

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD ALLERGY RESEARCH & EDUCATION, INC. Doing Business As		D Employer identification number 13-3905508
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7925 JONES BRANCH DRIVE 1100		E Telephone number (703) 691-3179
	City or town, state or country, and ZIP + 4 MCLEAN, VA 22102-5303		G Gross receipts \$ 10,209,095.
	F Name and address of principal officer: JOHN LEHR 7925 JONES BRANCH DRIVE MCLEAN, VA 22102-5303		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FOOD ALLERGY RESEARCH & EDUCATION (FARE) IS THE NATION'S LEADING ORGANIZATION WORKING ON BEHALF OF THE 15 MILLION AMERICANS WHO HAVE FOOD ALLERGY, (CONTINUED ON ATTACHMENT 1, SCHEDULE O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	41.
	6	Total number of volunteers (estimate if necessary)	6	250.
	7a	Total gross 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
			Revenue	8
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,160.	63,867.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,141.	-569,752.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,397,513.	8,312,098.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,469,649.	4,883,018.
	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)	1,173,917.	1,996,972.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,607.	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,222,213.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,829,438.	2,350,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,484,611.	9,230,852.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,087,098.	-918,754.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 8,954,358.	End of Year 13,469,351.
	21	Total liabilities (Part X, line 26)	4,740,267.	7,070,563.
	22	Net assets or fund balances. Subtract line 21 from line 20.	4,214,091.	6,398,788.

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 <i>[Signature]</i> 11/15/13 Date
	Type or print name and title CFO

Paid Preparer Use Only	Print/Type preparer's name DANIEL D. O'SHEA	Preparer's signature <i>[Signature]</i> 11/15/13	Date	Check if self-employed <input type="checkbox"/>	PTIN P00957510
	Firm's name ▶ WATKINS MEEGAN LLC	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** (2012)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 5,148,436. including grants of \$ 4,882,018.) (Revenue \$)

RESEARCH: FUNDING WORLD-CLASS RESEARCH THAT ADVANCES THE DEVELOPMENT OF THERAPIES AND IMPROVES OUR UNDERSTANDING OF FOOD ALLERGY IS A PILLAR OF FARE'S MISSION. TO THIS END, FARE FUNDED A NUMBER OF CLINICAL TRIALS OF POTENTIAL NEW THERAPIES THAT COULD PROTECT PEOPLE WITH FOOD ALLERGIES AGAINST LIFE-THREATENING REACTIONS. THIS RESEARCH, CONDUCTED AT MAJOR MEDICAL CENTERS ACROSS THE UNITED STATES, INCLUDED CLINICAL TRIALS OF ORAL AND SUBLINGUAL IMMUNOTHERAPY AND FOOD ALLERGY HERBAL FORMULA 2, A TREATMENT BASED ON A FORMULA USED IN TRADITIONAL CHINESE MEDICINE. IN ADDITION, FARE FUNDED STUDIES ON THE GENETICS, IMMUNOLOGY, PREVALENCE, AND ECONOMIC AND PSYCHOSOCIAL IMPACT OF FOOD ALLERGY.

4b (Code:) (Expenses \$ 907,869. including grants of \$) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 892,459. including grants of \$) (Revenue \$)

ATTACHMENT 3

4d Other program services (Describe in Schedule O.) ATTACHMENT 4
(Expenses \$ 571,080. including grants of \$ 1,000.) (Revenue \$)

