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990

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	ror the	2018 calendar year, or tax year beginning and en	unig		
В	Check if applicable	C Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	4	D Employer identifie	cation number
	Addres	ASTHMATICS, INC.	·		
	Name change	Doing business as		54-1	357586
	Initial return Final return/	/	om/suite	E Telephone number 800-	878-4403
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,765,790.
	Ameno			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	527		list. (see instructions)
J	Websit	e: ► WWW.AANMA.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other ▶	L Year o		State of legal domicile: VA
		Summary		·	<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ END	THE	NEEDLESS D	EATH AND
Activities & Governance		SUFFERING DUE TO ASTHMA, ALLERGIES AND REI	LATED	CONDITIONS	•
rua	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			14
ş		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			9
ij		Total number of volunteers (estimate if necessary)			14
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			43,252.
۹		Net unrelated business taxable income from Form 990-T, line 38			0.
		<u> </u>		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,991,347.	2,237,059.
Revenue	9	Program service revenue (Part VIII, line 2g)		666,312.	527,451.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		319.	1,280.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,657,978.	2,765,790.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,500.	46,500.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø		Salaries other compensation employee benefits (Part IX column (A) lines 5.10)		868,325.	1,041,303.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
g	b ·	Total fundraising expenses (Part IX, column (D), line 25) 53,721	Ĺ.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,645.	1,287,432.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,952,470.	2,375,235.
	19	Revenue less expenses. Subtract line 18 from line 12		705,508.	390,555.
Net Assets or	3	·	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		371,124.	763,425.
ASS	21	Total liabilities (Part X, line 26)		189,070.	190,816.
35	22	Net assets or fund balances. Subtract line 21 from line 20		182,054.	572,609.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
		N			
Sig	ın	Signature of officer		Date	
Не	re	J. RANDOLPH TAYLOR, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	LISA CHEIFETZ		if self-employe	
Pre	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN	52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU	JITE	770	
		COLUMBIA, MD 21044		Phone no.41	0-884-0220
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III Statement of Program Service Accomplishments
ı a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ALLERGY & ASTHMA NETWORK MOTHERS OF ASTHMATICS (AANMA) IS DEDICATED TO
	ENDING THE NEEDLESS DEATH AND SUFFERING DUE TO ASTHMA, ALLERGIES AND
	RELATED CONDITIONS THROUGH EDUCATION, ADVOCACY AND COMMUNITY OUTREACH.
	·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	EDUCATION AND AWARENESS - AS THE CONSUMER VOICE, AANMA DELIVERS TIMELY,
	ACCURATE, AND PRACTICAL INFORMATION; PROVIDES COMMUNICATION LINKS AMONG
	PATIENTS AND FAMILIES TO DECISION MAKERS WITHIN THE HEALTH-CARE AND PHARMACEUTICAL INDUSTRIES, SCHOOLS, AND GOVERNMENT; INCREASES PATIENT
	AND PUBLIC AWARENESS THROUGH EDUCATIONAL RESOURCES; IS A VEHICLE FOR
	IMPROVING PATIENT ACCESS TO SPECIALTY CARE; ENCOURAGES THE SUPPORT OF
	SCIENTIFIC RESEARCH RELATED TO THE CAUSES AND CURES OF ASTHMA;
	PARTICIPATES IN THE ANNUAL ASTHMA AWARENESS DAY CAPITOL HILL ADVOCACY
	DAY; AND PROVIDES A PATIENT SUPPORT CENTER STAFFED BY A REGISTERED
	NURSE AND CERTIFIED ASTHMA EDUCATOR.
	TOUGH THE CHAILIES HOUSE BOOKEON.
4b	(Code:) (Expenses \$ 183,088 • including grants of \$) (Revenue \$ 484,199 •)
	COMMUNICATIONS AND PUBLICATIONS - AANMA FACILITATES COMMUNICATION OF
	QUALITY INFORMATION AMONG PATIENTS, PARENTS, PHYSICIANS, COMMUNITY
	MEMBERS AND INDUSTRY THROUGH ACCURATE GUIDANCE AND CLEARLY WRITTEN
	RESOURCES ON ASTHMA AND ALLERGIES PROVIDED ON THEIR WEBSITE, PUBLISHED
	REPORTS, POSITION STATEMENTS, AND THE MONTHLY NEWSLETTER, MA REPORT.
	AANMA ALSO PRODUCES THE ALLERGY & ASTHMA TODAY MAGAZINE AND THE INDOOR
	AIREPORT ALONG WITH VARIOUS OTHER PUBLICATIONS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,949,841.
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	140
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 25
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		 -
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

		_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns? .		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country:		. (50.45)			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaff "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
va	any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Ou		
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
				9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100	1			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand		•			X
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		х
	excess parachute payment(s) during the year?			15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment.	nt inc	ome?	16		х
	If "Yes," complete Form 4720, Schedule O.	100		.0		
	ii 100, 00mpioto i omi 1120, 00modulo 0.			Form	000	(2010)

Form 990 (2018)

ASTHMATICS, INC.

54-1357586

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

	Check if Schedule O contains a response or note to any line in this Part VI					<u>X</u>
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1.			
_	Enter the number of voting members included in line 1a, above, who are independent	1b	14	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					37
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					v
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			l_		Х
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		•	l		v
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.				v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Λ
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		· ·	<u>. </u>
40-	Did the approximation have been been been been been as of the back.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such control to the control of			401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у рето	re filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		flioto?	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	21	
C				12c	х	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve			14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	dependent			
•				15a	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			
.ou	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			.54		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati		· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ►AZ , CA , CT , FL , G	A,I	L,ME,MD,M	I,NJ	, NY	, OH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar					
-	for public inspection. Indicate how you made these available. Check all that apply.		,	, -··· y ,		-
	Own website Another's website X Upon request Other (explain	in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.		101 p 3110 j , ui			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records			
	THE ORGANIZATION - 703-641-9595		· •			
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182					
22200	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2018)

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ASTHMATICS, INC.

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

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

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

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

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

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

(A)	(B)	l		(0	C)		100	(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation from related	amount of other
	week (list any	tor					Ė	from the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		a.	bensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	tcom				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN SCOTT TUCKER	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) J. RANDOLPH TAYLOR, CPA	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(3) NATALIE NAPOLITANO	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TOM KALLSTROM, MBA, RRT	0.50								0	•
DIRECTOR	0 50	Х						0.	0.	0.
(5) GAYLE N. HIGGINS, FNP	0.50	X						0.	0	0
DIRECTOR	0.50	Δ.						0.	0.	0.
(6) PREM K. MENON, MD DIRECTOR	0.30	X						0.	0.	0.
(7) RANDALL BROWN, MD, MPH, AE-C	0.50	^						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(8) JODIE STABINSKI, RN, MSN, CPNP	0.50									
DIRECTOR		x						0.	0.	0.
(9) CRISTIN BUCKLEY	0.50									
DIRECTOR		Х						0.	0.	0.
(10) DENNIS WILLIAMS, PHARM-D, BCPS	0.50									
DIRECTOR		Х						0.	0.	0.
(11) WILLIAM BERGER, MD	0.50									
DIRECTOR		Х						0.	0.	0.
(12) ANTHONY COOK	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL CORJULO, APRN, CPNP	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(14) DONNA MATLACH	0.50	,,							0	0
DIRECTOR	25 00	Х						0.	0.	0.
(15) TONYA WINDERS, MBA	35.00	-		_~				224 417	0.	2 700
PRESIDENT & CEO (16) SALLY Z. SCHOESSLER	35.00			Х	_			234,417.	0.	2,708.
DIRECTOR OF EDUCATION	33.00	1				x		102,942.	0.	739.
DIRECTOR OF EDUCATION								102,742.	0.	, 5) •
		1								
	<u> </u>									- 000

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Part	VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			Pos	C) ition	1		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate nount	
		week					or/trus		from	from related			other	Ji
		(list any	ector						the	organization		com	pensa	tion
		hours for related	or dir	99:			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(***2/1099*****100)				anizat d relat	
		below	vidual	itution	Je.	Key employee	nest co	ner				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	High	臣						
													<u> </u>	
	Sub-total								337,359.		0.		3,4	47. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								337,359.		0.		3,4	
	Total number of individuals (including but n								<u> </u>	,000 of reportab	ole		- , -	
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			162	140
	line 1a? If "Yes," complete Schedule J for s											3		Х
	For any individual listed on line 1a, is the su	=		-					•	the organization			х	
	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services		4	^	
	rendered to the organization? If "Yes," com	•				•	,		· ·			5		Х
	ion B. Independent Contractors	,-												
	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
	(A)	trie caleridar y	cai	enui	iiig v	VILII	OI W	1	(B)	year.		(0	;)	
	Name and business	address	N	INC	E				Description of s	ervices	С		nsatio	n
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received m	nore than				
	·											Form	990 (2018)

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ı a	LVII			or note to any lin	oo in this Dort VIII			
		Check if Schedule O cont	ains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	MEMBERSHIP DUES RESOURCE MATERI MAGAZINE ADVERT	to t	Business Code 900099 900099 541800	2,237,059. 255,103. 229,096. 43,252.		43,252.	
	ī	All other program service reve Total. Add lines 2a-2f			527,451.			
	3 4	Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and proceeds	1,280.			1,280.
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
<u>e</u>	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		>				
Other Revenu	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a					
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See	>				
	c 10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	>				
		Net income or (loss) from sale	s of inventory					
	11 a	Miscellaneous Revenu	e	Business Code				
	b c							
	d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions			2,765,790.	484,199.	43,252.	1,280.
					, , , , , , , , , , , , , , , , , , , ,	,	,	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	1) organizations must complete all	columns All other organization	ons must complete column (A)

Do i	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 000	10 000		
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic	4.6 - 5.0	46 500		
	individuals. See Part IV, line 22	16,500.	16,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	237,126.	188,651.	43,947.	4,528
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	673,284.	535,648.	124,780.	12,856
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	66,710.	53,073.	12,364.	1,273
10	Payroll taxes	64,183.	51,063.	11,895.	1,225
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,443.		1,443.	
	Accounting	55,124.		55,124.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	437,644.	416,109.	4,380.	17,155
12	Advertising and promotion	11,178.	11,178.		
13	Office expenses	146,859.	127,793.	18,803.	263
14	Information technology	35,283.	21,360.	13,923.	
15	Royalties				
16	Occupancy	51,422.	41,325.	6,845.	3,252
17	Travel	194,658.	125,101.	64,789.	4,768
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	221,273.	220,611.		662
20	Interest	2,987.		2,987.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,062.	2,436.	568.	58
23	Insurance	3,353.		3,353.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	111,959.	108,668.	538.	2,753
b	TAXES AND LICENSES	6,878.	175.	1,775.	4,928
c	MISCELLANEOUS	4,159.	-	4,159.	
d	DUES AND SUBSCRIPTIONS	150.	150.	,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,375,235.	1,949,841.	371,673.	53,721
<u>26</u>	Joint costs. Complete this line only if the organization	, ,	, = == , • == •		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2018)

