

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC.			D Employer identification number 13-3905508	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return	Doing Business As		E Telephone number (703) 691-3179		
	<input type="checkbox"/>	Terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7925 JONES BRANCH DRIVE 1100		G Gross receipts \$ 17,675,921.		
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22102-5303		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/>	Application pending	F Name and address of principal officer: JAMES BAKER, MD, INTERIM CEO 7925 JONES BRANCH DRIVE MCLEAN, VA 22102-5303		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	If "No," attach a list. (see instructions)		
J Website: ▶ WWW.FOODALLERGY.ORG							
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	L Year of formation: 1998 M State of legal domicile: NY	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	72.
6	Total number of volunteers (estimate if necessary)	6	250.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,817,983.	15,724,060.
9	Program service revenue (Part VIII, line 2g)	0	315,365.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,867.	11,361.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-569,752.	-549,718.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,312,098.	15,501,068.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,883,018.	2,152,722.
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)	1,996,972.	5,508,423.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,478,742.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,350,862.	4,924,863.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,230,852.	12,586,008.
19	Revenue less expenses. Subtract line 18 from line 12	-918,754.	2,915,060.
20	Total assets (Part X, line 16) PUBLIC INSPECTION COPY	13,469,351.	14,109,091.
21	Total liabilities (Part X, line 26)	7,070,563.	6,217,734.
22	Net assets or fund balances. Subtract line 21 from line 20	6,398,788.	7,891,357.

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
	<i>CFO</i>	9/12/14
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DANIEL D O'SHEA	Preparer's signature	Date 9/12/14	Check <input type="checkbox"/> if self-employed	PTIN P00957510
	Firm's name ▶ WATKINS MEEGAN LLC	Firm's EIN ▶ 52-1297695		Phone no. 301-654-7555	
	Firm's address ▶ 6720B ROCKLEDGE DRIVE SUITE 750 BETHESDA, MD 20817				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 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 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 \$ 3,130,277. including grants of \$ 2,115,995.) (Revenue \$ _____)

ATTACHMENT 2

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

ATTACHMENT 3

4c (Code: _____) (Expenses \$ 1,009,109. including grants of \$ _____) (Revenue \$ _____)

ATTACHMENT 4

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

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

4e Total program service expenses **▶** 9,260,855.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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	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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		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	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	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		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)		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	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	X	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Main form body containing questions 1a through 14b with Yes/No columns and input fields for numbers and text.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a shaded column. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 4 columns: Question, Yes, No, and a shaded column. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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, physical address, and telephone number of the person who possesses the books and records of the organization: IRVIN A. ALEXANDER, III, CPA, CFO 7925 JONES BRANCH DRIVE MCLEAN, VA 22102 703-691-3179

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET ATWATER VICE CHAIR & SECRETARY	1.00	X		X				0	0	0
(2) JULIE BIRKEY DIRECTOR	1.00	X						0	0	0
(3) DAVID BUNNING DIRECTOR	1.00	X						0	0	0
(4) LESLIE CORNFELD DIRECTOR	1.00	X						0	0	0
(5) TRACEY DOI DIRECTOR	1.00	X						0	0	0
(6) ANDREW GILMAN DIRECTOR	1.00	X						0	0	0
(7) JOHN HANNAN DIRECTOR	1.00	X						0	0	0
(8) DAVID JAFFE TREASURER	1.00	X		X				0	0	0
(9) MICHAEL LADE DIRECTOR	1.00	X						0	0	0
(10) REBECCA LAINOVIC DIRECTOR	1.00	X						0	0	0
(11) JOHN LEHR CHIEF EXECUTIVE OFFICER	40.00	X		X			324,479.	0	17,489.	0
(12) SHARYN MANN DIRECTOR	1.00	X						0	0	0
(13) ADAM MILLER DIRECTOR	1.00	X						0	0	0
(14) ROBERT NICHOLS DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CHUCK PATERAKIS DIRECTOR	1.00	X					0	0	0	
16) AMIE RAPPOPORT MCKENNA DIRECTOR	1.00	X					0	0	0	
17) TODD SLOTKIN CHAIRMAN	1.00	X		X			0	0	0	
18) MARIA ACEBAL DIRECTOR	1.00	X					0	0	0	
19) JOE IANNIELLO DIRECTOR	1.00	X					0	0	0	
20) MARY WEISER DIRECTOR	1.00	X					0	0	0	
21) CHRISTINA FANNING CFO - THROUGH 1/16/13	40.00			X			15,292.	0	214.	
22) IRVIN A. ALEXANDER, III CFO - EFFECTIVE 2/11/13	40.00			X			176,064.	0	14,428.	
23) MARY JANE MARCHISOTTO SENIOR VP OF RESEARCH	40.00				X		223,952.	0	14,362.	
24) JULIANNE PUZZO SR. VP DEVELOPMENT	40.00				X		197,673.	0	21,694.	
25) VERONICA LAFEMINA VP OF COMMUNICATIONS	40.00					X	154,485.	0	9,825.	
1b Sub-total							324,479.	0	17,489.	
c Total from continuation sheets to Part VII, Section A							1,237,480.	0	125,757.	
d Total (add lines 1b and 1c)							1,561,959.	0	143,246.	

