45221	31-6000989	501(C)(3)	734,986.				RESEARCH
(10) AMER PARTNERSHIP FOR EOSINOPHILIC DISORDERS P.O. BOX 29545 ATLANTA, GA 30359	76-0700153	501(C)(3)	125,731.				EDUCATION
(11) ANAPHYLAXIS AND FOOD ALLERGY ASSOCIATION 2200 HENDON AVE ST. PAUL, MN 55108	05-0585572	501(C)(3)	6,220.				EDUCATION
(12) FOOD ALLERGY AWARENESS COALITION 13125 OAK HILL DR PIEDMONT, OK 73078	46-0552944	501(C)(3)	6,760.				EDUCATION

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2014
Open to Public Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UTAH FOOD ALLERGY NETWORK 1250 LILLIE CIRCLE SALT LAKE CITY, UT 84121	20-8914771	501(C)(3)	8,650.				EDUCATION
(2) WASHINGTON FEAST 8305 31ST AVE NW SEATTLE, WA 98117	26-2003207	501(C)(3)	8,250.				EDUCATION
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY GRANTS	94.	210,516.			
2 LEADERS SUMMIT	34.	12,794.			
3					
4					
5					
6					
7					

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

MONITORING THE USE OF GRANT FUNDS

THERE IS A FORMAL GRANT REVIEW PROCESS. ALL DISBURSEMENTS ARE DOCUMENTED.

GRANTEES ARE REQUIRED TO WRITE ANNUAL UPDATES ON THEIR PROGRESS AS WELL

AS GOALS ACHIEVED. FUTURE GRANT AWARDS ARE CONTINGENT UPON ACHIEVEMENT OF

SPECIFIC MILESTONES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 in 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 X Written employment contract ☐ Independent compensation consultant X Compensation survey or study ☐ Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported in 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**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN LEHR	(i)	206,888.	75,000.	124,313.	8,466.	8,440.	423,107.	0
CEO - THROUGH 8/16/14	(ii)	0	0	0	0	0	0	0
2 VERONICA LAFEMINA	(i)	157,383.	23,250.	0	15,441.	7,973.	204,047.	0
VP OF COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
3 MARY JANE MARCHISOTTO	(i)	230,161.	71,250.	0	8,906.	6,312.	316,629.	0
SENIOR VP OF RESEARCH	(ii)	0	0	0	0	0	0	0
4 GEORGE DAHLMAN	(i)	120,141.	18,050.	0	4,269.	17,046.	159,506.	0
VP OF ADVOCACY	(ii)	0	0	0	0	0	0	0
5 DONNA MCKELVEY	(i)	179,950.	0	0	5,381.	122.	185,453.	0
SR. VP DEVELOPMENT	(ii)	0	0	0	0	0	0	0
6 ANNE HORNING	(i)	134,506.	13,325.	0	9,477.	1,550.	158,858.	0
DIRECTOR OF SPECIAL EVENTS	(ii)	0	0	0	0	0	0	0
7 MICHAEL SPIGLER	(i)	142,867.	15,750.	0	4,797.	20,011.	183,425.	0
VP OF EDUCATION	(ii)	0	0	0	0	0	0	0
8 JAMES BAKER JR.	(i)	208,151.	0	0	6,250.	1,114.	215,515.	0
CEO - EFFECTIVE 8/1/14	(ii)	0	0	0	0	0	0	0
9 IRVING A. ALEXANDER, II	(i)	194,172.	40,000.	0	6,921.	14,286.	255,379.	0
CFO	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

BONUS PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES ARE PROVIDED TO ENSURE THAT KEY EMPLOYEES WHO PERFORM WELL ARE RECOGNIZED FOR THEIR PERFORMANCE AND RETAINED BY FARE. THE PERFORMANCE OF THESE EMPLOYEES WAS REVIEWED BY MANAGEMENT, INCLUDING THE CEO, AND BONUSES WERE AWARDED APPROPRIATELY.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

JOHN LEHR SEPARATED FROM FARE AND WAS PAID $124,313 IN SEVERANCE DURING 2014.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2014
Open To Public Inspection