Form 990 (2018)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	204,403.	1	653,080.
2	Savings and temporary cash investments	331.	2	212
3	Pledges and grants receivable, net	55,900.	3	22,500
4	Accounts receivable, net	98,662.	4	78,867
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
န္	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,115.	9	5,115
10a	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 63, 291.			
l t	Less: accumulated depreciation 10b 63,291.	3,062.	10c	0
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,651.	15	3,651
16	Total assets. Add lines 1 through 15 (must equal line 34)	371,124.	16	763,425
17	Accounts payable and accrued expenses	164,070.	17	190,816
18	Grants payable	25,000.	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
┋ │	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	100 070	25	100 016
26	Total liabilities. Add lines 17 through 25	189,070.	26	190,816
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	100 046		104 050
<u> </u>	Unrestricted net assets	-188,846.	27	124,859
ē 28	Temporarily restricted net assets	270 000	28	447 750
<u> 29</u>	Permanently restricted net assets	370,900.	29	447,750
	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
Net Assets or 30 31 32 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
j 32	Retained earnings, endowment, accumulated income, or other funds	100 054	32	570 600
33	Total net assets or fund balances	182,054.	33	572,609
34	Total liabilities and net assets/fund balances	371,124.	34	763,425

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Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		2,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,37		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	2,0	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	57	2,6	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

ASTHMATICS, INC. 54-1357586 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2327847.	2160378.	1597732.	1991347.	2237059.	10314363.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2327847.	2160378.	1597732.	1991347.	2237059.	10314363.
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)						5327499.
	Public support. Subtract line 5 from line 4.						4986864.
	ction B. Total Support	Γ			г	•	Г
	ndar year (or fiscal year beginning in)	(a) 2014 2327847.	(b) 2015	(c) 2016 1597732.	(d) 2017 1991347.	(e) 2018	(f) Total 10314363.
	Amounts from line 4	232/84/.	2160378.	159//54.	1991347.	2237059.	10314363.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 605	1 120	398.	319.	1 200	1 021
_	and income from similar sources	1,695.	1,139.	390.	319.	1,280.	4,831.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						10319194.
11	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetruetia	ana)				,281,982.
12 13	First five years. If the Form 990 is for	•	,	d fourth or fifth to	 av vear as a sectio		, 201, 302.
Sec	organization, check this box and stop etion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6. column (f) di	vided by line 11, o	column (f))		14	48.33 %
	Public support percentage from 2017					15	50.11 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			ightharpoonup X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶Ш
	Schedule A (Form 990 or 990-EZ) 2018						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	qualify under the tests listed b	elow, please com	plete Part II.)				
	ction A. Public Support				1	1	l
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						l
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014	(6) 2010	(6) 2010	(d) 2011	(6) 2010	(i) rotai
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>		1.6	1	=======================================	L
14	First five years. If the Form 990 is for	tne organization	s tirst, second, thii	a, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>							P
	ction C. Computation of Publ					11	
	Public support percentage for 2018 (%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20						9/
18							
19a	33 1/3% support tests - 2018. If the	-					17 is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the						▶ L and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
~ O	90 or 90	00 E7	2018

Pa	rt IV Supporting Organizations (continued)			igo c
	Continued)		Yes	Na
44	Lies the examination accepted a gift or contribution from any of the following negroup 2		162	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?			
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations		V	NI.
_	Did the disease to the second control of the		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgai	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)			
Secti	on D -	Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amou	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity						
3	Admii	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns			
4	Amou	ints paid to acquire exempt-use assets					
5	Qualit	ried set-aside amounts (prior IRS approval required)					
6		distributions (describe in Part VI). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
		outions to attentive supported organizations to which the	ne organization is responsiv	e			
	(provi	de details in Part VI). See instructions.					
9		outable amount for 2018 from Section C, line 6					
10	Line 8	3 amount divided by line 9 amount					
		,	(i)	(ii)	(iii)		
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018		
1	Distril	outable amount for 2018 from Section C, line 6					
2	Unde	rdistributions, if any, for years prior to 2018 (reason-					
	able o	cause required- explain in Part VI). See instructions.					
3	Exces	ss distributions carryover, if any, to 2018					
a	From	2013					
b	From						
С	From						
d	From						
е	From	2017					
f	Total	of lines 3a through e					
g	Applie	ed to underdistributions of prior years					
h	Applie	ed to 2018 distributable amount					
i	Carry	over from 2013 not applied (see instructions)					
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distril	outions for 2018 from Section D,					
	line 7	: \$					
а	Applie	ed to underdistributions of prior years					
b	Applie	ed to 2018 distributable amount					
С	Rema	ninder. Subtract lines 4a and 4b from 4.					
5	Rema	nining underdistributions for years prior to 2018, if					
	any. S	Subtract lines 3g and 4a from line 2. For result greater					
	than 2	zero, explain in Part VI. See instructions.					
6	Rema	nining underdistributions for 2018. Subtract lines 3h					
	and 4	b from line 1. For result greater than zero, explain in					
	Part \	/I. See instructions.					
7	Exce	ss distributions carryover to 2019. Add lines 3j					
	and 4	-					
8	Break	down of line 7:					
		ss from 2014					
		ss from 2015					
		ss from 2016					
		ss from 2017					
		on from 2010					

Schedule A (Form 990 or 990-EZ) 2018

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule A	(Form 990 or 990-EZ) 2018 ASTHMAT	ICS, INC.	54-1357586 Page 8
Part VI	Supplemental Information. Provi Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4	ide the explanations required by Part II, lir 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; P art IV, Section E, lines 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
-	(eee instructions.)		

Schedule B

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

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

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

OMB No. 1545-0047

2018

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number

54-1357586

Organiz	Organization type (check one):					
Filers of	f:	Section:				
Form 99	00 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	I Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \int \frac{1}{2}						
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF
ASTHMATICS, INC.

Employer identification number

54-1357586

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 114,832. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 235,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	Trainic, address, and En 1 1	\$ 479,970. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	\$ 275,000. Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 125,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF
ASTHMATICS, INC.

Employer identification number
54-1357586

Parti	Contributors (see instructions). Use duplicate copies of Part I if ac	daltional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF
ASTHMATICS, INC.

Employer identification number

54-1357586

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- $ $			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- $ $		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF 54-1357586 ASTHMATICS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATTCS INC.

Employer identification number 54-1357586

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e.	_		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
			·	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			۱	
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	nservation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	ation's accounting for
D -	conservation easements.	Ast Historia I Tongano	<u> </u>	I a a A a a a l a
Pa	t III Organizations Maintaining Collections of		otner Simi	iar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhibitions and the same assets held for public exhibitions.	·	ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service,	provide the following amounts
	relating to these items:			*
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
^				\$
2	If the organization received or held works of art, historical treas	•	ai gain, provid	ae
_	the following amounts required to be reported under SFAS 116			Φ
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			Þ

832051 10-29-18

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

Schedule D (Form 990) 2018

	t III Organizations Maintaining Co		t Historical T	reasures (or Oth	er Sim	ilar Asse			age Z
	- To a garanta and a state of the state of t		-					•		
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		d		change progra	ams					
b	Scholarly research	е	Other							
C	Preservation for future generations						. 5			
4	Provide a description of the organization's co							t XIII.		
5	During the year, did the organization solicit or							٦.,		٦
Do	to be sold to raise funds rather than to be ma							_ Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizati	on answered	"Yes" oı	n Form 9	90, Part IV,	line 9, or	'	
1a	Is the organization an agent, trustee, custodia							٦		1
	on Form 990, Part X?						∟	Yes		. No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
						<u> </u>		Amoun	!	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f	Ending balance							1		1
	Did the organization include an amount on Fo					•	└	Yes		∐ No
Pai	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									h a alı
	<u></u>	(a) Current year	(b) Prior year	(c) Two year		(a) Three		(e) Four		
	Beginning of year balance	4,000.	4,000	·	4,000.		4,000.		4,	000.
	Contributions			+						
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	4,000.	4,000	-	4,000.		4,000.		4,	000.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administe	ered for	the orgai	nization	ı		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat			?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·	1						
	Description of property	(a) Cost or ot	` '	t or other		ccumula		(d) Boo	k value	е
		basis (investm	nent) basis	(other)	de	preciation	n			
	Land									
	Buildings									
С	Leasehold improvements			\		<u> </u>				
d	Equipment			25,586.		25,				0.
	Other			37,705.		37,	705.			0.
Total	. Add lines 1a through 1e. (Column (d) must eq	rual Form 990. Part	X. column (B). line	10c.)						0.

54-1357586 Page 3

	Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11b. See Form 990	, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
l) Financia	al derivatives				
) Closely-	held equity interests				
) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	15 000 D 17 1 (D) II 10 \ \				
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.			D	
	Complete if the organization answered "Yes (a) Description of investment	on Form 990, Part IV, III (b) Book value	1e 11c. See Form 990	, Part X, line 13.	d-of-year market value
(4)	(a) Description of investment	(b) Book value	(C) Method of	valuation. Cost of en	d-or-year market value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11d. See Form 990	, Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
. ,					
(7)					
(7) (8) (9)					
(7) (8) (9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		>	
(7) (8) (9) otal. (Colu	Other Liabilities.			>	
(7) (8) (9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes			m 990, Part X, line 2	5.
(7) (8) (9) otal. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability		ne 11e or 11f. See For (b) Book value	m 990, Part X, line 2	5.
(7) (8) (9) otal. (Column Part X (1) Fed	Other Liabilities. Complete if the organization answered "Yes			 m 990, Part X, line 2:	5.
(7) (8) (9) otal. (Column Art X) (1) Fed (2)	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) Otal. (Columbia X) (1) Fed (2) (3)	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) Otal. (Column of the column of t	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) Part X (1) Fed (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 2	5.
(7) (8) (9) otal. (Column of the column of	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability				5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability				5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability			m 990, Part X, line 25	5.
(7) (8) (9) otal. (Columna (Co	Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	" on Form 990, Part IV, lin		m 990, Part X, line 2	5.

832053 10-29-18

Schedule D (Form 990) 2018

	dule D (Form 990) 2018	ASTHMATICS,				1357586	Page 4
Pai	t XI Reconciliation of	f Revenue per Aud	lited Financial Statement	s With Revenue per R	eturı	n.	
	Complete if the organ	nization answered "Yes" o	on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and oth	ner support per audited fi	inancial statements		1	2,765	,790.
_	Assessment to all colored and the end of		4.1/III. B 40.			_	

1	Total revenue, gains, and other support per audited financial statements	1	2,765,790.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,765,790.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,765,790.

