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.							
- Coloration and the coloration of the coloratio							
PUBLIC DISCLOSURE COPY							

** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	roi ili	e 2017 calendar year, or tax year beginning and e	enaing	•	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
_		ALLERGI AND ASIRMA NEIWORK - MOIRERS C	F		
	Addre				
L	Name chang	Doing business as		54-1	357586
L	Initial return		Room/suite	E Telephone numbe	
	Final return	8229 BOONE BOULEVARD, SUITE 260		800-	878-4403
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,657,978.
	Amen return			H(a) Is this a group re	
	Application	F Name and address of principal officer:TONYA WINDERS		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)
		te: ► WWW.AANMA.ORG		H(c) Group exemptio	n number 🕨
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1986 N	🖊 State of legal domicile: VA
P	art I	Summary			
О .	1	Briefly describe the organization's mission or most significant activities: TO EN	ID THE	NEEDLESS D	EATH AND
Š		SUFFERING DUE TO ASTHMA, ALLERGIES AND RE	ELATED	CONDITIONS	•
r 2	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
ر مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
Se Se		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			8
ij		Total number of volunteers (estimate if necessary)			14
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			71,294.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,597,732.	1,991,347.
Ž		Program service revenue (Part VIII, line 2g)		456,615.	666,312.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		398.	319.
ď		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)		2,054,745.	2,657,978.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,500.	6,500.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1			943,860.	868,325.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
þe	b	Total fundraising expenses (Part IX, column (D), line 25) 73.73	35.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,281,356.	1,077,645.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,237,716.	1,952,470.
		Revenue less expenses. Subtract line 18 from line 12		-182,971.	705,508.
or or	3			ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		79,521.	371,124.
ASS Ba	21	Total liabilities (Part X, line 26)		602,975.	189,070.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-523,454.	182,054.
P	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			, momentuge and some, mo
	,,	L	.o., p. op a. o.		
Sig	ın	Signature of officer		Date	
He		J. RANDOLPH TAYLOR, TREASURER			
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai	d	LISA CHEIFETZ		if	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	L	self-employ Firm's EIN ▶	52-1853933
	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, S	मगा	770	32 1033333
030	only	COLUMBIA, MD 21044	,0111		0-884-0220
N46	v tha !			Filolie IIO. + 1	
<u>ıvıa</u>	y tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2017) ASTHMATICS, INC.	54-1357586	Page 2
Pa	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)		
	ENDING THE NEEDLESS DEATH AND SUFFERING DUE TO ASTHMA,		
	RELATED CONDITIONS THROUGH EDUCATION, ADVOCACY AND COM	MUNITY OUTREA	CH.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,440,904 • including grants of \$ 6,500 •) (Reve)
	EDUCATION AND AWARENESS - AS THE CONSUMER VOICE, AANMA	DELIVERS TIM	ELY,
	ACCURATE, AND PRACTICAL INFORMATION; PROVIDES COMMUNICATION		MONG
	PATIENTS AND FAMILIES TO DECISION MAKERS WITHIN THE HEX		
	PHARMACEUTICAL INDUSTRIES, SCHOOLS, AND GOVERNMENT; INC		
	AND PUBLIC AWARENESS THROUGH EDUCATIONAL RESOURCES; IS	A VEHICLE FO	R
	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	L HILL ADVOCA	CY
	DAY; AND PROVIDES A PATIENT SUPPORT CENTER STAFFED BY	A REGISTERED	
	NURSE AND CERTIFIED ASTHMA EDUCATOR.		
4b	(Code:) (Expenses \$ 126,414 • including grants of \$) (Reve	enue \$ 666,	312. ₎
	COMMUNICATIONS AND PUBLICATIONS - AANMA FACILITATES COM	MMUNICATION O	F
	QUALITY INFORMATION AMONG PATIENTS, PARENTS, PHYSICIANS	S, COMMUNITY	
	MEMBERS AND INDUSTRY THROUGH ACCURATE GUIDANCE AND CLEA		
	RESOURCES ON ASTHMA AND ALLERGIES PROVIDED ON THEIR WEI		
	REPORTS, POSITION STATEMENTS, AND THE MONTHLY NEWSLETTI	ER, MA REPORT	•
	AANMA ALSO PRODUCES THE ALLERGY & ASTHMA TODAY MAGAZINI	E AND THE IND	OOR
	AIREPORT ALONG WITH VARIOUS OTHER PUBLICATIONS.		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,567,318.		
		Form 9	90 (2017)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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			v
	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,"			v
	complete Schedule G, Part III	19		X