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		109.	FMV
5 Clothing and household goods	X		7,870.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7.	125,970.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(ATCH 1)		150.	66,539.	
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FITNESS/GYM	X	23.	10,343.	FMV
FASHION/BEAUTY PACKAGES	X	55.	24,995.	FMV
FOOD/RESTAURANT GIFT CERT	X	21.	1,826.	FMV
SPORTS/SHOWS	X	4.	1,601.	FMV
VACATION PACKAGES	X	4.	4,800.	FMV
JEWELRY	X	18.	18,541.	FMV
OTHER MISCELLANEOUS	X	25.	4,433.	FMV
TOTALS		150.	66,539.	

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

RECONCILIATION OF NET ASSETS: OTHER CHANGE IN NET ASSETS

PART XI, LINE 9

NET LOSS FROM ACTIVITY REPORTED USING EQUITY METHOD FOR INVESTMENT IN CORPORATION: ($2,672,417)

OFFICER COMPENSATION

PART VI, SECTION B, LINE 15

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

GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ANY OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

BOARD REVIEW OF THE FORM 990

PART VI, LINE 11B

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

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

ALL STAFF, BOARD MEMBERS, OFFICERS AND TRUSTEES ANNUALLY SIGN A FOOD

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

ALLERGY RESEARCH & EDUCATION MANAGEMENT AND STAFF DISCLOSURE STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND IT, AND HAVE AGREED TO COMPLY WITH THE POLICY. IF A CONFLICT OF INTEREST IS DISCLOSED, THE AFFECTED PARTY WILL DISCUSS THE ISSUE WITH THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS WILL DISCUSS THE ISSUES, CONSULT AN ATTORNEY IF NECESSARY, AND TAKE APPROPRIATE ACTION. APPROPRIATE DISCIPLINARY ACTION WILL BE IMPOSED AGAINST ANY PERSON VIOLATING THE POLICY.

ATTACHMENT 1

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

FOOD ALLERGY RESEARCH & EDUCATION (FARE) IS THE NATION'S LEADING ADVOCACY ORGANIZATION WORKING ON BEHALF OF THE 15 MILLION AMERICANS WITH FOOD ALLERGIES, INCLUDING ALL THOSE AT RISK FOR LIFE-THREATENING ANAPHYLAXIS. FARE'S MISSION IS TO IMPROVE THE QUALITY OF LIFE AND THE HEALTH OF INDIVIDUALS WITH FOOD ALLERGIES, AND TO PROVIDE THEM HOPE THROUGH THE PROMISE OF NEW TREATMENTS. OUR WORK IS ORGANIZED AROUND THREE CORE TENETS: LIFE - SUPPORT THE ABILITY OF INDIVIDUALS WITH FOOD ALLERGIES TO LIVE SAFE, PRODUCTIVE LIVES WITH THE RESPECT OF OTHERS THROUGH OUR EDUCATION AND ADVOCACY INITIATIVES; HEALTH - ENHANCE THE HEALTHCARE ACCESS OF INDIVIDUALS WITH FOOD ALLERGIES TO STATE-OF-THE-ART DIAGNOSIS AND TREATMENT; AND HOPE - ENCOURAGE AND FUND RESEARCH IN BOTH INDUSTRY AND ACADEMIA THAT PROMISES NEW THERAPIES TO IMPROVE THE ALLERGIC CONDITION.

ATTACHMENT 2

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

ATTACHMENT 2 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESEARCH:

IN 4Q 2014, ASKED LEADING SITES AROUND THE COUNTRY IF THEY WANTED TO APPLY FOR THE FARE CLINICAL NETWORK ('FCN'). FOLLOWING A VERY STRONG RESPONSE, APPLICANTS WERE ASKED TO SUBMIT THEIR APPLICATIONS IN 1Q 2015. FARE EXPECTS THAT MEMBERS OF THE FARE CLINICAL NETWORK WILL SERVE AS SITES FOR CLINICAL TRIALS FOR THE DEVELOPMENT OF NEW THERAPEUTICS AND WILL DEVELOP BEST PRACTICES FOR THE CARE OF PATIENTS WITH FOOD ALLERGIES. FARE ALSO EXPECTS THAT THE FCN WILL ALSO ADVANCE COLLABORATION IN THE FIELD AS MEMBER CENTERS WILL CONTRIBUTE TO THE DEVELOPMENT OF A NATIONAL FOOD ALLERGY PATIENT REGISTRY AND BIOREPOSITORIES.