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 **10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **5**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) GEORGE DAHLMAN VP OF ADVOCACY	40.00					X		123,286.	0	19,806.
27) BARBARA ROSENSTEIN DIRECTOR OF COMMUNICATIONS	40.00					X		115,146.	0	12,140.
28) ANNE HORNING DIRECTOR OF SPECIAL EVENTS	40.00					X		119,766.	0	5,546.
29) JENNIFER JOBRACK DIRECTOR OF ADVOCACY	40.00					X		111,816.	0	27,742.
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 **▶ 10**

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

Section B. Independent Contractors

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

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

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					
	1b	Membership dues	395,105.				
	1c	Fundraising events	5,072,289.				
	1d	Related organizations					
	1e	Government grants (contributions)	206,559.				
	1f	All other contributions, gifts, grants, and similar amounts not included above	10,050,107.				
	g	Noncash contributions included in lines 1a-1f: \$	1,229,037.				
	h	Total. Add lines 1a-1f	15,724,060.				
Program Service Revenue	2a	EDUCATIONAL PROGRAMS	900099	315,365.	315,365.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		315,365.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,222.		15,222.	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,121,871.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	1,125,732.				
c	Gain or (loss)	-3,861.					
d	Net gain or (loss)		-3,861.		-3,861.		
8a	Gross income from fundraising events (not including \$ 5,072,289. of contributions reported on line 1c). See Part IV, line 18	ATCH 7 a	365,540.				
b	Less: direct expenses	b	1,007,743.				
c	Net income or (loss) from fundraising events	ATCH 8 .		-642,203.		-642,203.	
9a	Gross income from gaming activities. See Part IV, line 19	a	50,901.				
b	Less: direct expenses	b	4,315.				
c	Net income or (loss) from gaming activities			46,586.		46,586.	
10a	Gross sales of inventory, less returns and allowances	a	71,245.				
b	Less: cost of goods sold	ATCH 9 .	37,063.				
c	Net income or (loss) from sales of inventory			34,182.	34,182.		
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	900099	11,717.	11,717.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		11,717.				
12	Total revenue. See instructions		15,501,068.	361,264.		-584,256.	

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 governments and organizations in the United States. See Part IV, line 21	1,906,556.	1,906,556.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	36,727.	36,727.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	209,439.	209,439.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,231,897.	563,980.	130,102.	537,815.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,514,508.	2,604,081.	266,749.	643,678.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,466.	30,300.	1,668.	6,498.
9 Other employee benefits	396,595.	294,701.	39,172.	62,722.
10 Payroll taxes	326,957.	223,237.	24,951.	78,769.
11 Fees for services (non-employees):				
a Management	0			
b Legal	50,364.	16,343.	14,545.	19,476.
c Accounting	113,175.	36,725.	32,685.	43,765.
d Lobbying	321,000.	321,000.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	916,557.	626,249.	76,434.	213,874.
12 Advertising and promotion	498,798.	466,438.	922.	31,438.
13 Office expenses	1,249,101.	782,899.	99,505.	366,697.
14 Information technology	484,071.	348,278.	20,142.	115,651.
15 Royalties	0			
16 Occupancy	405,517.	216,346.	85,836.	103,335.
17 Travel	378,770.	209,490.	16,276.	153,004.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	354,108.	299,180.	2,781.	52,147.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	41,702.	19,957.	12,043.	9,702.
23 Insurance	77,979.	41,053.	13,714.	23,212.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. EXPENSES	33,721.	7,876.	8,886.	16,959.
b -----				
c -----				
d -----				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,586,008.	9,260,855.	846,411.	2,478,742.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	2,144,192.		714,731.