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,375,235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments			
	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,375,235.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b		4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,375,235.
Pa	t XIII Supplemental Information			

| Part XIII| Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT IS INVESTED IN PERPETUITY AND ONLY THE INCOME CAN BE USED FOR

PROGRAM OPERATIONS IN ACCORDANCE WITH RESTRICTIONS SET BY THE DONOR. THERE

WAS NO INTEREST EARNED ON THE ENDOWMENT FOR THE YEAR ENDED 12/31/18.

PART X, LINE 2:

AANMA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES

THAT NEED TO BE RECORDED.

Schedule D (Form 990) 2018

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule D (Form 990) 2018	ASTHMATICS,	INC.	54-1357586 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	ormation (continued)		<u> </u>
<u> </u>	,		
-			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

ASTHMATICS, INC.

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

54-1357586

	Form 990, Part IV, line 14b.							
1	g ,							
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes N							
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the		
	United States.							
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total		
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures		
		in the region	independent	gram services, investments, grants to	1	for and investments		
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region		
			9					
EAS!	r Asia and the				GRANT TO RECIPIENT IN			
PAC	IFIC	0	0	PROGRAM SERVICES	REGION.	20,000.		
						<u> </u>		
3 a	Subtotal	0	0			20,000.		
	Total from continuation		_					
	sheets to Part I	0	0			0.		
_	Totals (add lines 3a							
C		0	0			20,000.		
	and 3b)	ı				,		

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

Schedule F (Form 990) 2018

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

54-1357586

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	EAST ASIA AND THE	2018 GLOBAL ASTHMA	20,000.	WIRE	0.		
	and EIN (if applicable)	and EIN (if applicable) (C) Region EAST ASIA AND THE	and EIN (if applicable) (C) Region grant PARTICIPATION IN THE EAST ASIA AND THE 2018 GLOBAL ASTHMA	and EIN (if applicable) (c) Hegion grant of cash grant PARTICIPATION IN THE EAST ASIA AND THE 2018 GLOBAL ASTHMA	and EIN (if applicable) grant of cash grant cash disbursement PARTICIPATION IN THE EAST ASIA AND THE 2018 GLOBAL ASTHMA	and EIN (if applicable) (c) Region grant grant of cash grant cash disbursement noncash assistance PARTICIPATION IN THE EAST ASIA AND THE 2018 GLOBAL ASTHMA	and EIN (if applicable) (c) Region grant of cash grant of cash disbursement cash disbursement noncash assistance of noncash assistance PARTICIPATION IN THE 2018 GLOBAL ASTHMA

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if ac			ates. Complete II	THE OF GATHZALION ANSWERED TES	on roini 990, Part	iv, mic io.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2018

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE GRANT TO THE UNIVERSITY OF AUCKLAND WAS FOR A GLOBAL EPIDEMIOLOGY
REPORT "GLOBAL ASTHMA NETWORK 2018." THE WORK WAS MONITORED PERIODICALLY
AND A FINAL REPORT WAS REQUIRED AND DELIVERED UPON COMPLETION OF THE
WORK.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

ASTHMATI							54-1357586
Part I General Information on Grants	and Assistance						
Does the organization maintain record criteria used to award the grants or as		-					
2 Describe in Part IV the organization's	procedures for monit	toring the use of gran	t funds in the Unite	d States			
Part II Grants and Other Assistance t					anization answered "	Yes" on Form 990 Part	t IV line 21 for any
recipient that received more tha					ariization ariowored	100 0111 01111 000,1 411	11V, III.0 21, 101 arry
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF CHICAGO							
225 EAST CHICAGO AVE., BOX #205							SCHOOL FOOD ALLERGY
CHICAGO, IL 60611	36-2170833		10,000.	0.			POLICY STUDY.
enrones, 12 storr	30 2170033		10,000.	· ·			i de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania
2 Enter total number of section 501(c)(3			he line 1 table				> 1.
3 Enter total number of other organization	ons listed in the line	1 table					

Schedule I (Form 990) (2018)

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(a) Mathad of valuation	(f) Description of noncash assistance		
(a) Type of graffic of assistance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of Horicash assistance		
SCHOLARSHIPS TO ATTEND SUMMIT	33	16,500.	0.				
Part IV Supplemental Information. Provide the information req	usired in Dort Lin	o Or Dort III. ookumn	(b); and any other a	dditional information			
Part IV Supplemental Information. Provide the information req	uirea in Part I, IIII	e 2, Part III, Column	(b), and any other a	aditional information.			
PART I, LINE 2:							
THE GRANT TO THE ORGANIZATION WAS	FOR AN E	VALUATION	OF SCHOOL	POLICY			
IMPLEMENTATION OF STOCK EPINEPHRIN	ובי א כיתווו	DV WAC COM	DIICMED AND	. 7			
IMPLEMENTATION OF STOCK EPINEPHRIN	E. A SIU	DI WAS CON	DOCTED AND	_ A			
PUBLICATION RESULTED. IT WAS CLOSE	LY MONIT	ORED AND A	LL REQUIRE	D WORK WAS			
DELIVERED. SCHOLARSHIP AMOUNTS ARE SMALL AWARDS TO INDIVIDUALS TO ATTEND							
THE 2018 NATIONAL ASTHMA SUMMIT. MINIMAL MONITORING IS REQUIRED.							
_							

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number 54-1357586

Schedule J (Form 990) 2018

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			١,,
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7			37	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) TONYA WINDERS, MBA	(i)	196,545.	37,872.	0.	0.	2,708.	237,125.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
BONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER
CONTRACT AND CAN BE UP TO 20% OF SALARY.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ALLERGY AND ASTHMA NETWORK MOTHERS ASTHMATICS, INC.

Employer identification number 54-1357586

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY VOTE OF THE DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT, MAY DESIGNATE DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE AND OTHER COMMITTEES, EACH TO THE EXTENT AUTHORIZED BY LAW AND PROVIDED IN SUCH RESOLUTION, OF WHICH, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY MEMBER THEREOF, OF ANY RESPONSIBILITY OR LIABILITY IMPOSED UPON IT OR HIM BY LAW.

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

THE GOVERNING BOARD OF AANMA IS PROVIDED A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING.

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

THE BOARD REQUIRES ALL MEMBERS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM AND SUBMIT THE SIGNED FORMS WHICH ARE REVIEWED BY THE CHAIRMAN AND PRESIDENT OF THE ORGANIZATION. THE CHAIRMAN AND PRESIDENT FOLLOW UP ON ANY BOARD MEMBERS WHO DO NOT SUBMIT THEIR FORM IN A TIMELY MANNER.

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

THE ORGANIZATION PERFORMS A COMPENSATION STUDY AND ANALYSIS AND COMPARES THE COMPENSATION OF SIMILAR ORGANIZATIONS WHEN DETERMINING THE COMPENSATION THE PRESIDENT AND OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE LAST TIME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	Page 2 Employer identification number
ASTHMATICS, INC.	54-1357586
THE PRESIDENT'S SALARY WAS REVIEWED WAS IN 2018.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AZ,CA,CT,FL,GA,IL,ME,MD,MI,NJ,NY,OH,PA,RI,UT,WA,WI,VA,NC,	TX
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 990, 990T AND FINANCIAL STATEM	IENTS AVAILABLE
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	404,509.
MANAGEMENT AND GENERAL EXPENSES	1,000.
FUNDRAISING EXPENSES	17,155.
TOTAL EXPENSES	422,664.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	11,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,600.
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,380.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,380.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	437,644.
	dule O (Form 990 or 990-EZ) (2018)

42

Form 990-T	E	Exempt Orgai				ax Return	ı L	OMB No. 1545-0687	
		•	nd proxy tax und		` ''			2018	
	For cal	lendar year 2018 or other tax yea			, and ending	nti a n	- ·	2010	
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number	s on this form as it may	be ma				Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (
B Exempt under section	Print	·							
X 501(c)(3)	or Type	Number, street, and room		-				ted business activity code structions.)	
408(e) 220(e)	'',	8229 BOONE							
408A 530(a) 529(a)		City or town, state or prov		r foreig	n postal code		541	800	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)						
763,4	25.	G Check organization type	x 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust	
H Enter the number of the	organiza	tion's unrelated trades or b	usinesses.	1	Describe t	he only (or first) uni	elated		
trade or business here	► SI	EE STATEMENT	1		. If only one, o	complete Parts I-V. I	f more	than one,	
describe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or	
business, then complete									
		oration a subsidiary in an a		nt-subs	idiary controlled group? .	> L	Ye	s X No	
		tifying number of the paren					0.0	644 0505	
J The books are in care of						ne number > 7			
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net	
1 a Gross receipts or sale			- Dalaman	4.					
b Less returns and allo			c Balance ▶	1c 2					
		A, line 7)om line 1c		3					
		h Schedule D)		4a				,	
		art II, line 17) (attach Form		4b					
		ets		4c					
		ship or an S corporation (at		5					
			· ·	6					
		ne (Schedule E)		7					
		and rents from a controlled		8					
		on 501(c)(7), (9), or (17) or	-	9					
10 Exploited exempt acti	ivity inco	me (Schedule I)		10					
11 Advertising income (Schedule	e J)		11	43,252.	34,9	96.	8,256.	
12 Other income (See in	structior	ns; attach schedule)		12					
		gh 12				34,9	96.	8,256.	
		ot Taken Elsewher utions, deductions must				income.)			
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14		
15 Salaries and wages							15		
							16		
							17		
		ee instructions)					18		
19 Taxes and licenses							19		
		e instructions for limitation					20		
21 Depreciation (attach	Form 4	562)	on raturn		21		006		
		n Schedule A and elsewhere					22b 23		
		mpensation plans					24		
		perisation plans					25		
		chedule I)					26		
27 Excess readership c	osts (Sc	hedule J)					27	8,256.	
		nedule)					28	,	
		14 through 28					29	8,256.	
		ncome before net operating					30	0.	
		loss arising in tax years beg					31		
·	-	ncome. Subtract line 31 fro	-	-	•		32	0.	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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Form 990-T (2018)