NEW INVESTIGATOR AND MID-CAREER AWARDS

IN 3Q 2014, FARE ANNOUNCED AN RFP PROCESS AIMED AT ATTRACTING GIFTED EARLY AND MID-CAREER INVESTIGATORS TO THE FIELD OF FOOD ALLERGY. FARE BELIEVES THAT THESE AWARDS ARE AN IMPORTANT STEP TOWARD MARKEDLY INCREASING THE NUMBER OF INVESTIGATORS WORKING IN THE FIELD. THE INAUGURAL FARE INVESTIGATOR IN FOOD ALLERGY AWARDS WILL BE AWARDED AND FUNDED IN 2015.

FARE BEGAN FUNDING THE FOLLOWING NEW RESEARCH STUDIES IN 2014:

A) INSTITUTE OF MEDICINE STUDY: FOOD ALLERGIES: GLOBAL BURDEN, CAUSES, TREATMENT, PREVENTION, AND PUBLIC POLICY (CONSENSUS STUDY)

Name of the organization: FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number: 13-3905508

ATTACHMENT 2 (CONT'D)

FARE INITIATED THIS PROJECT WITH THE INSTITUTE OF MEDICINE AND IS THE LEAD SPONSOR OF THIS IMPORTANT STUDY. FARE SPENT MORE THAN TWO YEARS PRIOR TO THE STUDY'S LAUNCH WORKING WITH THE INSTITUTE OF MEDICINE TO ORGANIZE THE TOPICS TO BE EXPLORED, TO HELP IDENTIFY MEMBERS OF THE EXPERT PANEL THAT WILL BE EXAMINING THE ISSUES AND TO NOMINATE INDIVIDUALS TO THE VOLUNTEER PATIENT ADVISORY PANEL. IMPORTANTLY, FARE ALSO WORKED TO SECURE A DIVERSE ARRAY OF CO-SPONSORS TO PROVIDE FUNDING SUPPORT FOR THE STUDY. CO-SPONSORS OF THE CONSENSUS STUDY INCLUDE THE NATIONAL INSTITUTES OF HEALTH, THE U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE, THE U.S. FOOD AND DRUG ADMINISTRATION, INDUSTRY GROUPS AND PATIENT GROUPS. FARE FUNDING TOOK PLACE IN DECEMBER 2014.

WHEN COMPLETED, THIS STUDY WILL SERVE AS A COMPREHENSIVE REPORT ON THE STATE OF FOOD ALLERGY IN THE U.S. AND WILL HELP RAISE AWARENESS AND PROVIDE ESSENTIAL INFORMATION TOWARD GUIDING FUTURE EDUCATION, ADVOCACY AND RESEARCH EFFORTS. AMONG THE KEY QUESTIONS BEING CONSIDERED BY THE CONSENSUS STUDY COMMITTEE:

1) WHY ARE FOOD ALLERGIES MORE COMMON TODAY THAN IN THE PAST? WHAT ARE THE IMPLICATIONS OF CURRENT TRENDS IN PREVALENCE?

2) WHAT ARE THE KEY PRENATAL/EARLY LIFE DETERMINANTS OF FOOD ALLERGY?

3) WHY ARE SOME INDIVIDUALS ALLERGIC TO A SINGLE ALLERGEN WHILE OTHERS TO MULTIPLE ALLERGENS?

ATTACHMENT 2 (CONT'D)

4) ARE THERE WAYS TO IMPROVE DIAGNOSIS?

5) WHAT RESEARCH GAPS NEED TO BE FILLED IN ORDER TO PROVIDE BETTER GUIDANCE TO HEALTHCARE PROVIDERS AND POLICY-MAKERS?