4e Total program service expenses 7,519,844.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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 and other assistance to any government or organization in the United States 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 and 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 25.</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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," 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 to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers (1a-19). Contains 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 column for line numbers (10a-16b). Contains questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL, NY, VA, WA,
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.
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: ANDRE ALEXANDER 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 to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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) ROBERT LAKE DIRECTOR	1.00	X						0	0	0
(12) JOHN LEHR CHIEF EXECUTIVE OFFICER	40.00	X		X			213,308.	0	4,172.	0
(13) SHARYN MANN DIRECTOR	1.00	X						0	0	0
(14) ADAM MILLER 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) ROBERT NICHOLS DIRECTOR	1.00	X					0	0	0	
16) CHUCK PATERAKIS DIRECTOR	1.00	X					0	0	0	
17) AMIE RAPPOPORT MCKENNA DIRECTOR	1.00	X					0	0	0	
18) TODD SLOTKIN CHAIRMAN	1.00	X		X			0	0	0	
19) STEVEN BRAVERMAN DIRECTOR	1.00	X					0	0	0	
20) PATRICIA CAYNE DIRECTOR	1.00	X					0	0	0	
21) ROBERT F. KENNEDY, JR. DIRECTOR	1.00	X					0	0	0	
22) JULIA KOCH DIRECTOR	1.00	X					0	0	0	
23) MARY WEISER DIRECTOR	1.00	X					0	0	0	
24) CHRISTINA FANNING CFO	40.00			X			39,076.	0	5,628.	
25) MARY JANE MARCHISOTTO SENIOR VP OF RESEARCH	40.00			X			296,459.	0	25,141.	
1b Sub-total							213,308.	0	4,172.	
c Total from continuation sheets to Part VII, Section A							831,256.	0	86,365.	
d Total (add lines 1b and 1c)							1,044,564.	0	90,537.	

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

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

Section B. Independent Contractors

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

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

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 **6**

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) ANNE HORNING DIR OF SPECIAL EVENTS & DEVEL.	40.00					X		138,491.	0	2,238.
27) JENNIFER JOBRACK DIRECTOR OF ADVOCACY	40.00					X		127,239.	0	30,505.
28) GREGORY NEIL DIRECTOR OF DATA MANAGEMENT	40.00					X		117,126.	0	8,325.
29) BARBARA ROSENSTEIN DIRECTOR OF COMMUNICATIONS	40.00					X		112,865.	0	14,528.
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 **6**

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

Section B. Independent Contractors

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

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

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 to any question in this Part VIII

X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	7,627.				
	c	Fundraising events	1c	3,820,363.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	13,271.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,976,722.				
	g	Noncash contributions included in lines 1a-1f: \$		1,149,200.				
	h	Total. Add lines 1a-1f		8,817,983.				
Program Service Revenue	2a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,100.		24,100.		
	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	946,419.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	906,652.			
			c	Gain or (loss)	39,767.			
	d	Net gain or (loss)		39,767.		39,767.		
	8a	Gross income from fundraising events (not including \$ 3,820,363. of contributions reported on line 1c). See Part IV, line 18	a	334,450.				
	b	Less: direct expenses	b	916,531.				
c	Net income or (loss) from fundraising events		ATCH 6	-582,081.		-582,081.		
9a	Gross income from gaming activities. See Part IV, line 19	a	63,521.					
b	Less: direct expenses	b	53,406.					
c	Net income or (loss) from gaming activities			10,115.		10,115.		
10a	Gross sales of inventory, less returns and allowances	a	22,616.					
b	Less: cost of goods sold	b	20,408.					
c	Net income or (loss) from sales of inventory			2,208.	2,208.			
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099		6.	6.			
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d			6.				
12	Total revenue. See instructions			8,312,098.	2,214.	-508,099.		