Part I	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruct	tions)	. 3	3		0.
34	Amounts paid for disallowed fringes			. 3	4		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	. 3	5				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of					
	lines 33 and 34			. 3	6		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				7	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3						
	enter the smaller of zero or line 36			. 3	8		0.
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			▶ 3	9		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of						
	Tax rate schedule or Schedule D (Form 1041)				_		
41	Proxy tax. See instructions						
42	Alternative minimum tax (trusts only)				_		
43	Tax on Noncompliant Facility Income. See instructions						
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			. 4	4		0.
	Tax and Payments	T T					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_			
	Other credits (see instructions)	45b		_			
C	General business credit. Attach Form 3800	45c		_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)				-		
	Total credits. Add lines 45a through 45d			45			0.
46 47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66	Othor	4			<u> </u>
47 48				_			0.
49	Total tax. Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2						0.
	Payments: A 2017 overpayment credited to 2018	50a		· 💾	3		<u> </u>
	2018 estimated tax payments	50a		-			
	Tax deposited with Form 8868	50c		-			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		_			
	Backup withholding (see instructions)	50e		_			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		_			
	Other credits, adjustments, and payments: Form 2439			_			
9	Form 4136 Other Total	50g					
51	Total payments. Add lines 50a through 50g			- 5	1		
52	F !!				_		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			5	3		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		>	► 5	4		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded •	► 5	5		
Part \	I Statements Regarding Certain Activities and Other Information	on (see	instructions)	•			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other a	authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	e to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	ountry				
	here >						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	statements, rer has anv	and to the best of my k knowledge.	nowled	ge and belief, it is	s true,	
Sign			, j	May th	e IRS discuss thi	is return v	with
Here	TREASUR	the pre	parer shown belo	ow (see	_		
	Signature of officer Date Title			instruc		es	No
	Print/Type preparer's name Preparer's signature Date	te	Check	- 1	PTIN		
Paid			self- employe	ed	P01444	1100	
Preparer LISA CHEIFETZ							
Use C	Industrial Pirm's name JONES, MARESCA & MCQUADE, P.A.	~	Firm's EIN	<u> </u>	52-185	393	<u> </u>
	10500 LITTLE PATUXENT PARKWAY,	SOT		110) 004 0		
	Firm's address ► COLUMBIA, MD 21044		Phone no.	41(0-884-0		
823711 01	-09-19				Form 9	9U-T ((2018)

Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory \	valuation N/A				
1 Inventory at beginning of year				Inventory at end of year			6	
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply					
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	y)
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a)Deductions directly	, conne	cted with the income in
' rent for personal property is more than ' of rent for p			persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	2(a) and 2(b). Er n (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated De			instru	uctions)				
			- :	2. Gross income from		3. Deductions directly cor to debt-finance		perty
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							+	
(2)							+	
(3)			+				+	
(4)							+	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	1	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			+	
(2)				%				
(3)				%				
(4)				%				
	•		ļ			inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals						0		0.
Total dividends-received deductions in							. 	n o .

Form 990-T (2018)

Form 990-T (2018) ASTHMATICS, INC. 54-1357586

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Schedule 1 - Interest, F				Controlled O				10 (300 1113	iti detion.	3)	
1. Name of controlled organizati	identif	nployer fication	3. Net unre	elated income instructions)	4 . Tot	payments made incl		included in the controlling		6. Deductions directly connected with income	
	nun	nber					organiz	ation's gross i	income	in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated income (see instruction		9. Total o	of specified payr made	ments	Part of column 9 that is included in the controlling organization's gross income		ductions directly connected income in column 10			
(1)											
<u>(1)</u> (2)											
(3)											
(4)											
_(')		ı				Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).	
Totals								0.		0.	
Schedule G - Investme	nt Income of a	Section	501(c)(7	7), (9), or	(17) Oı	ganization)				
(see instr											
1. Descr	iption of income			2. Amount of	income	Deduction directly conne (attach sched)	cted	4. Set-	asides chedule)	 Total deductions and set-asides (col. 3 plus col. 4) 	
(1)											
(2) (3)											
(3)											
(4)											
				Enter here and o Part I, line 9, co	on page 1, Iumn (A).	1,			Enter here and on page 1, Part I, line 9, column (B).		
Totals			▶		0.					0.	
Schedule I - Exploited (see instru	Exempt Activity			Than Ad	lvertisi	ing Income	•				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expedirectly considered with process of unrest business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(2) (3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26.	
Totals	0.		0.							0.	
Schedule J - Advertising Part I Income From F				solidated	Basis						
		1		1 4					-	7 -	
1. Name of periodical	2. Gross advertising income		Direct tising costs	or (loss) (co col. 3). If a ga		5. Circulat income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) ALLERGY AND											
(2) ASTHMA TODAY	43,25	2. 34	4,996	•		19,6	64.	168,	372.		
(3)	, -		- '					,			
(4)											
Totals (carry to Part II, line (5))	▶ 43,25	2. 34	4,996	. 8	<u>, 256</u>	. 19,6	64.	168,	372.	8,256. Form 990-T (2018)	

Form 990-T (2018) ASTHMATICS, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	43,252.	34,996.				8,256.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	43,252.	34,996.				8,256.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

THE ALLERGY AND ASTHMA NETWORK/MOTHERS OF ASTHMATICS, INC. PUBLISHES THE PERIODICAL "ALLERGY AND ASTHMA TODAY".

TO FORM 990-T, PAGE 1

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Form 500

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2018 Virginia Corporation Income Tax Return



	must be filed ele	ectronically. Use this form		e an approved	l waiver.	Official Use Only
SHORT Year Filer: Beginning Date			Ending Date			
Short Year Return C	hange in Accoun	ting Perioa				
FEIN	Name AT.	FRCV AND AC	ידוא אודי	TWORK .	- мотн	ER Check all that apply:
54-1357586		MATICS, INC.	IIIMA NE	IWOILL	MOIII	Initial Filer
Mailing Address	ASIII	MATICO, INC.				Name Change
8229 BOONE BOUI	EVARD :	SIITTE 260				Mailing Address Change
City or Town	JE VIIILD,	JOIID 200	State	ZIP Code		Physical Address Change
VIENNA			VA	221	8.2	Filysical Address Change
Physical Address (if different from Mailing	g Address)					Entity Type Code
						NP
Physical City or Town			State	ZIP Code		NAICS Code
						480000
Date Incorporated	State or Country of	Incorporation	Description of E	Business Activity		
01/30/1986	VIRGIN:	IA	THE A	LLERGY	AND A	STHMA NETWORK/MOTHE
Check Applicable Boxes		Final Return			Corporate	e Telecommunications Company
Consolidated - Sch. 500	AC Enclosed	Final Return - C	heck here and	applicable	Enter amo	ount from Form 500T, Line 7:
Combined - Sch. 500AC	Enclosed	boxes below.				
Change in Filing Status		☐ Withdrawn				.00
Sch. 500A Enclosed		Dissolved - No	o longer liable	e for tax.		
Schedule 500AB Enclos	ed	Dissolved Dat	:e		Noncorpo	orate Telecommunications Company
X Nonprofit Corporation		Merged			Check box	and enter amount from Form 500T, Line 10:
Certified Company Appo	ortionment -	Merger Date				
Sch. 500AP Enclosed		Merged FEIN				.00
Enter number of affiliates	·	S Corp Effect	ive		Electric S	Supplier Company
Amended Return (Do not file t	this form to carr	v hack a net operating k	nss Ilse Form	500NOLD)	Enter amo	ount from Sch. 500EL, Line 7 or 14:
,				•	-	
Amended Return - Check	k here and	Nonrefundable or	Refundable C	Credit		.00
other applicable boxes.		Change	24		Home Se	rvice Contract Provider
Federal Audit - Enclose of	opy of IRS	Schedule 500AB (Enter amo	ount from Form 500HS, Line 10:
final determination. Schedule 500A Changes		Capital Loss Carr Other - Enclose ex	_			Check box if a noncorporate HSCP.
Schedule 500ADJ Changes		Utilei - Eliciose ex	ріанацон.			.00
Questions and Related Infor						.00
A. Have you made any payme		• •	•		•	· •
expenses related to intang	jible property (p	atents, trademarks, cop	yrights, and si	milar intangil	ble property	/)? If yes, complete and
enclose Schedule 500AB.	Enter exc	ception amount from So	chedule 500A	B, Line 8.	A.	.00
		-			_	
B. Coalfield Employment Enh	ancement Tax (Credit earned from 2018	Form 306, Lin	e 11.	В	.00
C. If a net operating loss ded				Year of Loss		
taxable income on the U.S						
the requested information.		•	(2)	ederal NOL	_	
FEIN of the company gene	prior to the merger date	· (3) I	Percent of fe	deral		
FEIN			_ '	NOL used th	_	%
(If there are NOLs for more	-		•		tion reques	ted in Section C.)
D. If pass-through entity with	· ·	·	Schedules VK	-1 and		
complete and enclose Sch	•	•				
E. Has your federal income to	•			`	rear E.	
IRS and finalized for any p	• • •				,	
reported to the Departmer	nt'? If yes, provic	ie tne year(s).			rear_	
F Logotion of comments to	a a a lea				rear_	
F. Location of corporation's t	DOOKS				-	
Contact for corporation's t	oooks THE (ORGANIZATION	Cor	ntact Phone	Number	703-641-9595

2018 Virginia Form 500

Page 2

FEIN 54-1357586



INCOME								
Federal taxable	income (from enclosed federal return)			1.	0 .00			
	from Schedule 500ADJ, Section A, Line 7			2.	.00			
	s 1 and 2)			3.	.00			
4. Total subtraction	ns from Schedule 500ADJ, Section B, Line 10			4.	.00			
	Balance (subtract Line 4 from Line 3)							
	an Association's Bad Debt Deduction (see instructions)			6.	.00			
	e income (subtract Line 6 from Line 5)			7.	.00			
TAX COMPUTATION	ON							
8. Apportionable	Income (Schedule 500A Filers) - Complete Lines 8(a) t	hrough 8(d). See instr	uctions.					
(a) Income sub	ject to Virginia tax from Schedule 500A, Section B, Line	3(j)	8((a)	.00			
(b) Apportionm	ent factor percentage from Schedule 500A, Section B, L	_ine 1 or Line 2(g)	8((b)	%			
(c) Nonapportion	onable investment function income from Schedule 500A	, Section B, Line 3(c)	8((c)	.00			
(d) Nonapportion	onable investment function loss from Schedule 500A, Se	ection B, Line 3(e)	8(d)	.00			
9. Income tax (6%	o of Line 7 or 6% of Line 8(a)).			9.	0 .00			
PAYMENTS AND	CREDITS							
10. Nonrefundable t	tax credits: Enter the amount from Schedule 500CR, Se	ction 2, Part 1, Line 1	В 1	10.	.00			
11. Adjusted corpor	rate tax (subtract Line 10 from Line 9)		1	l1	.00			
12. 2018 estimated	Virginia income tax payments including overpayment cr	edit from 2017	1	12.	.00			
	ent			13.	.00			
14. Refundable tax	credits from Schedule 500CR, Section 4, Part 1, Line 14	٩	1	14.	.00			
15. Pass-through er	ntity total withholding from Schedule 500ADJ, Section D	١	1	15.	.00			
16. Total payments	s and credits (add Lines 12 through 15)		1	16.	.00			
REFUND OR TAX	DUE							
•	e 11 is greater than Line 16, subtract Line 16 from Line	•		17.	.00			
	tructions)			18.	.00			
	tructions)			19.	.00			
	ge from Form 500C, Line 17 (enclose Form 500C)			20.	.00			
	Lines 17 through 20)			21.	.00			
	Line 16 is greater than Line 11, subtract Line 11 from L			22.	.00			
	redited to 2019 estimated tax			23.	.00			
24. Amount to be r	efunded (subtract Line 23 from Line 22)		2	24.	.00			
under the penalties provide complete return, made in g	nt, vice-president, treasurer, assistant treasurer, chief accounting officer, or ed by law that this return (including any accompanying schedules and state good faith, for the taxable year stated, pursuant to the income tax laws of the which he or she has any knowledge.	ements) has been examined b	by me and is, to the best of m	ny knowledge and belief, a tr	rue, correct, and			
By checking the bo	ox to the right, I (we) authorize the Department to disc	cuss this return with	the undersigned pre	eparer. — X]			
Date	Signature of Officer		TREASURER					
Printed Name of Officer J. RANDOLP	H TAYLOR		Phone Number 800-878-44	03				
	d Firm Name LISA CHEIFETZ		Preparer Phone Number 410-884-02	20				
Date Park	Individual or Firm, Signature of Preparer		10500 LITTL		PARK			
			A, MD 21044					
Preparer's FEIN, PTIN, or	SSN	Approved Vendor Co	ode	^				