B) FRED D. FINKELMAN, MCDONALD PROFESSOR OF MEDICINE, PROFESSOR OF PEDIATRICS, U. OF CINCINNATI COLLEGE OF MEDICINE

STUDY: RAPID SUPPRESSION OF FOOD ALLERGY WITH ANTI-FCERIA ANTIBODY

SUMMARY: DR. FINKELMAN'S GROUP AT THE UNIVERSITY OF CINCINNATI AND CINCINNATI CHILDREN'S HOSPITAL PUBLISHED A PAPER IN THE JUNE, 2013 ISSUE OF THE JACI THAT DESCRIBES A NOVEL APPROACH FOR SUPPRESSING IGE-MEDIATED ALLERGY: RAPID DESENSITIZATION WITH AN ANTIBODY TO THE HIGH AFFINITY IGE RECEPTOR, FC EPSILON RI. THE PAPER SHOWED THAT THIS APPROACH COULD COMPLETELY SUPPRESS IGE-MEDIATED ANAPHYLAXIS IN MICE AND THAT IT WAS LONGER LASTING AND LESS LIKELY TO BE ASSOCIATED WITH SIDE EFFECTS THAN RAPID DESENSITIZATION WITH AN ALLERGEN.

THE GOAL OF THIS PROPOSAL IS TO ADAPT THIS APPROACH TO PEOPLE WHO HAVE IGE-MEDIATED DISEASE, ON MAKING IT WORK MORE RAPIDLY (HOURS INSTEAD OF DAYS) AND ON MAKING IT EVEN SAFER. THE APPROACH INVOLVES GENERATING AND MODIFYING ANTIBODIES TO HUMAN FC EPSILON RI AND TESTING THEM IN 2 SETS OF HUMANIZED MICE, ONE THAT EXPRESSES HUMAN FC EPSILON RI INSTEAD OF MOUSE FC EPSILON RI; THE OTHER THAT GENERATES HUMAN MAST CELLS, BASOPHILS AND IGE. IF

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ATTACHMENT 2 (CONT'D)

SUCCESSFUL, THIS APPROACH COULD SUPPRESS ALL IGE-MEDIATED DISEASE, INCLUDING IGE-MEDIATED FOOD ALLERGY, MORE RAPIDLY AND COMPLETELY THAN OMALIZUMAB AND WOULD WORK EVEN IN PEOPLE WHO HAVE HIGH LEVELS OF IGE.

C) EMILY MCGOWAN, ARTRUST AWARD RECIPIENT.
STUDY: FOLIC ACID SUPPLEMENTATION: A RISK FACTOR FOR THE DEVELOPMENT OF FOOD ALLERGY?

D) DR. SYLVIA OWUSU-ANSAH - JOHNS HOPKINS
STUDY: DETERMINING THE PRESCRIPTION FILL RATE OF PEDIATRIC PATIENTS DIAGNOSED WITH ANAPHYLAXIS IN THE PEDIATRIC EMERGENCY DEPT.

E) DR. RUCHI GUPTA - LURIE CHILDREN'S HOSPITAL
STUDY: UNDERSTANDING DIFFERENCES IN KNOWLEDGE AND ATTITUDES AROUND FOOD ALLERGY THRESHOLDS AND FOOD

F) DR. RUCHI GUPTA - LURIE CHILDREN'S HOSPITAL
STUDY: RETROSPECTIVE ANALYSIS OF SUBLINGUAL IMMUNOTHERAPY

IN ADDITION, FARE CONTINUED TO FUND ONGOING CLINICAL TRIALS (MILK, PEANUT OIT/SLIT, MULTI FOOD ALLERGENS, WHEAT, WALNUT), OF PROMISING NEW TREATMENTS, AS WELL AS EPIDEMIOLOGICAL AND BASIC RESEARCH.