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 to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,883,018.	4,883,018.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	583,786.	327,472.	128,754.	127,560.
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	1,128,577.	548,856.	181,014.	398,707.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,290.	29,209.	3,729.	21,352.
9 Other employee benefits	120,069.	58,886.	24,982.	36,201.
10 Payroll taxes	110,250.	56,080.	18,821.	35,349.
11 Fees for services (non-employees):				
a Management	0			
b Legal	112,678.	51,366.	24,143.	37,169.
c Accounting	53,575.	24,749.	7,000.	21,826.
d Lobbying	506,841.	506,841.		
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.)	578,526.	535,188.	16,030.	27,308.
12 Advertising and promotion	26,678.	26,678.		
13 Office expenses	399,185.	127,237.	19,962.	251,986.
14 Information technology	145,024.	76,486.	16,325.	52,213.
15 Royalties	0			
16 Occupancy	177,419.	90,348.	27,096.	59,975.
17 Travel	95,401.	60,758.	4,889.	29,754.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	14,191.	6,981.	68.	7,142.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,815.	16,180.	5,082.	10,553.
23 Insurance	15,040.	7,702.	2,647.	4,691.
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 CHARITABLE DONATION	45,000.	45,000.		
b MISC. EXPENSES	149,489.	40,809.	8,253.	100,427.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,230,852.	7,519,844.	488,795.	1,222,213.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	6,952,435.	1	8,360,205.	
	2	Savings and temporary cash investments	1,275,905.	2	1,450,646.	
	3	Pledges and grants receivable, net	0	3	1,704,084.	
	4	Accounts receivable, net	0	4	34,862.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	761,250.	
	8	Inventories for sale or use	0	8	55,487.	
	9	Prepaid expenses and deferred charges	159,213.	9	366,515.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	692,659.		
	b	Less: accumulated depreciation	10b	544,463.	10c	148,196.
	11	Investments - publicly traded securities	0	11	58,895.	
	12	Investments - other securities. See Part IV, line 11	500,000.	12	500,000.	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	29,211.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,954,358.	16	13,469,351.		
Liabilities	17	Accounts payable and accrued expenses	360,251.	17	355,431.	
	18	Grants payable	4,289,975.	18	6,579,755.	
	19	Deferred revenue	58,780.	19	0	
	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	31,261.	25	135,377.	
	26	Total liabilities. Add lines 17 through 25	4,740,267.	26	7,070,563.	
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	4,214,091.	27	1,524,614.	
	28	Temporarily restricted net assets	0	28	4,874,174.	
	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	4,214,091.	33	6,398,788.	
34	Total liabilities and net assets/fund balances.	8,954,358.	34	13,469,351.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,312,098.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,230,852.
3	Revenue less expenses. Subtract line 2 from line 1	3	-918,754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,214,091.
5	Net unrealized gains (losses) on investments	5	-472.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	174,197.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,929,726.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,398,788.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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. ▶ See separate instructions.

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,055,723.	7,191,086.	5,564,660.	7,361,212.	8,817,983.	38,990,664.
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.	10,055,723.	7,191,086.	5,564,660.	7,361,212.	8,817,983.	38,990,664.
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).						16,134,843.
6 Public support. Subtract line 5 from line 4.						22,855,821.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10,055,723.	7,191,086.	5,564,660.	7,361,212.	8,817,983.	38,990,664.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	257,201.	121,362.	57,217.	18,160.	24,100.	478,040.
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						39,468,704.
12 Gross receipts from related activities, etc. (see instructions)					12	22,616.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	57.91%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	62.73%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2012. 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 - 2011. 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.** Complete this part to 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).

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

2012

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 Part I, line 2 of its Form 990-PF, 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	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 440,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 587,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 808,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 912,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7	----- ----- -----	\$ 1,511,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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	STOCK CONTRIBUTION ----- ----- -----	\$ 912,073.	07/31/2012
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----

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

Political Campaign and Lobbying Activities

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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)				

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	506,841.													
c	Total lobbying expenditures (add lines 1a and 1b)	506,841.													
d	Other exempt purpose expenditures	9,305,324.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,812,165.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	640,608.													
<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)	160,152.													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount	653,482.	468,055.	574,231.	640,608.	2,336,376.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,504,564.
c Total lobbying expenditures	93,750.	15,100.	105,000.	506,841.	720,691.
d Grassroots nontaxable amount	163,371.	117,014.	143,558.	160,152.	584,095.
e Grassroots ceiling amount (150% of line 2d, column (e))					876,143.
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
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

Complete this part to 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)*

Supplemental Financial Statements

2012

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. See separate instructions.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for 'Held at the End of the Tax Year' (rows 2a-2d), and various questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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. 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		29,925.	16,513.	13,412.
d Equipment		430,394.	344,750.	85,644.
e Other		232,340.	183,200.	49,140.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				148,196.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	71,332.
(3) DEPOSITS	4,800.
(4) PENSION PAYABLE	59,245.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	135,377.

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

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

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

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

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

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUES AND EXPENSES

SCHEDULE D, PART XI AND XII

AMOUNTS REPORTED AS EXPENSE FOR AUDIT PURPOSES AND REPORTED AS REVENUE FOR TAX PURPOSES INCLUDE: COST OF GOODS SOLD OF \$20,408.