2018 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

 ${\scriptstyle \text{Name as shown on Virginia return}} \quad \text{ALLERGY} \quad \text{AND} \quad \text{ASTHMA} \quad \text{NETWORK} \quad - \quad \text{MOTHERS} \quad \text{O} \quad {\scriptstyle \text{FEIN}} \quad 54-1357586$

11. Property subject to 168(f)(1) election 12	
3. Net Operating Loss Deduction 3. 4. 5. Special Deductions 5. Federal Taxable Income after NOL and Special Deductions 5. Federal Taxable Income after NOL and Special Deductions 5. Form 1120, Schedule C - Dividends and Special Deductions 6. 7. Form 1120, Schedule K or M-1 8. Form 5884 - Work Opportunity Credit 9. Salaries and Wages not deducted due to the WOTC 9. Form 4562 - Special Depreciation Allowance and Other Depreciation 9. Form 4562 - Special Depreciation Allowance and Other Depreciation 11. Property subject to 168(f)(1) election 11. 12. Other depreciation 11. Property subject to 168(f)(1) election 11. 12. Other depreciation 12. This Schedule A - Income or Loss Before Adjustments - Gross Income or Loss 13. Total: Dividends (Exclude Gross-up) 13. 14. 14. Total: Dividends (Gross-up) 15. 16. Total: Inclusions (Gross-up) 17. Total: Interest 18. 18. Total: Gross Rents, Royalties, and License Fees 18. 19. Total: Other 20. 20. Total: Other 20. 21. Total: Other 20. 21. Total: Other 20. 22. 21. Total: Other 20. 22. 22. Total: Allocable - Rental, Royalty, and Licenseing Expenses - Depreciation, Depletion, and Amortization 22. 23. Total: Allocable - Expenses Related to Gross Income from Performance of Services 24. 25. Total: Allocable - Sepenses Related to Gross Income from Performance of Services 24. 25. Total: Allocable - Sepenses Related to Gross Income from Performance of Services 24. 25. Total: Allocable - Sepenses Related to Gross Income from Performance of Services 24. 25. Total: Allocable - Capper Services 24. 25. Total: Allocable - Capper Services 24. 26. 26.	
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Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income 6	
6. Subpart F Income 6	
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71. Total: Total Gross Income or Loss from Outside the US Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions 2. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization 22 3. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses 23 4. Total: Allocable - Expenses Related to Gross Income from Performance of Services 24 5. Total: Allocable - Other Allocable Deductions 25 6. Total: Total Allocable Deductions 26	
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6. Total: Total Allocable Deductions 26.	
	.l
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income	

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2018**

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name Federal	I ID Number
ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, $54-1$.357586
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider in in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to funds withdrawal entry to the financial institution account indicated on the 2018 Virginia income tax return for payment return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain I all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the or I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return. Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 22102 Do not enter all zeros To not enter all zeros as my signature on the corporation's 2 corporation income tax return.	including the amounts shown income tax return. If filing a initiate an ACH electronic to f state taxes owed on this e confidential information involve a financial institution liable for the tax liability and complete return to Virginia Tax.m.
ERO Firm Name	_
I will enter my e-File PIN as my signature on the corporation's 2018 electronic Virginia corporation income tax re	eturn. Check this box only
if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must	complete Part III below.
Your Signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54807621044 Do not enter all zeros	
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia corporation income	me tax return for the
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Prac	ctitioner PIN method and
have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanism	anical device, such as
a signature pen, or computer software program.	
ERO's Signature	Date

Form VA-8879C (REV 08/18)

** PUBLIC DISCLOSURE COPY **

990

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	ror the	2018 calendar year, or tax year beginning and en	unig						
В	Check if applicable	C Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	4	D Employer identifie	cation number				
	Addres	ASTHMATICS, INC.	·						
	Name change	Doing business as		54-1	357586				
	Initial return Final return/	/	om/suite	E Telephone number 800-	878-4403				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,765,790.				
	Ameno			H(a) Is this a group re					
	Application			for subordinates					
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No									
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	527		list. (see instructions)				
J	Websit	e: ► WWW.AANMA.ORG		H(c) Group exemption					
K	Form of	organization: X Corporation Trust Association Other ▶	L Year o		State of legal domicile: VA				
		Summary		·	<u> </u>				
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ END	THE	NEEDLESS D	EATH AND				
Activities & Governance		SUFFERING DUE TO ASTHMA, ALLERGIES AND REI	LATED	CONDITIONS	•				
rua	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	14				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			14				
ş		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			9				
ij		Total number of volunteers (estimate if necessary)			14				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			43,252.				
۹		Net unrelated business taxable income from Form 990-T, line 38			0.				
		<u> </u>		Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		1,991,347.	2,237,059.				
ğ	9	Program service revenue (Part VIII, line 2g)		666,312.	527,451.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		319.	1,280.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,657,978.	2,765,790.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,500.	46,500.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ø		Salaries other compensation employee benefits (Part IX column (A) lines 5.10)		868,325.	1,041,303.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.				
g	b ·	Total fundraising expenses (Part IX, column (D), line 25) 53,721	Ĺ.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,645.	1,287,432.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,952,470.	2,375,235.				
	19	Revenue less expenses. Subtract line 18 from line 12		705,508.	390,555.				
Net Assets or	3	·	Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		371,124.	763,425.				
ASS	21	Total liabilities (Part X, line 26)		189,070.	190,816.				
35	22	Net assets or fund balances. Subtract line 21 from line 20		182,054.	572,609.				
P	art II	Signature Block							
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	/ knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.					
		N							
Sig	ın	Signature of officer		Date					
Не	re	J. RANDOLPH TAYLOR, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN				
Pai	d	LISA CHEIFETZ		if self-employe					
Pre	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN	52-1853933				
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU	JITE	770					
		COLUMBIA, MD 21044		Phone no.41	0-884-0220				
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form 990 (2018)

ASTHMATICS, INC.

54-1357586 Page **2**

Page	. 2

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ALLERGY & ASTHMA NETWORK MOTHERS OF ASTHMATICS (AANMA) IS DEDICATED TO
	ENDING THE NEEDLESS DEATH AND SUFFERING DUE TO ASTHMA, ALLERGIES AND
	RELATED CONDITIONS THROUGH EDUCATION, ADVOCACY AND COMMUNITY OUTREACH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	1 766 753
	EDUCATION AND AWARENESS - AS THE CONSUMER VOICE, AANMA DELIVERS TIMELY,
	ACCURATE, AND PRACTICAL INFORMATION; PROVIDES COMMUNICATION LINKS AMONG
	PATIENTS AND FAMILIES TO DECISION MAKERS WITHIN THE HEALTH-CARE AND
	PHARMACEUTICAL INDUSTRIES, SCHOOLS, AND GOVERNMENT; INCREASES PATIENT
	AND PUBLIC AWARENESS THROUGH EDUCATIONAL RESOURCES; IS A VEHICLE FOR
	IMPROVING PATIENT ACCESS TO SPECIALTY CARE; ENCOURAGES THE SUPPORT OF
	SCIENTIFIC RESEARCH RELATED TO THE CAUSES AND CURES OF ASTHMA;
	PARTICIPATES IN THE ANNUAL ASTHMA AWARENESS DAY CAPITOL HILL ADVOCACY
	DAY; AND PROVIDES A PATIENT SUPPORT CENTER STAFFED BY A REGISTERED
	NURSE AND CERTIFIED ASTHMA EDUCATOR.
	TOUGH THE CHILITIES HOTHER BECCHICK.
4b	(Code:) (Expenses \$ 183,088 • including grants of \$) (Revenue \$ 484,199 •)
40	(Code:) (Expenses \$ 183,088 including grants of \$) (Revenue \$ 484,199 including grants of \$) (Revenue \$ COMMUNICATIONS AND PUBLICATIONS - AANMA FACILITATES COMMUNICATION OF
	QUALITY INFORMATION AMONG PATIENTS, PARENTS, PHYSICIANS, COMMUNITY
	MEMBERS AND INDUSTRY THROUGH ACCURATE GUIDANCE AND CLEARLY WRITTEN
	RESOURCES ON ASTHMA AND ALLERGIES PROVIDED ON THEIR WEBSITE, PUBLISHED
	REPORTS, POSITION STATEMENTS, AND THE MONTHLY NEWSLETTER, MA REPORT.
	AANMA ALSO PRODUCES THE ALLERGY & ASTHMA TODAY MAGAZINE AND THE INDOOR
	AIREPORT ALONG WITH VARIOUS OTHER PUBLICATIONS.
	AIRBIORI ABONG WITH VARIOUS CINER TOBBICATIONS.
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,949,841. Form 990 (2018)
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete						
	Schedule D, Part III	8		Х			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?						
	If "Yes," complete Schedule D, Part IV	9		X			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent						
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х				
	Part VI						
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X			
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e					
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х				
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21				
ıza	Schedule D, Parts XI and XII	12a	х				
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza					
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174					
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000						
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any						
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to						
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		Х			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l			