Form **990** (2017)

Page 4

Part IV | Checklist of Required Schedules (continued) Yes No Х **20a** Did the organization operate one or more hospital facilities? *If* "Yes." *complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х Schedule J 23 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 Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 Х 25b 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." X complete Schedule L, Part II 26 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 Х 27 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O ... 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш
		I I 4.4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		4.	Х	
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 	1c	72	
Za		2a 8			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		20		
32			За	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		- 00		
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
b	If "Yes," enter the name of the foreign country:	accounty:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "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				
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		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 w	as required			
	to file Form 8282?		7c		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	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
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	by the	_		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14			
~	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		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Eorm	000	(2017)

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						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	Enter the number of voting members included in line 1a, above, who are independent	1b		14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	\neg							
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the			Γ							
	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X				
5											
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			Γ							
	more members of the governing body?				7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Γ							
	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye										
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?			[8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			Γ							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)								
						Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c			Γ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the forn	n?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	Г	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?			[13	X					
14	Did the organization have a written document retention and destruction policy?			[14	X					
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	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					
	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	ment v	vith a								
	taxable entity during the year?			Г	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►VA , AZ , CA , CT , E	L,G	A, IL, ME,	MD	MI,	, NJ	, NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-										
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy	, and	finan	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:								
	THE ORGANIZATION - 703-641-9595										
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182	2									
732006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2017)				

ASTHMATICS, INC.

54-1357586

Page 7

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.

Lheck 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		((C)	•	100.	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week	box offic	, unle: cer an	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor		the	organizations	compensation				
	hours for	ndividual trustee or director	gg.			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	nstitutional trustee		ee	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	utional	_	Key employee	st cor	in 1			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			
(1) JOHN SCOTT TUCKER	1.00								_	_
CHAIR		Х		Х				0.	0.	0.
(2) J. RANDOLPH TAYLOR, CPA	1.00	ļ							•	
TREASURER	1 00	Х		Х				0.	0.	0.
(3) NATALIE NAPOLITANO	1.00								0	•
DIRECTOR	0 50	Х						0.	0.	0.
(4) TOM KALLSTROM, MBA, RRT	0.50	X						0.	0.	0
(5) GAYLE N. HIGGINS FNP	0.50	^						0.	0.	0.
(5) GAYLE N. HIGGINS, FNP DIRECTOR	0.30	X						0.	0.	0.
(6) PREM K. MENON, MD	0.50							0.	0.	
DIRECTOR	0.50	x						0.	0.	0.
(7) RANDALL BROWN, MD, MPH, AE-C	0.50								•	
DIRECTOR		Х						1,500.	0.	0.
(8) JODIE STABINSKI, RN, MSN, CPNP	0.50									
DIRECTOR		Х						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	0 50	Х						0.	0.	0.
(12) ANTHONY COOK	0.50	. ,						0.	0	0
DIRECTOR	0.50	Х						0.	0.	0.
(13) MICHAEL CORJULO, APRN, CPNP DIRECTOR	0.50	X						0.	0.	0.
(14) DONNA MATLACH	0.50	^						0.	0.	<u> </u>
DIRECTOR	0.30	x						0.	0.	0.
(15) TONYA WINDERS, MBA	35.00								•	
PRESIDENT & CEO		1		x				236,547.	0.	2,403.
(16) PAUL M. TURY	35.00							, .		,
CREATIVE DIRECTOR		1				х		109,321.	0.	8,182.