AMOUNTS REPORTED AS REVENUE FOR AUDIT PURPOSES AND REPORTED AS EXPENSE FOR TAX PURPOSES INCLUDE: RECLASSIFICATION OF MISCELLANEOUS EXPENSE OF \$50.

FIN 48 FOOTNOTE

SCHEDULE D, PT X, LINE 2

FARE HAS BEEN GRANTED TAX-EXEMPT STATUS AS A PUBLIC CHARITY WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALTHOUGH THE ORGANIZATION IS GENERALLY EXEMPT FROM INCOME TAX, IT IS SUBJECT TO TAX ON CERTAIN UNRELATED BUSINESS INCOME. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2012, THEREFORE, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS. 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 ITS TAX POSITIONS IN MANAGEMENT AND GENERAL EXPENSES ON THE STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS AND ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION. TAX YEARS PRIOR TO 2009 ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE TAX JURISDICTION OF NEW YORK.

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	
		NY GALA	CHICAGO BENEFI	5.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,022,711.	813,510.	1,318,592.	4,154,813.
	2	Less: Contributions	1,902,711.	755,510.	1,162,142.	3,820,363.
	3	Gross income (line 1 minus line 2).	120,000.	58,000.	156,450.	334,450.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	50,000.	9,000.		59,000.
	7	Food and beverages	76,653.	24,304.	131,595.	232,552.
	8	Entertainment	81,268.			81,268.
	9	Other direct expenses	359,898.	137,127.	46,686.	543,711.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					-582,081.

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			63,521.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			48,838.	48,838.
	4	Rent/facility costs				
	5	Other direct expenses			4,568.	4,568.
6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % X No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(53,406.)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					10,115.

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.** Complete this part to 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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	130,000.				GITTIS MEMORIAL
(2)	CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	1,875,181.				PEANUT STUDY
(3)	CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION 225 EAST CHICAGO, BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	300,000.				FOOD ALLERGY PROJECT
(4)	CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION 225 EAST CHICAGO, BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	108,435.				FOOD ALLERGY PROGRAM
(5)	JOHNS HOPKINS UNIVERSITY 615 NORTH WOLFE ST BALTIMORE, MD 21205	52-0595110	501(C)(3)	500,000.				CORE PROJECT
(6)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	105,151.				COW MILK STUDY
(7)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	25,000.				FORDYCE FELLOWSHIP
(8)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	462,400.				CLINICAL ADMIN GRANT
(9)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	33,333.				ORAL FOOD CHALLENGE
(10)	SEATTLE CHILDREN'S HOSPITAL 6901 SAND POINT WAY NE SEATTLE, WA 98145	91-0564748	501(C)(3)	150,000.				FACE PROGRAM
(11)	STANFORD UNIVERSITY SCHOOL OF MEDICINE 301 RAVENSWOOD DRIVE MENLO PARK, CA 94025	94-1156365	501(C)(3)	801,438.				IMMUNOTHERAPY STUDY
(12)	UNIVERSITY OF MICHIGAN 24 FRANK L WRIGHT DR ANN ARBOR, MI 48106	38-6006309	501(C)(3)	200,000.				FOOD ALLERGY CENTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8**

3 Enter total number of other organizations listed in the line 1 table **8**

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

Schedule I (Form 990) (2012)

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

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

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

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, 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.

Compensation Information

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.

2012

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 officers, directors, trustees, and 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN LEHR CHIEF EXECUTIVE OFFICER	148,308. 0	65,000. 0	0	2,763.	1,409.	217,480. 0	0
2	JENNIFER JOBRACK DIRECTOR OF ADVOCACY	112,239. 0	15,000. 0	0	950.	29,555.	157,744. 0	0
3	MARY JANE MARCHISOTTO SENIOR VP OF RESEARCH	221,459. 0	75,000. 0	0	3,093.	22,048.	321,600. 0	0
4								
5								
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.