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Pai	rt IV Checklist of Required Schedules (continued)			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ.	20	X	NO
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Λ	
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</i> "Yes," <i>complete Schedule J</i>		23	х	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	······			
·	any tax-exempt bonds?	2	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	2	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III	🚅	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions for applicable filing thresholds, conditions, and exceptions):				v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officent and trusteen trusteen and trusteen and trusteen trusteen and	I .			x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	······ -4	29		
30	contributions? If "Yes," complete Schedule M	. ا	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	······ -`	31		
52	Schedule N, Part II	. ا	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	······	_		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	;	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	;	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	I .			l
	If "Yes," complete Schedule R, Part V, line 2	L3	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	L	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 3	38	Λ	
1 0	Check if Schedule O contains a response or note to any line in this Part V				
	Officer if Octredule O contains a response of flore to any line in this rart v	<u></u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	40		163	140
		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	$\neg \neg$			
-	(gambling) winnings to prize winners?		1c	Х	

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

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7с		$\overline{}$
d	,	7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		_	000	10040

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		_	_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	b Enter the number of voting members included in line 1a, above, who are independent b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			Г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			г	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			····			
а	The governing body?	-	=		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenue	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot}$			[10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange						v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation for the control of		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with a south a such a such a south a sout	ınızatio	n's		40:		
800	exempt status with respect to such arrangements?				16b		
<u>3ec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ, CA, CT, FL, C	T A	I ME MD	MT	N.T	NV	OH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a						
10	for public inspection. Indicate how you made these available. Check all that apply.	114 990	1 (000011011 00	. (0)(0)8	orny)	avalla	ADIG
Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	v and	finan	cial	
	statements available to the public during the tax year.	,,,,,,,,,, C	microsi pollo	, and	iai li	-141	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records				
	THE ORGANIZATION - 703-641-9595	ui					
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182	2					
832006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2018)

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ASTHMATICS, INC.

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

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

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

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

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

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

Clist any hours for related organizations below End of the companization (W-2/1099-MISC) Compensation (W-2/109-MISC) Compens	(A) Name and Title	(B) Average hours per week	box	not c , unle: cer an	heck i ss pei	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
1.00 X		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
Carrent Correction		1.00	x		x				0.	0.	0.
(3) NATALIE NAPOLITANO	(2) J. RANDOLPH TAYLOR, CPA	1.00									0.
Director X		1.00							0.	0.	0.
DIRECTOR X			х						0.	0.	0.
Column	(4) TOM KALLSTROM, MBA, RRT	0.50									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
Column C	(5) GAYLE N. HIGGINS, FNP	0.50									
DIRECTOR		0 50	X						0.	0.	0.
Column	•	0.50	Ţ.						_	0	0.
Director X		0.50	^						0.	0.	0.
(8) Jodie Stabinski, RN, MSN, CPNP 0.50		0.50	x						0.	0.	0.
DIRECTOR		0.50									
DIRECTOR			Х						0.	0.	0.
DIRECTOR	(9) CRISTIN BUCKLEY	0.50									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	·	0.50								•	
DIRECTOR X		0 50	X						0.	0.	0.
DIRECTOR	,	0.50							0	0	0.
DIRECTOR X		0.50	^						0.	0.	0.
(13) MICHAEL CORJULO, APRN, CPNP		0.30	x						0.	0.	0.
DIRECTOR X 0. 0.		0.50	 								
DIRECTOR X 0. 0.			х						0.	0.	0.
(15) TONYA WINDERS, MBA 35.00 X 234,417. 0. 2,70 (16) SALLY Z. SCHOESSLER 35.00	(14) DONNA MATLACH	0.50									
PRESIDENT & CEO	DIRECTOR		Х						0.	0.	0.
(16) SALLY Z. SCHOESSLER 35.00		35.00									
		25 00	_		X				234,417.	0.	2,708.
DIRECTOR OF EDUCATION X 102,942. U. /.		35.00	-				٦,		102 042	_	720
	DIRECTOR OF EDUCATION		_				Α.		102,942.	0.	739.
			\mathbf{I}								

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(A)	(A) (B)							(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	stimat	ed
	hours per	box,	, unle	ss per	rson i	is bot	h an	compensation	compensation	ı	ar	nount	of
	week	\vdash	Jer an	u a ui	recio	or/trus	iee)	from	from related			other	
	(list any hours for	director						the	organizations			pensa	
	related	or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om th aniza	
	organizations	rustee	l trus		ee	mpen		(***-2/1099-141130)				d rela	
	below	Individual trustee or	Institutional trustee	_	nploy	st co	er					anizat	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form						
								337,359.		0.		2 /	17
1b Sub-total								337,339.		0.		3,4	47.
c Total from continuation sheet								337,359.		0.		3 1	47.
d Total (add lines 1b and 1c)2 Total number of individuals (incl							10 r		000 of reportable	-		 	
compensation from the organiza		1030	iiote	o ar		5) WI	10 10	eceived more than proc	,000 of reportable				2
3 Did the organization list any for	mer officer director or tr	ictor	s ko	v on	nnlo	WAA	or	highest compensated a	mplovee on			Yes	No
line 1a? If "Yes," complete Sche				-	-	-		mignest compensated e	-		3		Х
4 For any individual listed on line													
and related organizations greate	•							-	•		4	Х	
5 Did any person listed on line 1a													
rendered to the organization? If	"Yes," complete Schedu				-			<u></u>			5		X
Section B. Independent Contractor 1 Complete this table for your five		done		nt o	onti	ro ot c	t	that received mare than	\$100,000 of com		otion	from	
1 Complete this table for your five the organization. Report compe		-								peris	alion	ITOITI	
Name an	(A) Id business address	NC	ONE	3				(B) Description of s	ervices	С)) ompe	C) nsatio	on
							1						
							\neg						
2 Total number of independent co		not lir	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from	the organization				(<u>) </u>						000	(2018)

Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 114,832. e Government grants (contributions) f All other contributions, gifts, grants, and $|_{1f}|_{2,122,227}$ similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 2,237,059 h Total. Add lines 1a-1f .. Business Code 900099 255,103 255,103. 2 a MEMBERSHIP DUES Program Service Revenue 229,096. b RESOURCE MATERIALS/PRO 900099 229,096. 541800 c MAGAZINE ADVERTISING 43,252. 43,252. d All other program service revenue 527,451. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,280 1,280. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 484,199. 43,252. ,765,790. 1,280. **Total revenue.** See instructions

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Form 990 (2018)

ASTHMATICS, INC.

54-1357586 Page **10**

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic	16,500.	16,500.		
•	individuals. See Part IV, line 22	10,300.	10,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4	Benefits paid to or for members	20,000	20,0001		
5	Compensation of current officers, directors,				
•	trustees, and key employees	237,126.	188,651.	43,947.	4,528
6	Compensation not included above, to disqualified	,	•	•	, , , , , , , , , , , , , , , , , , ,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	673,284.	535,648.	124,780.	12,856
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	66,710.	53,073.	12,364.	1,273
10	Payroll taxes	64,183.	51,063.	11,895.	1,225
11	Fees for services (non-employees):				
а	Management				
b		1,443.		1,443.	
С	Accounting	55,124.		55,124.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	437,644.	416,109.	4,380.	17,155
12	Advertising and promotion	11,178.	11,178.	1000	
13	Office expenses	146,859.	127,793.	18,803.	263
14	Information technology	35,283.	21,360.	13,923.	
15	Royalties	F1 400	44 205	6 045	2 050
16	Occupancy	51,422.	41,325.	6,845.	3,252
17	Travel	194,658.	125,101.	64,789.	4,768
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	221 272	220 (11		((1)
19	Conferences, conventions, and meetings	221,273.	220,611.	2 007	662
20	Interest	2,987.		2,987.	
21	Payments to affiliates	2 062	2 126	568.	58
22	Depreciation, depletion, and amortization	3,062. 3,353.	2,436.	3,353.	38
23	Insurance Other expanses Itamize expanses not sourced	3,333.		٥,٥٥٥.	
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.)				
а	PRINTING	111,959.	108,668.	538.	2,753
a b	TAXES AND LICENSES	6,878.	175.	1,775.	4,928
c	MISCELLANEOUS	4,159.		4,159.	- /
d	DUES AND SUBSCRIPTIONS	150.	150.	,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,375,235.	1,949,841.	371,673.	53,721
<u> </u>	Joint costs. Complete this line only if the organization			•	· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

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Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			204,403.	1	653,080.
	2	Savings and temporary cash investments	331.	2	212.		
	3	Pledges and grants receivable, net			55,900.	3	22,500.
	4	Accounts receivable, net	98,662.	4	78,867.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	ployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual	fied pe	sons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Comp	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,115.	9	5,115.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	63,291.			
	b	Less: accumulated depreciation	10b	63,291.	3,062.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	3,651.	15	3,651.		
	16	Total assets. Add lines 1 through 15 (must equ		1	371,124.	16	763,425.
	17	Accounts payable and accrued expenses			164,070.	17	190,816.
	18	Grants payable			25,000.	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			100 070	25	100 016
	26	Total liabilities. Add lines 17 through 25			189,070.	26	190,816.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Fund Balances		complete lines 27 through 29, and lines 33 ar			100 016		124 050
<u>a</u>	27	Unrestricted net assets	-188,846.	27	124,859.		
Ba	28	Temporarily restricted net assets	370,900.	28	447,750.		
<u>n</u>	29				370,300.	29	447,730.
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			182,054.	32	572,609.
_	33	Total net assets or fund balances			371,124.	33	
	34	Total liabilities and net assets/fund balances			3/1,124.	34	763,425.