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	8,360,205.	1	3,848,880.
	2 Savings and temporary cash investments	1,450,646.	2	5,483,713.
	3 Pledges and grants receivable, net	1,704,084.	3	1,678,653.
	4 Accounts receivable, net	34,862.	4	309,110.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	761,250.	7	0
	8 Inventories for sale or use	55,487.	8	47,743.
	9 Prepaid expenses and deferred charges	366,515.	9	149,729.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 347,087.		
	b Less: accumulated depreciation	10b 220,950.	10c	126,137.
	11 Investments - publicly traded securities	58,895.	11	860.
	12 Investments - other securities. See Part IV, line 11	500,000.	12	2,442,026.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	29,211.	15	22,240.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,469,351.	16	14,109,091.	
Liabilities	17 Accounts payable and accrued expenses	355,431.	17	1,165,866.
	18 Grants payable	6,579,755.	18	4,880,692.
	19 Deferred revenue	0	19	1,500.
	20 Tax-exempt bond liabilities	0	20	0
	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	135,377.	25	169,676.
	26 Total liabilities. Add lines 17 through 25	7,070,563.	26	6,217,734.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,524,614.	27	3,337,330.
	28 Temporarily restricted net assets	4,874,174.	28	4,554,027.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,398,788.	33	7,891,357.	
34 Total liabilities and net assets/fund balances	13,469,351.	34	14,109,091.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,501,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,586,008.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,915,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,398,788.
5	Net unrealized gains (losses) on investments	5	-29.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-639,327.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-783,135.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,891,357.

Part XII Financial Statements and Reporting

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: **FOOD ALLERGY RESEARCH & EDUCATION, INC.**
Employer identification number: **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 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,191,086.	5,564,660.	7,361,212.	8,817,983.	15,724,060.	44,659,001.
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.	7,191,086.	5,564,660.	7,361,212.	8,817,983.	15,724,060.	44,659,001.
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).						13,476,707.
6 Public support. Subtract line 5 from line 4.						31,182,294.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,191,086.	5,564,660.	7,361,212.	8,817,983.	15,724,060.	44,659,001.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,362.	57,217.	18,160.	24,100.	15,222.	236,061.
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 IV.)						0
11 Total support. Add lines 7 through 10						44,895,062.
12 Gross receipts from related activities, etc. (see instructions)				12		420,949.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	69.46%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	57.91%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

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 **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 of Contributors

2013

▶ **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.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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	----- ----- -----	\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,102,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 370,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 912,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (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
6	9,621 SHARES OF CAREFUSION CORP STOCK	\$ 374,245.	11/21/2013
6	5,682 SHARES OF JOHNSON & JOHNSON STOCK	\$ 538,481.	11/26/2013
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----

Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number
13-3905508

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

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)	321,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	321,000.													
d	Other exempt purpose expenditures	12,265,008.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,586,008.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	779,300.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	194,825.													
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

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

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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			
2 a 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

FOOD ALLERGY RESEARCH & EDUCATION, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 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...

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.

Table with 2 columns: Amounts. Rows include: 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) Revenues 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 Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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:

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" 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.	4,238.	12,309.
d Equipment		152,770.	88,884.	63,886.
e Other		177,770.	127,828.	49,942.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). ▶				126,137.

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) 2,982,570 SHARES OF ARC	2,442,026.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,442,026.	

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	137,808.
(3) DEPOSITS	4,800.
(4) PENSION PAYABLE	27,068.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	169,676.

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

Part XIII Supplemental Information (continued)

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, 2013. TAX YEARS PRIOR TO 2010 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTIONS OF THE STATE OF NEW YORK AND THE COMMONWEALTH OF VIRGINIA.