OMB No. 1545-0047

2012

**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.	450.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5.	1,073,676.	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	X	12.	2,685.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		167.	72,389.	
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) (2012)

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	12.	6,888.	FMV
FASHION/BEAUTY PACKAGES	X	52.	26,335.	FMV
FOOD/RESTAURANT GIFT CERT	X	36.	4,167.	FMV
SPORTS/SHOWS	X	27.	11,237.	FMV
VACATION PACKAGES	X	7.	12,948.	FMV
GYM MEMBERSHIP/PERSONAL T	X	15.	5,514.	FMV
OTHER MISCELLANEOUS	X	18.	5,300.	FMV
TOTALS		<u>167.</u>	<u>72,389.</u>	

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

FOOD ALLERGY RESEARCH & EDUCATION, INC.

Employer identification number

13-3905508

RECONCILIATION OF NET ASSETS: OTHER CHANGE IN NET ASSETS

PART XI, LINE 9

THE FOOD ALLERGY & ANAPHYLAXIS NETWORK (FAAN) MERGED WITH THE FOOD
ALLERGY INITIATIVE (FAI) ON OCTOBER 24, 2012, AND FAI CHANGED ITS NAME TO
FOOD ALLERGY RESEARCH & EDUCATION (FARE). IN CONJUNCTION WITH THE MERGER,
FAAN TRANSFERRED ITS NET ASSETS OF \$2,929,726 TO THE NEW ENTITY.

OFFICER COMPENSATION

PART VI, SECTION B, LINE 15

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

GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

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

BOARD REVIEW OF THE FORM 990

PART VI, LINE 11B

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

CHANGES IN PROGRAM SERVICES

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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PART III, QUESTIONS 2 & 3

ON OCTOBER 24, 2012, THE FOOD ALLERGY INITIATIVE AND THE FOOD ALLERGY & ANAPHYLAXIS NETWORK MERGED TO BECOME FOOD ALLERGY RESEARCH & EDUCATION, INC. UNDER THE TERMS OF THE MERGER, THE FOOD ALLERGY & ANAPHYLAXIS NETWORK CEASED TO EXIST AND THE FOOD ALLERGY INITIATIVE CONTINUED TO DO BUSINESS UNDER THE NAME FOOD ALLERGY RESEARCH & EDUCATION. FOOD ALLERGY RESEARCH & EDUCATION COMBINES THE ACTIVITIES OF THE FOOD ALLERGY & ANAPHYLAXIS NETWORK WITH THE ACTIVITIES OF THE FOOD ALLERGY INITIATIVE. THE ACTIVITIES OF THE NEWLY COMBINED ORGANIZATIONS INCLUDE: FUNDING FOOD ALLERGY RESEARCH, ADVOCATING ON BEHALF OF FAMILIES WHO HAVE FOOD ALLERGIES, EDUCATING FAMILIES AND THE GENERAL PUBLIC ABOUT FOOD ALLERGIES AND INCREASING PUBLIC AWARENESS OF THE GROWING HEALTH THREAT POSED BY LIFE THREATENING FOOD ALLERGIES.

CONFLICT OF INTEREST POLICY

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 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.

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

PART VI, SECTION A, LINE 4

ON OCTOBER 24, 2012, THE FOOD ALLERGY INITIATIVE MERGED WITH THE FOOD ALLERGY & ANAPHYLAXIS NETWORK AND CHANGED ITS NAME. IN CONJUNCTION WITH THE MERGER AND NAME CHANGE, THE ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED.

AUDITED FINANCIAL STATEMENTS

PART IV, LINE 12A

THE AUDIT WAS DELAYED DUE TO THE MERGER. THE AUDIT FIELDWORK HAS BEEN SUBSTANTIALLY COMPLETED BUT THE FINAL AUDITED FINANCIAL STATEMENTS HAD NOT YET BEEN FINALIZED AT THE TIME OF FILING OF THIS FORM 990.