Form **990** (2018)

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,76				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,37	5,2 0,5			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments						
6							
7							
8							
9					0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	57	2,6	09.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ALLERGY AND ASTHMA NETWORK -MOTHERS OF

OMB No. 1545-0047

Open to Public Inspection

17389 1

Employer identification number

Name of the organization ASTHMATICS, INC. 54-1357586 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	•					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	2327847.	2160378.	1597732.	1991347.	2237059.	10314363.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	0200040	01.602.70	150550	1001245	0025050	10214262		
4	Total. Add lines 1 through 3	2327847.	2160378.	1597732.	1991347.	2237059.	10314363.		
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,						F227400		
_	column (f)						5327499. 4986864.		
	Public support. Subtract line 5 from line 4.						4900004.		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 201 <i>E</i>	(a) 2016	(4) 2017	(a) 2019	(f) Total		
		(a) 2014 2327847.	(b) 2015 2160378.	(c) 2016 1597732.	(d) 2017 1991347.	2237059	(f) Total 10314363.		
8	Amounts from line 4 Gross income from interest,	2327047	21003701	1337732	1331347	2237033.	10314303.		
0	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,695.	1,139.	398.	319.	1,280.	4,831.		
9	Net income from unrelated business	2,0300	2,233	3,00	3230	2,2000	2,0021		
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11							10319194.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,281,982.		
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)			
	organization, check this box and stop	here					> □		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	48.33 %		
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	50.11 %		
16a	33 1/3% support test - 2018. If the o	•		•		•			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X		
b	33 1/3% support test - 2017. If the o	•		•		•			
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	•					•		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets the						•		
40	organization meets the "facts-and-circ						_		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support		•				
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
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						l .
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6			, ,	<u> </u>		.,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is	;					
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	_			-		
Section C. Computation of Pub						•
15 Public support percentage for 2018			column (f))		15	9/
16 Public support percentage from 201					16	9
Section D. Computation of Inve						·
17 Investment income percentage for 2					17	9/
18 Investment income percentage from					 	9/
19a 33 1/3% support tests - 2018. If th					•	
more than 33 1/3%, check this box	-					▶□
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, ch	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation. If the organizati						

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Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
10a		
40.		
10b		

Pa	t IV Supporting Organizations (continued)			.go o
	, , , , (continueu)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ZIJ		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv intear	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		(Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3								
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
c	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
e	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule A	(Form 990 or 990-EZ) 2018 ASTHMATICS,	INC.	54-1357586 Page 8
Part VI	Supplemental Information. Provide the e Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Se	explanations required by Part II, line 10; Part II, line 17a of a 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part it, lines 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	,		

Schedule B

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

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

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

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

OMB No. 1545-0047

2018

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number

54-1357586

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),		
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF
ASTHMATICS, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 114,832.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 235,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 479,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 275,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 125,000.	Person X Payroll

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF
ASTHMATICS, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 180,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 377,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 75,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	Nume, dudices, dila 2n 1 1	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number

, , 1	ash Property (see instructions). Use duplicate copies of P	· 	1
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncastr property given	(See instructions.)	Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** ALLERGY AND ASTHMA NETWORK - MOTHERS OF 54-1357586 ASTHMATICS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number 54-1357586

Schedule D (Form 990) 2018

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (Other	Similar Ass	ets(contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that ar	e a sign	ificant use of it	s collection	n items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs	3			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's	s exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other s	similar as	sets		
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	llection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	•	te if the organizatio	n answered "Ye	s" on Fo	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Part	: X, line 21.						
1a	Is the organization an agent, trustee, custodia		•			_	_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ustodial account	t liability	?L	Yes	└─ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.							
Pai	T V Endowment Funds. Complete if	<u> </u>						
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years ba	- ' '	Three years bac	+ ` '	years back
	Beginning of year balance	4,000.	4,000.	4,0	00.	4,000	· ·	4,000.
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	4,000.	4,000.	4,0	00.	4,000		4,000.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	for the	organization	_	
	by:							Yes No
	(i) unrelated organizations							X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organizat						3 b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	1	· · · · · · · · · · · · · · · · · · ·					
	Description of property	(a) Cost or ot basis (investm				ımulated ciation	(d) Book	value
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment			5,586.		5,586.		0.
	Other			7,705.	3	7,705.		0.
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B), line 1	0c.)		🕨 📗		0.

Schedule D (Form 990) 2018

54-1357586 Page **3**

Part VII	Investments - Other Securities.					
(-) Dogorir	Complete if the organization answered "Yes' oftion of security or category (including name of security)	on Form 990, Part I (b) Book value				and of consumeration colors
		(b) Book value	-	(C) Metriod of V	raluation. Cost or e	nd-of-year market value
	al derivatives					
	held equity interests					
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)					
	Investments - Program Related.					
i ait Viii	-	Faure 000 David	\/ lima dda	. C Farm 000	Doub V. line 10	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value				nd-of-year market value
/4\	(a) Beschption of investment	(b) Book value		(c) Motifica of V	<u> </u>	na or your market value
(1)						
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.	<u> </u>				
	Complete if the organization answered "Yes"	on Form 990. Part I	V. line 11d	d. See Form 990.	Part X. line 15.	
		Description	,		,	(b) Book value
(1)		·				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colບ	umn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			>	•
Part X	Other Liabilities.	,			·	•
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11e	e or 11f. See For	n 990, Part X, line 2	25.
1.	(a) Description of liability		(b)	Book value		
(1) Fed	deral income taxes					
(2)						
(3)						
(3)						
. ,						
(4)						
(4) (5)						
(4) (5) (6)						
(4) (5) (6) (7)						
(4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) lir	ne 25.)				

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial St	atements With Reveni		1 3 3 7 3 0 0 Fage 1
Complete if the organization answered "Yes" on Form 990, Part IV, I		ie per rietari	•
A T.1.	124.	1	2,765,790.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		······	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			2,765,790.
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.)			
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			2,765,790.
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV, I		•	
Total expenses and losses per audited financial statements		1	2,375,235.
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			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			2,375,235.
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	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	2,375,235.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art 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	ariy additional imormation.		
PART V, LINE 4:			
ENDOWMENT IS INVESTED IN PERPETUITY AND	ONLY THE INCOME	CAN BE U	JSED FOR
PROGRAM OPERATIONS IN ACCORDANCE WITH RE	STRICTIONS SET	BY THE DO	ONOR. THERE
		10/2	1 /10
WAS NO INTEREST EARNED ON THE ENDOWMENT	FOR THE YEAR EN	DED 12/3.	1/18.
PART X, LINE 2:			
AANMA BELIEVES THAT IT HAS APPROPRIATE S	UPPORT FOR ANY	TAX POSI	rions
TAKEN, AND AS SUCH, DOES NOT HAVE ANY UN	CERTAIN TAX POS	TTTONS T	HAT ARE
MATERIAL TO THE FINANCIAL STATEMENTS OR '	THAT WOULD HAVE	AN EFFE	CT ON ITS

THAT NEED TO BE RECORDED.

TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES

ALLERGY AND ASTHMA NETWORK - MOTHERS OF 54-135<u>7586 Page 5</u> ASTHMATICS, INC. Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2018
Open to Public Inspection

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

ASTHMATICS, INC.

Employer identification number

54-1357586

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE GRANT TO RECIPIENT IN PACIFIC PROGRAM SERVICES REGION. 20,000.

LHA	For Pa	perwork	Reducti	on Act Notic	ce, see the	Instructi	ons for F	orm 990.

0

0

0

0

Schedule F (Form 990) 2018

20,000.

20,000.

0.

and 3b)

3 a Subtotal

b Total from continuation

sheets to Part I
c Totals (add lines 3a

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EAST ASIA AND THE	PARTICIPATION IN THE 2018 GLOBAL ASTHMA REPORT.	20,000.	WIRE	0.			
				·					
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

54-1357586

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2018

Provide the information Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE GRANT TO THE UNIVERSITY OF AUCKLAND WAS FOR A GLOBAL EPIDEMIOLOGY
REPORT "GLOBAL ASTHMA NETWORK 2018." THE WORK WAS MONITORED PERIODICALLY
AND A FINAL REPORT WAS REQUIRED AND DELIVERED UPON COMPLETION OF THE
WORK.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

ASTHMATIC	S, INC.						54-1357586
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than		·	<u> </u>		(f) Mathada of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVE., BOX #205							SCHOOL FOOD ALLERGY
CHICAGO, IL 60611	36-2170833		10,000.	0.			POLICY STUDY.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization		l table	he line 1 table				1.

Page 2

Schedule I (Form 990) (2018) ASTHMATICS, INC	C.				54-1357586	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncash	n assistance
SCHOLARSHIPS TO ATTEND SUMMIT	33	16,500.	0.			
Part IV Supplemental Information. Provide the information red	 quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
THE GRANT TO THE ORGANIZATION WAS	FOR AN E	VALUATION	OF SCHOOL	POLICY		
IMPLEMENTATION OF STOCK EPINEPHRIN	NE. A STU	DY WAS CON	IDUCTED AND) A		
PUBLICATION RESULTED. IT WAS CLOSE	ELY MONIT	ORED AND A	LL REQUIRE	D WORK WAS		
DELIVERED. SCHOLARSHIP AMOUNTS AN	RE SMALL	AWARDS TO	INDIVIDUAL	S TO ATTEND		
THE 2018 NATIONAL ASTHMA SUMMIT.	MINIMAL M	ONITORING	IS REQUIRE	D.		

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number 54-1357586

			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:			х			
а	a Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:			37			
	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:			v			
а		6a		X			
b	Any related organization?	6b					
_	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	Х				
not described on lines 5 and 6? If "Yes," describe in Part III							
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_					
	Regulations section 53.4958-6(c)?	9		Щ_			

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) TONYA WINDERS, MBA	(i)	196,545.	37,872.	0.	0.	2,708.	237,125.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ART I, LINE 7: ONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER	Part III Supplemental Information
ONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER	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.
	PART I, LINE 7:
ONTRACT AND CAN BE UP TO 20% OF SALARY.	BONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER
	CONTRACT AND CAN BE UP TO 20% OF SALARY.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number 54-1357586

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY VOTE OF THE DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT, MAY DESIGNATE DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE AND OTHER COMMITTEES, EACH OF WHICH, TO THE EXTENT AUTHORIZED BY LAW AND PROVIDED IN SUCH RESOLUTION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY MEMBER THEREOF, OF ANY RESPONSIBILITY OR LIABILITY IMPOSED UPON IT OR HIM BY LAW.

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

THE GOVERNING BOARD OF AANMA IS PROVIDED A COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING.

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

THE BOARD REQUIRES ALL MEMBERS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM AND SUBMIT THE SIGNED FORMS WHICH ARE REVIEWED BY THE CHAIRMAN AND PRESIDENT OF THE ORGANIZATION. THE CHAIRMAN AND PRESIDENT FOLLOW UP ON ANY BOARD MEMBERS WHO DO NOT SUBMIT THEIR FORM IN A TIMELY MANNER.

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

THE ORGANIZATION PERFORMS A COMPENSATION STUDY AND ANALYSIS AND COMPARES

THE COMPENSATION OF SIMILAR ORGANIZATIONS WHEN DETERMINING THE COMPENSATION

OF THE PRESIDENT AND OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE LAST TIME

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.	Employer identification number 54-1357586
THE PRESIDENT'S SALARY WAS REVIEWED WAS IN 2018.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	
AZ, CA, CT, FL, GA, IL, ME, MD, MI, NJ, NY, OH, PA, RI, UT, WA, WI, VA, NC,	, TX
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 990, 990T AND FINANCIAL STATEM	MENTS AVAILABLE
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	404,509.
MANAGEMENT AND GENERAL EXPENSES	1,000.
FUNDRAISING EXPENSES	17,155.
TOTAL EXPENSES	422,664.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	11,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,600.
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,380.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,380.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	437,644. edule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.	Employer identification number 54-1357586
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR SE	LECTING AN
INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF ITS F	INANCIAL
STATEMENTS ON AN ANNUAL BASIS. THE PROCESS HAS NOT CHANGE	בה הוופואכ יישב
DIMIDIALITY ON THE IMMORE DISTRICT THE INCOMES HAD NOT CHARGE	DOMING THE
TAX YEAR.	