PART XI, LINE 2D

COST OF GOODS SOLD	\$37,063
DIRECT FUNDRAISING EXPENSES	1,012,058
LOSS FROM EQUITY METHOD REPORTING	
OF INVESTMENT IN CORPORATION	(783,135)

AMOUNT ON LINE 2D	\$265,986

Part XIII Supplemental Information (continued)

PART XII, LINE 2D

COST OF GOODS SOLD \$37,063

DIRECT FUNDRAISING EXPENSES \$1,012,058

AMOUNT ON LINE 2D \$1,049,121

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

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? 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) EUROPE			GRANTMAKING		209,439.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					209,439.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					209,439.

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

Schedule F (Form 990) 2013

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3E1274 1.000

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)			EUROPE/ICELAND/GREENLAND	RESEARCH	209,439.	WIRE			
(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. 1.

3 Enter total number of other organizations or entities. 1.

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)							
(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).* 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).* 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).

PART I, LINE 2

THERE IS A FORMAL GRANT REVIEW PROCESS. ALL DISBURSEMENTS ARE DOCUMENTED.
GRANTEES ARE REQUIRED TO WRITE ANNUAL UPDATES ON THEIR PROGRESS AS WELL
AS GOALS ACHIEVED. FUTURE GRANT AWARDS ARE CONTINGENT UPON ACHIEVEMENT OF
SPECIFIC MILESTONES.

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	(b) Event #2	(c) Other events	(d) Total events	
		GALA	LUNCH	4.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,927,745.	879,062.	1,631,022.	5,437,829.
	2	Less: Contributions	2,752,745.	781,562.	1,537,982.	5,072,289.
	3	Gross income (line 1 minus line 2)	175,000.	97,500.	93,040.	365,540.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	223,520.	55,000.	38,701.	317,221.
	7	Food and beverages	238,380.	82,975.	123,080.	444,435.
	8	Entertainment	50,000.			50,000.
	9	Other direct expenses	109,543.	74,839.	11,705.	196,087.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-642,203.

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))	
		1	Gross revenue			50,901.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			4,315.	4,315.
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	X Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					4,315.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					46,586.

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

a Is the organization licensed to operate 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 operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated 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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to 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

2013

**Open to Public
Inspection**

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. 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)	128,279.				GITTIS MEMORIAL
(2) LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO, BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	67,947.				FOOD ALLERGY PROGRAM
(3) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	825,423.				FOOD ALLERGY PROGRAM
(4) STANFORD UNIVERSITY SCHOOL OF MEDICINE 301 RAVENSWOOD DRIVE MENLO PARK, CA 94025	94-1156365	501(C)(3)	122,070.				RESEARCH
(5) UNIVERSITY OF CHICAGO 924 EAST 57TH ST, R120, CHICAGO, IL 60637	36-2177139	501(C)(3)	153,800.				RESEARCH
(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 5

3 Enter total number of other organizations listed in the line 1 table 5

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

Schedule I (Form 990) (2013)

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.

1	(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
2	COMMUNITY GRANTS	13.	29,171.			
3	SUPPORT GROUP GRANTS	31.	6,156.			
4	LEADERS SUMMIT	1.	400.			
5	TEEN SUMMIT	3.	1,000.			
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.

PART I, LINE 2

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

GRANTEES ARE REQUIRED TO WRITE ANNUAL UPDATES ON THEIR PROGRESS AS WELL AS GOALS ACHIEVED. FUTURE GRANT AWARDS ARE CONTINGENT UPON ACHIEVEMENT OF SPECIFIC MILESTONES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

Part I Questions Regarding Compensation

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

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

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?

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

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

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

Only section 501(c)(3) and 501(c)(4) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN LEHR	324,479.	0	0	8,463.	9,026.	341,968.	
1 CHIEF EXECUTIVE OFFICER							
2 VERONICA LAFEMINA	154,485.	0	0	969.	8,856.	164,310.	
2 VP OF COMMUNICATIONS							
3 MARY JANE MARCHISOTTO	223,952.	0	0	4,310.	10,052.	238,314.	
3 SENIOR VP OF RESEARCH							
4 IRVIN A. ALEXANDER, III	176,064.	0	0		14,428.	190,492.	
4 CFO - EFFECTIVE 2/11/13							
5 JULIANNE PUZZO	197,673.	0	0	5,756.	15,938.	219,367.	
5 SR. VP DEVELOPMENT							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

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.