ATTACHMENT 1FORM 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 WHO HAVE FOOD ALLERGY, INCLUDING ALL THOSE AT RISK FOR LIFE-THREATENING ANAPHYLAXIS. CREATED IN 2012 BY THE MERGER OF THE FOOD ALLERGY & ANAPHYLAXIS NETWORK AND THE FOOD ALLERGY INITIATIVE, FARE COMBINES FAAN'S EXPERTISE AS THE MOST TRUSTED SOURCE OF FOOD ALLERGY INFORMATION, PROGRAMS, AND RESOURCES WITH FAI'S LEADERSHIP AS THE WORLD'S LARGEST SOURCE OF PRIVATE FUNDING FOR FOOD ALLERGY RESEARCH.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION: FARE CONDUCTED FOOD ALLERGY EDUCATION THROUGH BOTH

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

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. NATIONALLY, FARE EDUCATED THE PUBLIC THROUGH A VAST COLLECTION OF FOOD ALLERGY INFORMATION ON ITS WEBSITE AND BROCHURE SERIES. OTHER NATIONAL EDUCATION PROGRAMS INCLUDED 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. REGIONALLY, FARE HELD THREE FOOD ALLERGY CONFERENCES IN 2012 THAT EACH EDUCATED APPROXIMATELY 200 PATIENTS, FAMILY MEMBERS AND SCHOOL PERSONNEL; TRAINED EDUCATORS TO PROVIDE SAFE@SCHOOL PRESENTATIONS IN THEIR LOCAL SCHOOLS; AND PROVIDED GRANTS TO LOCAL GROUPS TO PROVIDE GRASSROOTS PROGRAMMING IN THEIR LOCAL COMMUNITIES.

ATTACHMENT 3FORM 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,

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

PARTICULARLY AT THE NATIONAL INSTITUTES OF HEALTH, AND CHAMPIONED LEGISLATION PROVIDING AN INCENTIVE FOR STATES TO REQUIRE EMERGENCY EPINEPHRINE IN THEIR SCHOOLS. IN 2012, FARE HELD A CAPITOL HILL BRIEFING WITH FOOD ALLERGY PARENT AND TEEN ADVOCATES TO EDUCATE CONGRESSIONAL STAFF ABOUT FOOD ALLERGIES. ON THE STATE AND LOCAL LEVEL, 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 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
AWARENESS AND COMMUNICATIONS	1,000.	571,080.	
TOTALS	<u>1,000.</u>	<u>571,080.</u>	

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GIBRALTAR ASSOCIATES LLC 555 13TH ST, NW, SUITE 400E WASHINGTON, DC 20004	CONSULTING	346,466.
MERCURY PUBLIC AFFAIRS, LLC 137 5TH AVE, 3RD FL NEW YORK, NY 10010	PROFESSIONAL SERVICE	302,728.
CORNERSTONE GOVERNMENT AFFAIRS 300 INDEPENDENCE AVE, SE WASHINGTON, DC 20003	CONSULTING	180,113.

Name of the organization FOOD ALLERGY RESEARCH & EDUCATION, INC.	Employer identification number 13-3905508
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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BLACKBAUD 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	TECHNOLOGY SERVICES	145,961.
REITLER KAILAS & ROSENBLATT, LLC 885 3RD AVE, 20TH FL NEW YORK, NY 10022	LEGAL SERVICES	106,184.

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING	334,450.	916,531.	-582,081.
TOTALS	<u>334,450.</u>	<u>916,531.</u>	<u>-582,081.</u>

12121900022

Certificate of Amendment
Of the
Certificate of Incorporation
Of
FARE, INC.

Pursuant to section 803 of the Not-For-Profit Corporation Law of the State of New York

Filed by:
USA Corporate Services Inc.
19 West 34th Street Suite 1018
New York, NY 10001

2012 DEC 19 PM 3:09

FILED

RECEIVED
2012 DEC 19 PM 12:24

USA 57 - DRAWDOWN

loc
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED DEC 19 2012

TAXS. _____

BY: lmc

NY

1129

121219001022

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
FARE, INC.

Under Section 803 of the Not-for-Profit Corporation Law of the State of New York

FARE, Inc., a corporation organized and existing under the laws of the State of New York, hereby certifies as follows:

FIRST: The present name of the corporation is FARE, Inc. (the "Corporation"). The original name of the Corporation was The Food Allergy Initiative, Inc.

SECOND: The Certificate of Incorporation of the Corporation was filed by the Department of State of the State of New York on July 30, 1996 under Section 402 of the Not-for-Profit Corporation Law of the State of New York.