Form **990** (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	Posit (do not check m box, unless pers			ck more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	n	am	(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	itions		pensatements pe	e on ed
					×	_ =							
							Ļ	347,368.		^	1 /	0,58	<u> </u>
1b Sub-total c Total from continuation sheets to Part V								347,300.		0.	т,	0,50	0.
d Total (add lines 1b and 1c)								347,368.		0.	1	0,58	
Total number of individuals (including but n							no re		,000 of reportable	<u></u> е			
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or a											·		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X
Section B. Independent Contractors									.				
 Complete this table for your five highest co the organization. Report compensation for 										pens	ation i	rom	
(A)								(B)			(C		
Name and business	address	NO	ONE	3				Description of s	ervices	С	omper	nsation	1
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lii	mite	d to		se lis 0	sted	d above) who received m	nore than				
+											Form 9	aan (2	017)

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0 (n l			1.1			revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
<u> </u>	b	Membership dues	1b					
An An	С	Fundraising events	1c					
E E	d	Related organizations	1d					
S,(Government grants (contributi		61,679.				
Sign		All other contributions, gifts, grant	· -					
F E	•	similar amounts not included abov		929,668.				
호텔								
n o		Noncash contributions included in lines			1,991,347.			
9 0	n	Total. Add lines 1a-1f						
				Business Code		242 222		
Program Service Revenue	2 a	RESOURCE MATERI	900099	340,223.	340,223.			
او چَ	b	MEMBERSHIP DUES		900099	254,795.	254,795.		
S Z	С	MAGAZINE ADVERT	ISING	541800	71,294.		71,294.	
eve	d							
Pg	e		_					
<u>۳</u>	f	All other program service reve	nuo					
					666,312.			
-		Total. Add lines 2a-2f			000,512.			
	3	Investment income (including			210			210
		other similar amounts)			319.			319.
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties		<u>,</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of						
	/ a		(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ne		Gross income from fundraising						
		including \$	of					
Š		contributions reported on line						
ě		Part IV, line 18	*					
Other Reven	h							
ŏ		Less: direct expenses						
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	h	Less: cost of goods sold						
H	C	Net income or (loss) from sale:						
-		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,657,978.	595,018.	71,294.	319.