**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

2013

**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	X	1.	1,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,300.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6.	1,125,761.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
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)		135.	99,976.	
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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, 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?		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?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

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

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
JEWELRY	X	3.	18,500.	FMV
FASHION/BEAUTY PACKAGES	X	38.	19,580.	FMV
FOOD/RESTAURANT GIFT CERT	X	19.	3,040.	FMV
SPORTS/SHOWS	X	18.	7,473.	FMV
VACATION PACKAGES	X	10.	20,746.	FMV
GYM MEMBERSHIP/PERSONAL T	X	7.	3,661.	FMV
OTHER MISCELLANEOUS	X	19.	12,430.	FMV
FOOD FOR EVENT	X	21.	14,546.	FMV
TOTALS		<u>135.</u>	<u>99,976.</u>	

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

2013

Open to Public
Inspection

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

PART XI, LINE 9

NET LOSS FROM ACTIVITY REPORTED USING EQUITY METHOD FOR INVESTMENT IN
CORPORATION: (\$783,135)

PART VI, SECTION B, LINE 15

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

PART VI, SECTION C, LINE 19

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

PART VI, LINE 11B

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

PART VI, SECTION B, LINE 12C

ALL STAFF, BOARD MEMBERS, OFFICERS AND TRUSTEES ANNUALLY SIGN A FOOD
ALLERGY RESEARCH & EDUCATION MANAGEMENT AND STAFF DISCLOSURE STATEMENT
WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST
POLICY, HAVE READ AND UNDERSTAND IT, AND HAVE AGREED TO COMPLY WITH THE
POLICY. IF A CONFLICT OF INTEREST IS DISCLOSED, THE AFFECTED PARTY WILL
DISCUSS THE ISSUE WITH THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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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 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 FIND A CURE FOR FOOD ALLERGY, AND TO KEEP INDIVIDUALS WITH FOOD ALLERGY SAFE AND INCLUDED. THE ORGANIZATION WORKS TO FULFILL ITS MISSION BY INVESTING IN WORLD-CLASS RESEARCH THAT ADVANCES TREATMENT AND UNDERSTANDING OF THE DISEASE, PROVIDING EVIDENCE-BASED EDUCATION AND RESOURCES, UNDERTAKING ADVOCACY AT ALL LEVELS OF GOVERNMENT, AND INCREASING AWARENESS OF FOOD ALLERGIES AS A SERIOUS PUBLIC HEALTH ISSUE.

ATTACHMENT 2

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

RESEARCH: IN APRIL 2013, FARE BROUGHT TOGETHER MORE THAN 50 LEADING RESEARCHERS, SENIOR GOVERNMENT OFFICIALS, INDUSTRY REPRESENTATIVES, AND FOOD ALLERGY ADVOCATES TO WASHINGTON, DC FOR A RESEARCH RETREAT. BASED ON DISCUSSIONS AT THE RETREAT, FARE CREATED "A VISION AND PLAN FOR FOOD ALLERGY RESEARCH," A COMPREHENSIVE STRATEGIC PLAN FOR ADVANCING RESEARCH. THE PLAN, WHICH WAS RELEASED IN NOVEMBER 2013, SEEKS TO BUILD A DEEP SCIENTIFIC UNDERSTANDING OF THE DISEASE AND TO ACCELERATE THE DEVELOPMENT OF SAFE, PRACTICAL THERAPIES THAT WILL PROTECT ALL

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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 ATTACHMENT 2 (CONT'D)

INDIVIDUALS WITH FOOD ALLERGIES FROM LIFE-THREATENING REACTIONS. BY YEAR-END, FARE ESTABLISHED FOUR EXPERT COMMITTEES, EACH FOCUSED ON MAKING RECOMMENDATIONS TO IMPLEMENT A KEY AREA OF THE PLAN.