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ATTACHMENT 2 (CONT'D)

THE RESULTS OF FARE-FUNDED RESEARCH STUDIES WERE PUBLISHED IN LEADING PEER-REVIEWED SCIENTIFIC JOURNALS, INCLUDING ALLERGY & ASTHMA PROCEEDINGS, ANNALS OF ALLERGY AND IMMUNOLOGY, JAMA PEDIATRICS, THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY, AND THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY: IN PRACTICE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION, AWARENESS & COMMUNICATIONS:

FARE CONDUCTED FOOD ALLERGY EDUCATION THROUGH BOTH NATIONAL AND REGIONAL EFFORTS. THESE EDUCATION PROGRAMS PROVIDED VITAL INFORMATION ON PREVENTING AND MANAGING FOOD ALLERGY REACTIONS, INCLUDING THE LIFE-THREATENING REACTION KNOWN AS ANAPHYLAXIS. FARE'S NATIONAL EDUCATION INITIATIVES PROVIDE INFORMATION FOR THOSE LIVING WITH FOOD ALLERGIES, AS WELL AS THOSE WHOSE WORK IS IMPACTED BY FOOD ALLERGIES AND THE PUBLIC.

IN 2014, FARE PROVIDED FREE EDUCATIONAL INFORMATION THROUGH ITS WEBSITE (FOODALLERGY.ORG) AND BLOG, MAINTAINED AN ONGOING MONTHLY WEBINAR SERIES ON A VARIETY OF TOPICS RELATED TO FOOD ALLERGY MANAGEMENT, AND DISTRIBUTED KEY EDUCATIONAL MATERIALS SUCH AS "YOUR FOOD ALLERGY FIELD GUIDE," A COMPREHENSIVE RESOURCE FOR NEWLY DIAGNOSED PATIENTS. FARE ALSO HOSTED ITS ANNUAL TEEN SUMMIT,

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ATTACHMENT 3 (CONT'D)

A NATIONAL GATHERING OF TEENS (AGES 11-22) WITH FOOD ALLERGIES, ALONG WITH THEIR PARENTS AND SIBLINGS; TWO COLLEGE SUMMITS TO CREATE COMPREHENSIVE BEST PRACTICES FOR IDENTIFYING AND SERVING THE NEEDS OF STUDENTS WITH FOOD ALLERGIES IN EVERY ASPECT OF STUDENT LIFE; AND OUR NATIONAL FOOD ALLERGY CONFERENCE AND LEADERS' SUMMIT, WHICH BROUGHT TOGETHER INDIVIDUALS AND FAMILIES MANAGING FOOD ALLERGIES, CAREGIVERS, SCHOOL STAFF, AND HEALTH CARE PROFESSIONALS, GIVING THEM AN OPPORTUNITY TO LEARN ABOUT ADVANCES IN FOOD ALLERGY RESEARCH AND ADVOCACY, BEST PRACTICES AND PRACTICAL SKILLS FOR LIVING WELL WITH FOOD ALLERGIES. FARE ALSO CONVENED FOOD ALLERGY EXPERTS, EMERGENCY PHYSICIANS, PARAMEDICS AND EMTS, EMERGENCY MEDICINE EDUCATORS, POLICYMAKERS AND ADVOCATES FOR THE EMERGENCY MANAGEMENT OF ANAPHYLAXIS SUMMIT IN CHICAGO, OUTCOMES OF WHICH INCLUDED INCLUDE RECOMMENDATIONS FOR RECOGNITION AND TREATMENT OF ANAPHYLAXIS BY PRE-HOSPITAL AND EMERGENCY DEPARTMENT PERSONNEL.

FARE ALSO CONTINUED ITS NATIONAL TRAINING PROGRAMS FOR RESTAURANT WORKERS TO EDUCATE REGARDING SERVING DINERS WITH FOOD ALLERGIES AND LAUNCHED THE SAFEFARE WEBSITE AND DATABASE AS A RESOURCE FOR THE HOSPITALITY INDUSTRY AND DINERS WITH FOOD ALLERGY. FARE'S SAFEFARE PUBLIC AWARENESS CAMPAIGN, LAUNCHED IN APRIL 2014 WITH TV AND RADIO PUBLIC SERVICE ANNOUNCEMENTS STARRING CELEBRITY CHEFS, BROUGHT SIGNIFICANT ATTENTION TO THE UNIQUE ISSUES FOOD ALLERGY FAMILIES FACE WHEN DINING OUT. IN 2014, THESE PUBLIC SERVICE ANNOUNCEMENTS AIRED MORE THAN 63,000 TIMES, GARNERING MORE THAN