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	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		·		<u>.</u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	6 500	6 500		
	individuals. See Part IV, line 22	6,500.	6,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	238,951.	194,888.	27,360.	16,703
6	Compensation not included above, to disqualified	250,551.	154,000.	27,300.	10,703
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E9(a)(2)(B)				
7	Other salaries and wages	539,110.	439,699.	61,727.	37,684
8	Pension plan accruals and contributions (include	223,110	200,000.	<u> </u>	2,,001
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,268.	27,949.	3,924.	2.395
10	Payroll taxes	55,996.	45,670.	6,412.	2,395 3,914
11	Fees for services (non-employees):		20,0101	, ,	- 7
·· a	Management				
b	Legal				
c	Accounting	39,475.		39,475.	
	Lobbying	727		77,2101	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	373,747.	353,490.	19,525.	732
12	Advertising and promotion	13,653.	13,653.	, - ,	
13	Office expenses	86,824.	70,680.	15,104.	1,040
14	Information technology	15,094.	4,189.	10,905.	,
 I5	Royalties	,	•	•	
16	Occupancy	50,590.	36,429.	10,909.	3,252
17	Travel	154,756.	116,970.	36,496.	1,290
18	Payments of travel or entertainment expenses	-	-	-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,525.	59,442.	56,083.	
20	Interest	9,810.	-	9,810.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,220.	5,889.	826.	505
:3	Insurance	3,274.		3,274.	
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	195,295.	191,626.	3,669.	
b	TAXES AND LICENSES	9,855.		3,635.	6,220
С	MISCELLANEOUS	1,824.		1,824.	
d	DUES AND SUBSCRIPTIONS	394.	244.	150.	
е	All other expenses	309.		309.	
25	Total functional expenses. Add lines 1 through 24e	1,952,470.	1,567,318.	311,417.	73,735
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	14,738.	1	204,403
2	Savings and temporary cash investments	361.	2	331
3	Pledges and grants receivable, net		3	55,900
4	Accounts receivable, net	45,618.	4	98,662
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			
တ္က	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 2	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,871.	9	5,115
	Land, buildings, and equipment: cost or other			·
	basis. Complete Part VI of Schedule D 10a 63,291.			
Ь	60 220	10,282.	10c	3,062
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)	79,521.	16	371,124
17	Accounts payable and accrued expenses	377,975.	17	164,070
18	Grants payable	100,000.	18	25,000
19	Deferred revenue	50,000.	19	
20	Tax-exempt bond liabilities	·	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
ت ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	75,000.	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		25	
26	Total liabilities. Add lines 17 through 25	602,975.	26	189,070
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S	complete lines 27 through 29, and lines 33 and 34.			
<u>č</u> 27	Unrestricted net assets	-662,242.	27	-188,846
<u>g</u> 28	Temporarily restricted net assets	134,788.	28	366,900
27 28 29 29	Permanently restricted net assets	4,000.	29	4,000
Ž	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
ह 30	Capital stock or trust principal, or current funds		30	
ဖ္ရွိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	-523,454.	33	182,054
34	Total liabilities and net assets/fund balances	79,521.	34	371,124

Form **990** (2017)

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)		2,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,95		
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-52	3,4	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	18	2,0	54.
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	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		Х
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

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 above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1239049.	2327847.	2160378.	1597732.	1991347.	9316353.
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	1000010	0000045	04.602.00	450550	1001245	0046050
4	Total. Add lines 1 through 3	1239049.	2327847.	2160378.	1597732.	1991347.	9316353.
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,						4645005
	column (f)						4645025.
	Public support. Subtract line 5 from line 4.						4671328.
	etion B. Total Support	() 0040	#120044	() 0045	(1) 0040	() 0047	/0.T.I.I
	ndar year (or fiscal year beginning in)	(a) 2013 1239049.	(b) 2014 2327847.	(c) 2015 2160378.	(d) 2016 1597732.	(e) 2017 1991347.	(f) Total 9316353.
	Amounts from line 4	1239049.	232/04/•	2100370.	1391134.	1331347.	3310333.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,101.	1,695.	1,139.	398.	319.	5,652.
_	and income from similar sources	2,101.	1,095.	1,139.	390.	319.	3,032.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.)						9322005.
12	Gross receipts from related activities,	etc (see instructi	one)			12 2	,196,835.
13	First five years. If the Form 990 is for			d fourth or fifth to			, _ , _ , _ , _ ,
.0	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (_	olumn (f))		14	50.11 %
15	Public support percentage from 2016					15	49.39 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2016. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	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	s 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2017

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 Section A. Public Support	below, please com	plete Part II.)				
	1300:0	#1100::		/ " " " "	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/n = · ·
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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					1	
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						<u>I</u>
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	_ ` ,	(6) 2014	(6) 2010	(4) 2010	(6) 2017	(i) Total
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	3					
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.)						<u> </u>
14 First five years. If the Form 990 is form	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here	<u></u>					<u></u> ▶∟
Section C. Computation of Pub						
15 Public support percentage for 2017			column (f))			
16 Public support percentage from 201					16	
Section D. Computation of Inve						
17 Investment income percentage for 2						
18 Investment income percentage from						
19a 33 1/3 % support tests - 2017. If th	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, ch	neck this box and s	top here. The orga	nization qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation If the organizat						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
Зс		
4a		
4.		
4b		
4 -		
4c		
5a		
5b 5c		
50		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
.54		
 10b 90 or 99	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0047