Form 990-T	Exempt Organization Business Income Tax Return						OMB No. 1545-0687		
		. (ar	nd proxy tax unde	er se	ction 6033(e))			2040	
	For cal	lendar year 2018 or other tax ye		- ·	2018				
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbe	_	be ma	de public if your organiz	ation is a 501(c)(3).		en to Public Inspection for 1(c)(3) Organizations Only	
A Check box if address changed		Name of organization (LALLERGY AND					Employe Employe instruction	r identification number ees' trust, see ons.)	
B Exempt under section	Print	ASTHMATICS,		54	-1357586				
X 501(c)(3)	or	Number, street, and room	E	Unrelated (See instr	d business activity code ructions.)				
408(e) 220(e)	Туре	8229 BOONE							
408A 530(a)		City or town, state or prov		foreig	n postal code	_			
529(a)		VIENNA, VA				5	418	00	
C Book value of all assets at end of year	2.5	F Group exemption numb		<u> </u>		1 101/) .			
		G Check organization type		_		401(a) ti		Other trust	
H Enter the number of the	-		·	1		the only (or first) unre			
·		EE STATEMENT ce at the end of the previou		rto I on		complete Parts I-V. If			
business, then complete	•	•	is semence, complete Pai	ris i aii	u II, complete a Schedule	IN TOT EACH AUGILIONAL	traue of		
		oration a subsidiary in an a	affiliated aroun or a naren	t-cuhci	diary controlled group?		Yes	X No	
		tifying number of the paren		i subsi	ulary controlled group:		103	110	
J The books are in care of					Telepho	one number > 70	3-6	41-9595	
		de or Business Inc			(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale	es								
b Less returns and allow			c Balance	1c					
2 Cost of goods sold (S	Schedule	A, line 7)		2					
3 Gross profit. Subtract				3					
4a Capital gain net incon	ne (attac	h Schedule D)		4a					
		art II, line 17) (attach Form		4b					
c Capital loss deduction	n for trus	sts		4c					
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5					
6 Rent income (Schedu	, .			6					
		ne (Schedule E)	r	7					
		and rents from a controlled	r	8					
		on 501(c)(7), (9), or (17) or	· · · · · · · · · · · · · · · · · · ·	9					
		me (Schedule I)		10	43,252.	34,99	16	8,256.	
) J)		11 12	43,232.	34,33	, 0 .	0,230.	
Other income (See in:Total. Combine lines	Siluciloi Siluciloi	ns; attach schedule)			13 252	34,99	16	8,256.	
Part II Deduction	ne Na	ot Taken Elsewher	(See instructions for	r limits	etions on deductions)	34,33	70.	0,250.	
(Except for	contrib	utions, deductions must	be directly connected	d with	the unrelated business	s income.)			
		rectors, and trustees (Sche					14		
							15		
							16		
17 Bad debts							17		
		ee instructions)					18		
19 Taxes and licenses20 Charitable contributi	(Co	e instructions for limitation	ruloo)				20		
21 Depreciation (attach	Form A	562)	rules)		91		20		
		n Schedule A and elsewher					22b		
					-		23		
		mpensation plans					24		
							25		
		chedule I)					26		
27 Excess readership c	osts (Sc	hedule J)					27	8,256.	
		nedule)					28		
		14 through 28					29	8,256.	
		ncome before net operating					30	0.	
·	-	oss arising in tax years beg	-	-	,		31		
32 Unrelated business t	taxable ii	ncome. Subtract line 31 fro	m line 30				32	0.	

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Form 990-T (2018) **AS**1

Part I	II 7	Total Unrelated Business Taxa	ible Income							
33	Total	of unrelated business taxable income compu	ted from all unrelated trades or t	ousinesses	(see instru	ctions)	. 33			0.
34	Amou	Amounts paid for disallowed fringes								
35	Dedu	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)								
36	Total	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
		lines 33 and 34								
37	Speci	fic deduction (Generally \$1,000, but see line	37 instructions for exceptions)				37		1,0	00.
38		ated business taxable income. Subtract line								
		the enceller of some or line OC			,		. 38			0.
Part I	V I	ax Computation								
39		nizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)			•	- 39			0.
40		s Taxable at Trust Rates. See instructions fo								
		Tax rate schedule or Schedule D (Fo					40			
41		tax. See instructions					- 41			
42	Altern	ative minimum tax (trusts only)					42			
43	Tax o	n Noncompliant Facility Income. See instru	ctions				43			
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, w	nichever applies				. 44			0.
Part \	/ 1	Tax and Payments	.,				-			
45 a	Foreig	gn tax credit (corporations attach Form 1118	; trusts attach Form 1116)		45a					
b		credits (see instructions)								
С	Gener	al business credit. Attach Form 3800			45c					
d	Credit	for prior year minimum tax (attach Form 88	01 or 8827)		45d					
е		credits. Add lines 45a through 45d					45e			
46	Subtr	act line 45e from line 44					46			0.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)									
48		tax. Add lines 46 and 47 (see instructions)								0.
49		net 965 tax liability paid from Form 965-A or								0.
50 a		ents: A 2017 overpayment credited to 2018								
		estimated tax payments								
		eposited with Form 8868								
		gn organizations: Tax paid or withheld at sou								
		up withholding (see instructions)								
		t for small employer health insurance premiu								
		credits, adjustments, and payments:			··					
·			Other	Total	► 50g					
51		payments. Add lines 50a through 50g					51			
52	Estim	ated tax penalty (see instructions). Check if F	form 2220 is attached 🕨 🔲				52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐									
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid									
55	Enter	the amount of line 54 you want: Credited to	2019 estimated tax			Refunded	- 55			
Part \	/1 5	Statements Regarding Certain	Activities and Other	Informa	ition (see	e instructions)				
56	At any	time during the 2018 calendar year, did the	organization have an interest in	or a signatu	ire or other	authority			Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," th	ne organizat	tion may ha	ive to file				
	FinCE	N Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," enter th	e name of t	he foreign	country				
	here	>								Х
57	Durin	g the tax year, did the organization receive a	distribution from, or was it the g	rantor of, or	r transferor	to, a foreign trust?				X
	If "Yes	s," see instructions for other forms the organ	ization may have to file.							
58	Enter	the amount of tax-exempt interest received of	or accrued during the tax year 🕨	\$						
	Un	der penalties of perjury, I declare that I have examine rect, and complete. Declaration of preparer (other th	ed this return, including accompanying	schedules ar	nd statement	s, and to the best of my k	nowledge a	and belief, it is	s true,	
Sign		reet, and complete. Declaration of preparer (other th	May the IF	RS discuss thi	is return v	with				
Here		•		REASU	JRER		•	er shown belo		VILII
		Signature of officer	Date	le			instruction	ns)? XY	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PT	IN		
Paid						self- employe				
Prepa	rer	LISA CHEIFETZ						01444		
Use C		Firm's name ► JONES, MARES				Firm's EIN	5	2-185	393	3
	· · · · y		TLE PATUXENT PA	RKWAY	, SU					
		Firm's address ► COLUMBIA,	MD 21044			Phone no.	410-	884-0	220	

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Form **990-T** (2018)

54-1357586 Form 990-T (2018) ASTHMATICS, INC. Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year Purchases 2 2 Cost of goods sold. Subtract line 6 Cost of labor_____ 3 from line 5. Enter here and in Part I, 7 4a Additional section 263A costs (attach schedule) No Yes 4a 8 Do the rules of section 263A (with respect to **b** Other costs (attach schedule) 4b property produced or acquired for resale) apply to 5 5 Total. Add lines 1 through 4b the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3)(4)Rent received or accrued **3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of (b) From real and personal property (if the percentage rent for personal property is more than 10% but not more than 50%) of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2)(3)(4)0. 0 . Total Total (b) Total deductions (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(a) Straight line depreciation (b) Other deductions 1. Description of debt-financed property financed property (attach schedule) (1) (2)(3)(4)**4.** Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to 8. Allocable deductions 6. Column 4 divided 7. Gross income reportable (column by column 5 (column 6 x total of columns debt-financed property (attach schedule) 2 x column 6) 3(a) and 3(b)) % (1) (2)%

Form 990-T (2018)

0 0

Enter here and on page 1,

Part I, line 7, column (B).

(3)

(4)

Total dividends-received deductions included in column 8

%

%

Enter here and on page 1,

Part I, line 7, column (A).

0

Form 990-T (2018) ASTHMATICS, INC.

Schedule F. Interest Appuities Boyalties and Bents From Controlled Organizations

Schedule F - Interest,		artics, a		Controlled Or				is (see ills	sii uoti0[1	ગ	
1. Name of controlled organization	iden	2. Employer 3. Net un		elated income instructions)	Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		nization's	11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
				Add columns Enter here and on line 8, colu		on page	age 1, Part I, Enter hen (A).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).		
Totals		<u></u>			>	_		0.		0.	
Schedule G - Investme		Section	n 501(c)(i	7), (9), or	(17) Or	ganizatior	1				
(see inst	,					3. Deduction		4. Set-	anidan	5. Total deductions	
1. Desc	ription of income			2. Amount of	income	directly conne (attach sched	ected dule)		schedule)	and set-asides (col. 3 plus col. 4)	
(1)											
(2) (3)											
(3)											
(4)											
				Enter here and of Part I, line 9, col	on page 1, umn (A).					Enter here and on page 1 Part I, line 9, column (B).	
Totals			•		0.					0.	
Schedule I - Exploited (see instru	Exempt Activi			r Than Ad		ing Income	9				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	ted business ome from		elated gain compute cols		5. Gross inco from activity is not unrela business inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 26.	
Totals .	0	•	0.							0.	
Schedule J - Advertisi											
Part I Income From	Periodicals Re	ported o	n a Con	solidated	Basis						
1. Name of periodical	2. Gross advertising income	, I	3. Direct vertising costs	4. Adverti or (loss) (co col. 3). If a ga cols. 5 th	I. 2 minus in, comput			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) ALLERGY AND (2) ASTHMA TODAY	43,2	52. 3	34,996	•		19,6	64.	168,	372.		
(3) (4)											
Totals (carry to Part II, line (5))	▶ 43,2	52.	34,996	. 8	,256	. 19,6	64.	168,	372.	8,256.	
										Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	43,252.	34,996.				8,256.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	43,252.	34,996.				8,256.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)