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ATTACHMENT 3 (CONT'D)

1.2 MILLION IMPRESSIONS AND MORE THAN $14 MILLION IN TOTAL DONATED MEDIA VALUE. IN ADDITION, THE TV PSA WAS SHOWN ON THE CNN AIRPORT NETWORK, WHICH REACHES TRAVELERS AT MORE THAN 2,100 GATES AT 49 AIRPORTS FROM COAST TO COAST, AND THE CAMPAIGN REACHED 12.4 MILLION ONLINE USERS.

FARE CONTINUED MANAGING A COOPERATIVE AGREEMENT WITH THE CDC WHERE WE CREATED USER-FRIENDLY RESOURCES, TOOLS AND WEBINARS BASED ON THE CDC GUIDELINES.

FARE ALSO PROVIDED COMMUNITY FUNDING AWARDS TO LOCAL FOOD ALLERGY ADVOCATES AND LEADERS TO SUPPORT EDUCATION AND AWARENESS PROGRAMS IN THEIR LOCAL COMMUNITIES. THESE AWARDS SERVED A TOTAL OF NEARLY 1 MILLION PEOPLE IN 30 STATES. IN PARTNERSHIP WITH THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP), FARE CREATED THE NEW ANAPHYLAXIS TOOLKIT, A COMPREHENSIVE RESOURCE TO HELP ANSWER QUESTIONS ABOUT MANAGING LIFE-THREATENING ALLERGIES.

THROUGH OUR PROGRAMS AND OUTREACH TO MEDIA NATIONWIDE, FARE HEIGHTENS AWARENESS OF FOOD ALLERGY AS A SIGNIFICANT AND GROWING PUBLIC HEALTH ISSUE THAT DEMANDS URGENT ATTENTION. IN 2014, FARE'S NATIONAL FARE WALK FOR FOOD ALLERGY PROGRAM BROUGHT TOGETHER SUPPORTERS IN NEARLY 60 COMMUNITIES FOR FAMILY-FRIENDLY EVENTS FOCUSED ON SUPPORTING THE FOOD ALLERGY COMMUNITY'S CAUSE AND INCREASING AWARENESS OF FOOD ALLERGY AS A SERIOUS PUBLIC HEALTH ISSUE.

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IN MAY 2014, FARE ANNOUNCED THE CREATION OF THE FIRST FOOD ALLERGY ACTION MONTH, EXPANDING THE TRADITIONAL AWARENESS WEEK INTO AN ENTIRE MONTH OF ACTIVITIES AND ACTIONS SUPPORTERS COULD TAKE TO HELP INCREASE UNDERSTANDING OF FOOD ALLERGIES AND MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE MANAGING THE DISEASE.

IN OCTOBER 2014, FARE LAUNCHED THE TEAL PUMPKIN PROJECT, A CAMPAIGN DESIGNED TO PROMOTE SAFETY, INCLUSION AND RESPECT OF INDIVIDUALS MANAGING FOOD ALLERGIES - AND TO KEEP HALLOWEEN A FUN, POSITIVE EXPERIENCE FOR ALL. RESONATING WITH COMMUNITIES ACROSS THE COUNTRY AND AROUND THE WORLD, THE TEAL PUMPKIN PROJECT REACHED NEARLY 7 MILLION PEOPLE ON SOCIAL MEDIA, WAS COVERED IN MORE THAN 800 MEDIA OUTLETS, AND GARNERED PARTICIPATION FROM ALL 50 STATES, WASHINGTON, D.C., PUERTO RICO AND IN SIX OTHER COUNTRIES.