FARE FUNDED THREE NEW CLINICAL TRIALS:

- O GIDEON LACK, MD, KINGS COLLEGE LONDON, "DOES A PEANUT, TREE-NUT OR SESAME SEED ALLERGY NECESSITATE THE AVOIDANCE OF ALL NUTS AND SEEDS?"
- O CATHRYN NAGLER, PHD, UNIVERSITY OF CHICAGO, "PROTECTIVE ROLE OF INTESTINAL MICROBIOTA IN FOOD ALLERGY"
- O SARITA U. PATIL, MD, MASSACHUSETTS GENERAL HOSPITAL, "TRACKING ANTIGEN-SPECIFIC B CELL RESPONSES IN PEANUT ORAL IMMUNOTHERAPY," AAAAI/FARE HOWARD GITTIS MEMORIAL FELLOWSHIP/INSTRUCTOR RESEARCH AWARD.

IN ADDITION, FARE CONTINUED TO FUND OTHER CLINICAL TRIALS OF PROMISING NEW TREATMENTS, AS WELL AS EPIDEMIOLOGICAL AND BASIC RESEARCH.

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

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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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 2013, FARE PROVIDED FREE EDUCATIONAL INFORMATION THROUGH ITS VAST WEBSITE (FOODALLERGY.ORG) AND BLOG, A NEW MONTHLY WEBINAR SERIES ON A VARIETY OF TOPICS RELATED TO FOOD ALLERGY MANAGEMENT, AND MATERIALS SUCH AS "YOUR FOOD ALLERGY FIELD GUIDE," A COMPREHENSIVE RESOURCE FOR NEWLY DIAGNOSED PATIENTS. FARE ALSO HOSTED ITS ANNUAL TEEN SUMMIT, A NATIONAL GATHERING OF TEENS (AGES 11-22) WITH FOOD ALLERGIES, ALONG WITH THEIR PARENTS AND SIBLINGS; FOOD INDUSTRY DAY, A CONFERENCE THAT ALLOWED FARE TO EDUCATE FOOD MANUFACTURERS AND GOVERNMENT REPRESENTATIVES ABOUT THE NEEDS OF THOSE WITH FOOD ALLERGIES; AND LEADERS SUMMIT, A NATIONAL CONFERENCE THAT BROUGHT TOGETHER SUPPORT GROUP LEADERS AND OTHER VOLUNTEER ADVOCATES TO SHARE IDEAS AND LEARN FROM ONE ANOTHER. FARE ALSO LAUNCHED, IN PARTNERSHIP WITH THE NATIONAL RESTAURANT ASSOCIATION, A NATIONAL TRAINING PROGRAM FOR RESTAURANT WORKERS ABOUT SERVING DINERS WITH FOOD ALLERGIES, AND CONDUCTED NATIONAL OUTREACH AND EDUCATION EFFORTS IN SUPPORT OF THE CENTERS FOR DISEASE CONTROL & PREVENTION'S "VOLUNTARY GUIDELINES FOR MANAGING FOOD ALLERGIES IN SCHOOLS AND EARLY CARE AND EDUCATION

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ATTACHMENT 3 (CONT'D)