THIRD: The Certificate of Incorporation of the Corporation is hereby amended in order to change the name of the Corporation to Food Allergy Research & Education, Inc.

FOURTH: To effect the foregoing amendments Article I of the Certificate of Incorporation is hereby deleted in its entirety and replaced with the following:

"The name of the corporation is Food Allergy Research & Education, Inc. (hereinafter referred to as the "Corporation")."

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

c/o USA Corporate Services Inc.
19 West 34th Street Suite 1018
New York, NY 10001

SIXTH: This Certificate of Amendment was authorized by the unanimous vote of the Board of Directors of the Board of Directors of the Corporation at a meeting of the Board of Directors held on October 24, 2012.

IN WITNESS WHEREOF, the undersigned has duly made, executed, and subscribed this Certificate of Amendment this 24th day of October, 2012, and certifies and affirms that the statements contained herein are true under the penalties of perjury.

/s/ Todd J. Slotkin
Name: Todd J. Slotkin
Title: Chairman

121102000 2.76/

Restated Certificate
Of
Certificate of Incorporation
Of
The Food Allergy Corporation

Under Section 805 of the Not-for-Profit Corporation Law

Filed by: USA Corporate Services Inc.
19 West 34th Street Suite 1018
New York, NY 10001

RECEIVED
2012 NOV -1 PM 4:42

FILED
2012 NOV -2 AM 11:03

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED NOV 02 2012
BY: mb

NY

USA 57-DRAWDOWN

296

121102000274

RESTATED
CERTIFICATE OF INCORPORATION
OF
THE FOOD ALLERGY CORPORATION

Under Section 805 of the Not-for-Profit Corporation Law of the State of New York

FIRST: The name of the corporation is The Food Allergy Corporation (hereinafter referred to as the "Corporation").

SECOND: The Certificate of Incorporation of the Corporation was filed by the Department of State of the State of New York on July 30, 1996 under the name **THE FOOD ALLERGY INITIATIVE, INC.** under Section 402 of the Not-for-Profit Corporation Law of the State of New York

THIRD: The Certificate of Incorporation is hereby amended or changed to effect the following amendments or changes authorized by the Not-for-Profit Corporation Law: (i) to change the name of the Corporation from The Food Allergy Corporation to FARE, Inc. and (ii) to change the address for service of process for the Corporation.

FOURTH: The restatement of the Certificate of Incorporation of the Corporation, herein provided for, was authorized by the consent of a majority of members of the Corporation entitled to vote and then by a majority of the Board of Directors of the Corporation, at a duly noticed and authorized meeting of the Board of Directors of the Corporation.

FIFTH: The text of the Certificate of Incorporation of the Corporation is hereby restated and amended to read in its entirety as follows:

ARTICLE I

The name of the corporation is FARE, Inc. (hereinafter referred to as the "Corporation").

ARTICLE II

(a) The purposes for which the Corporation is formed are exclusively charitable as defined in Section 501(c) (3) of the Internal Revenue Code of 1986, as amended, as follows:

(i) to support the research and study of food allergies for the benefit of the general public;

(ii) to promote knowledge and understanding of food allergies through various professional enlightenment activities;

(iii) to hold forums and disseminate or otherwise present the results of such research, study and other information regarding food allergies;

(iv) to conduct any and all lawful activities that may be necessary, useful or desirable for the furtherance, accomplishment of attainment of the foregoing purposes, which activities would not endanger its not-for-profit status;

(v) the creation of a network for members of the public suffering from, or in any way connected with or related to those suffering from food allergies, and the health care providers and related entities that cater to such persons; and

(vi) to prepare and distribute educational materials relating to food allergies and methods of coping with them.

(b) The Corporation is not formed for pecuniary profit or for financial gain and no part of the net earnings of the organization shall inure to the benefit of any member, trustee, director, officer of the Corporation, or any private individual, firm or corporation (except that reasonable compensation may be paid for services rendered to or for the Corporation).