FARE'S MEDIA OUTREACH EFFORTS RESULTED IN COVERAGE IN MORE THAN 1,900 MEDIA OUTLETS THROUGHOUT THE YEAR. IN THE DIGITAL SPACE, FARE'S AWARD-WINNING WEBSITE RECEIVED MORE THAN 2.5 MILLION VISITS IN 2014, FARE'S BIMONTHLY E-NEWSLETTER REACHED MORE THAN 130,000 SUBSCRIBERS, AND FARE'S GROWING SOCIAL MEDIA PRESENCE CONTINUED TO REACH TENS OF THOUSANDS OF USERS WITH IMPORTANT INFORMATION ABOUT FOOD ALLERGIES.

IN 2014, FARE ISSUED 154 ALLERGY ALERTS, WHICH PROVIDE INFORMATION ABOUT MISLABELED OR RECALLED FOOD, AND 11 INGREDIENT NOTICES, WHICH ARE ADVANCE NOTIFICATIONS OF INGREDIENT CHANGES FROM FOOD

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ATTACHMENT 3 (CONT'D)

COMPANIES. FOR FOOD ALLERGY FAMILIES, THIS IS CRITICAL INFORMATION TO RECEIVE IN ORDER TO PREVENT INADVERTENT REACTIONS.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ADVOCACY AND PUBLIC POLICY:

FARE DEVOTED RESOURCES TO ADDRESSING A RANGE OF PUBLIC POLICY ISSUES THAT AFFECT AMERICANS WITH FOOD ALLERGIES AND THE ENTITIES THAT SERVE THEM. FARE HAS PROVIDED INFORMATION AND SUBJECT MATTER EXPERTISE TO THE FOOD AND DRUG ADMINISTRATION AND NATIONAL INSTITUTES OF HEALTH, SUPPORTED AND HELPED INITIATE A CONSENSUS PANEL ON FOOD ALLERGY AT THE INSTITUTE OF MEDICINE. FARE ALSO CONVENED A COALITION GROUP OF PATIENT ADVOCACY ORGANIZATIONS REGARDING THE STEPS THAT THE AIRLINE INDUSTRY CAN TAKE TO BETTER ACCOMMODATE PASSENGERS WITH FOOD ALLERGIES. FARE CONTINUES TO LEAD THIS COALITION EFFORT, AND HAS WORKED WITH COALITION PARTNERS TO DEVELOP THE KEY PRIORITIES WE WILL WORK TO ADDRESS VIA DIRECT WORK WITH AIRLINES, FEDERAL LEGISLATION, AND OTHER REGULATORY POLICY AVENUES. AT THE STATE LEVEL, FARE HAS BEEN INTEGRAL TO THE PASSAGE OF LAWS THAT ALLOW OR REQUIRE SCHOOLS TO STOCK AUTO-INJECTABLE EPINEPHRINE IN 46 STATES, AS WELL AS 16 STATES THAT NOW ALLOW PUBLIC-SERVING ENTITIES TO STOCK THIS LIFESAVING MEDICATION AS WELL. FARE ALSO HELPED PASS LAWS TO STRENGTHEN RESTAURANT PREPAREDNESS IN FOOD ALLERGIES IN VIRGINIA AND MICHIGAN.

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ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL,AR,CA,CO,CT,

FL,GA,IL,KS,KY,ME,MD,MA,MI,

MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI,SC,UT,VA,WA,WV,WI,

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DATAPRISE INC. 9600 BLACKWELL RD, 4TH FLR ROCKVILLE, MD 20850	IT SUPPORT	210,557.
COLORNET PRINTING & GRAPHICS 22570 GLENN DR. STERLING, VA 20164	COPY AND PRINTING	463,258.
BANK OF AMERICA BUSINESS CARD P.O. BOX 15796 WILMINGTON, DE 19886	FINANCIAL SERVICES	479,848.
AMERICAN EXPRESS P.O. BOX 360001 FT. LAUDERDALE, FL 33336	FINANCIAL SERVICES	392,840.
PS BUSINESS PARKS P.O. BOX 535011 ATLANTA, GA 35350	RENT	203,464.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
FUNDRAISING	4,773,454.
TOTAL	4,773,454.

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ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING	390,969.	789,623.	-398,654.
TOTALS	390,969.	789,623.	-398,654.

ATTACHMENT 9

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	41,946.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	23,263.
SUBTOTAL	23,263.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	23,263.