PROGRAMS," WHICH WERE PUBLISHED IN OCTOBER 2013. REGIONALLY, FARE HELD THREE FOOD ALLERGY CONFERENCES IN 2013 THAT EDUCATED A TOTAL OF APPROXIMATELY 500 INDIVIDUALS WITH FOOD ALLERGIES, THEIR FAMILY MEMBERS AND SCHOOL PERSONNEL; PROVIDED TRAINING TO EDUCATORS VIA ITS SAFE@SCHOOL AND ALLERGYREADY.COM PROGRAMS; AND PROVIDED COMMUNITY GRANTS TO LOCAL FOOD ALLERGY ADVOCATES AND LEADERS TO SUPPORT EDUCATION AND AWARENESS PROGRAMS IN THEIR LOCAL COMMUNITIES. THROUGH OUR PROGRAMS AND OUTREACH TO MEDIA NATIONWIDE, FARE HEIGHTENS AWARENESS OF FOOD ALLERGY AS A SIGNIFICANT AND GROWING PUBLIC HEALTH ISSUE THAT DEMANDS URGENT ATTENTION. FARE INTRODUCED MORE THAN 20 NEW SITES TO OUR NATIONAL FARE WALK FOR FOOD ALLERGY PROGRAM IN 2013. THERE ARE NOW MORE THAN 60 OF THESE FAMILY-FRIENDLY EVENTS ACROSS THE COUNTRY BRINGING COMMUNITIES TOGETHER TO SUPPORT THE FOOD ALLERGY CAUSE AND INCREASE AWARENESS OF FOOD ALLERGY AS A SERIOUS PUBLIC HEALTH ISSUE. IN SEPTEMBER 2013, FARE PARTNERED WITH THE DISCOVERY CHANNEL TO SHINE A NATIONAL SPOTLIGHT ON FOOD ALLERGIES AND ANAPHYLAXIS BY PRODUCING A ONE-HOUR DOCUMENTARY ON FOOD ALLERGIES, "AN EMERGING EPIDEMIC: FOOD ALLERGIES IN AMERICA," NARRATED BY STEVE CARELL. DURING FOOD ALLERGY AWARENESS WEEK IN MAY, FARE LAUNCHED THE "IT'S NOT A JOKE" PSA CAMPAIGN, WHICH IS DESIGNED TO INCREASE AWARENESS ABOUT FOOD ALLERGY BULLYING AMONG PARENTS AND TEENS WITHOUT FOOD ALLERGIES. FARE'S MEDIA OUTREACH EFFORTS RESULTED IN COVERAGE IN MORE THAN 400 MEDIA OUTLETS THROUGHOUT THE YEAR. IN THE DIGITAL SPACE, FARE'S AWARD-WINNING WEBSITE RECEIVED MORE THAN 1.1 MILLION VISITS IN 2013, AND FARE'S GROWING SOCIAL

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ATTACHMENT 3 (CONT'D)

MEDIA PRESENCE CONTINUED TO REACH TENS OF THOUSANDS OF USERS WITH IMPORTANT INFORMATION ABOUT FOOD ALLERGIES.

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 IMPACT AMERICANS WITH FOOD ALLERGIES. AT THE FEDERAL LEVEL, FARE HAS BEEN A LEADER IN GENERATING INCREASES IN FUNDING FOR FOOD ALLERGY RESEARCH, PARTICULARLY AT THE NATIONAL INSTITUTES OF HEALTH, AND CHAMPIONED THE SUCCESSFUL PASSAGE OF THE SCHOOL ACCESS TO EMERGENCY EPINEPHRINE ACT, PROVIDING AN INCENTIVE FOR STATES TO REQUIRE EMERGENCY EPINEPHRINE IN THEIR SCHOOLS. IN 2013, FARE LAUNCHED AN ADVOCATES NETWORK, ALLOWING SUPPORTERS TO DIRECTLY ENGAGE THEIR ELECTED REPRESENTATIVES ON FOOD ALLERGY ISSUES. ON THE STATE AND LOCAL LEVELS, FARE HAS SUCCESSFULLY ACCELERATED LEGISLATION PROVIDING FOR EMERGENCY EPINEPHRINE IN SCHOOLS. FARE ALSO PLAYED A LEADERSHIP ROLE IN POLICY CHANGES PROVIDING FOR FOOD ALLERGY AWARENESS AND ACCOMMODATION IN RESTAURANTS AND COLLEGES.

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,

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DISCOVERY COMMUNICATIONS LLC P.O. BOX 79961 BALTIMORE, MD 21279-0961	VIDEO PRODUCTION	386,652.
MERCURY PUBLIC AFFAIRS, LLC 437 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10022	LOBBYING SERVICES	101,000.
BUSINESS CARD P.O. BOX 15796 WILMINGTON, DE 19886	FINANCIAL SERVICES	310,481.
VANGUARD DIRECT 519 EIGHTH AVENUE, 23RD FLOOR NEW YORK, NY 10018	COPYING & PRINTING	133,035.
515 MADISON AVENUE, LLC 125 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10017	OFFICE RENT	144,383.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING	5,072,289.
TOTAL	<u>5,072,289.</u>

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING	365,540.	1,007,743.	-642,203.
TOTALS	<u>365,540.</u>	<u>1,007,743.</u>	<u>-642,203.</u>

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ATTACHMENT 9

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

GROSS SALES LESS RETURNS AND ALLOWANCES	71,245.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	37,063.
SUBTOTAL	<u>37,063.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u><u>37,063.</u></u>