(c) No substantial part of the activities of the Corporation shall be devoted to carrying on propaganda, or otherwise attempting to influence legislation (except to the extent authorized by Section 501(h) of the Internal Revenue Code of 1986, as amended ("the Code"), or the corresponding provision of any future United States Internal Revenue law, during any fiscal year or years in which the Corporation chooses to utilize the benefits authorized by that statutory provision), and the Corporation shall not participate or intervene (including by publishing or distributing statements) in any political campaign on behalf of any candidate for public office.

(d) Nothing herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in Not-for-Profit Corporation Law Sections 404(b)-(v) or in Social Services Law Section 460(a).

(e) If at any time the Corporation is determined to be other than an organization described in Section 509(a)(1), (2) or (3) of the Code, it shall, to the extent applicable, comply with Section 508 of the Code (or the corresponding provision of any future United States Internal Revenue law) insofar as such Section :

(i) requires the Corporation to distribute such amounts for each taxable year allocated at such time and in such manner as not to subject the Corporation to tax on undistributed income under Section 4942 of the Code;

(ii) prohibits the Corporation, its directors or members from engaging in any act of self-dealing which is subject to tax under Section 4941 of the Code;

(iii) prohibits the Corporation from retaining any excess business holdings which are subject to tax under Section 4943 of the Code;

(iv) prohibits the corporation from making any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and

(v) prohibits the Corporation from making any taxable expenditures which are subject to tax under Section 4945 of the Code.

(f) In furtherance of the foregoing purposes, the Corporation shall have the power, subject to such limitations and conditions as are or may be prescribed by law, to exercise such other powers as are now, or hereafter may be, conferred by law upon a corporation organized for the purposes herein set forth or necessary or incidental to the powers so conferred, or conducive to the furtherance thereof, subject to the further limitation and condition that, notwithstanding any other provision of this Certificate, the Corporation is organized exclusively for one or more of the following purposes: religious, educational, literary, or charitable purposes, as specified in Section 501(c)(3) of the Code, and shall not carry on any activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code.

ARTICLE III

In the event of the dissolution of the Corporation, all of the assets and property of the Corporation remaining after the payment or satisfaction of its liabilities shall be distributed to one or more organizations whose purposes are exclusively educational, literary, scientific and/or charitable, and which organization or organizations shall qualify as exempt at such time under Section 501 (c)(3) of the Code (or the corresponding provision of any future United States Internal Revenue law), subject to the approval of a Justice of the Supreme Court of the State of New York.

ARTICLE IV

The Corporation shall be a Type B corporation under Section 201 of the Not-for-Profit Corporation Law.

ARTICLE V

The office of the Corporation shall be located in New York County.

ARTICLE VI

There shall be one class of membership, with such rights and privileges as provided in the Bylaws of the Corporation. Members shall have no right to vote.

ARTICLE VII

The Corporation shall indemnify all persons for all liability incurred as a result of acting as directors or officers of the Corporation to the fullest extent permitted by the laws of the State of New York.

ARTICLE VIII

The Secretary of State is hereby designated as agent of the Corporation upon whom process against it may be served. The post office address to which the Secretary shall mail a copy of any process against the Corporation served upon him is: c/o Reitler Kailas & Rosenblatt LLC, 885 3rd Avenue, 20th Floor, New York, New York, 10022, Attn.: Edward Reitler, Esq.

ARTICLE IX

Nothing contained in this Certificate of Incorporation shall authorize the Corporation to establish, operate or maintain a hospital or to provide hospital service or health related service, or to operate a home care services agency, a hospice, a health maintenance organization, or a comprehensive health services plan, as provided for by Articles 28, 36, 40 and 44 respectively, of the Public Health Law or to solicit, collect or otherwise raise or obtain any funds, contributions or grants, from any source, for the establishment, including the filing of a certificate of need application, or operation of any hospital.

IN WITNESS WHEREOF, the undersigned officer of the Corporation has subscribed this document on the date set forth below and does hereby affirm, under the penalties of perjury, that the statements contained therein have been examined by him and are true and correct.

Executed on this 1st day of November, 2012.

THE FOOD ALLERGY CORPORATION

By: /s/ Todd J. Slotkin
Name: Todd J. Slotkin
Title: Chairman