17389 1

Pa	rt IV Supporting Organizations (continued)			igo o
	Continued)		Yes	Na
44	Lies the examination accepted a gift or contribution from any of the following necessary		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.
			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			
	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.	За		
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	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	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 S	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	ly integra	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2017

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 exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
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	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
			110 2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule A	(Form 990 or 990-EZ) 2017 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, Section	xplanations required by Part II, line 10; Part II, line 17a o 9a, 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 V, 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

Name of the organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number

54-1357586

Organiz	ation type (check or	4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation bur organization is covered by the General Rule or a Special Rule . a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. ule or an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or roperty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ules or an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from yo one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; r(ii) Form 990-EZ, line 1. Complete Parts I and II.
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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
General	Kule	
	· ·	
Special	Rules	
X	sections 509(a)(1) a any one contributo	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;
	year, total contribu	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 ruelty to children or animals. Complete Parts I, II, and III.
	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),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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 additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$61,679.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>170,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$160,860.	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 additional	Il space is needed.
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	\$ 227,900. Type of contribution 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		\$ 51,000. 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		\$ 55,000. 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
10	Name, address, and Zir + +	\$ 85,000. 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
11		\$ 325,300. 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
12		\$ 278,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

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) Total contributions	(d) Type of contribution
13		\$100,000.	Person X Payroll
(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.)
(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.)
(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

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		,222	
		_{\$}	

Employer identification number Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF **ASTHMATICS** 54-1357586 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Funds	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 wr	riting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	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 histo	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conserv	ation 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 struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structi	ure	
	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	dic 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, ha	andling of violations, and enforcing cons	servation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	tion's accounting for
D-	conservation easements.	Ant Historical Transcripts on O	H C::	law Assats
Pa	t III Organizations Maintaining Collections of		tner Simi	lar 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 exhib	,	nce of public	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	ication, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
•				*
2	If the organization received or held works of art, historical treas		ı gain, provid	J U
_	the following amounts required to be reported under SFAS 116	· ·		¢
a	Revenue included on Form 990, Part VIII, line 1			\$
D	Assets included in Form 990, Part X			Ψ

732051 10-09-17

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining C	collections of Ar	t Historical Tr	reasures (or Oth	er Simi	lar Asse			ige z
	Using the organization's acquisition, accessing		•							<u> </u>
3	(check all that apply):	on, and other record	s, check any or the	i lollowing the	at are a s	ngrillicari	use or its	COllectio	II ILCIII	3
_	Public exhibition		L con or ove	banga progr						
a		d		change progra	ams					
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o							7		1
D	to be sold to raise funds rather than to be ma							Yes		No
Pai	reported an amount on Form 990, Par	- :	ete if the organization	on answered	"Yes" or	n Form 99	00, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other as	sets not	t included	<u> </u>			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.					•]
Pai										_
		(a) Current year	(b) Prior year	(c) Two yea			vears hack	(e) Four	vears	hack
10	Beginning of year balance	4,000.	4,000.	 ` 	4,000.	(4) 111100	4,000.	(C) Tour		000.
	To the second	1,000.	1,000	1	1,000.		1,000.		-,	••••
	Contributions									
С.	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 curr	rent year end balanc	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 sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administe	ered for t	he organ	ization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							· • • • •		Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered) Part IV line 11a 9	See Form 990) Part X	line 10				
	Description of property	(a) Cost or of	<u> </u>	t or other		.ccumulat	-pd	(d) Boo	k value	
	Description of property	basis (investr	',	(other)		preciatio		(u) 500	n value	7
	Land	`	5.10	(30101)	ue-	Proclation				
	Land									
	Buildings									
	Leasehold improvements		<u> </u>)		2/1	60		1 1	17
	Equipment			25,586.		24,4			$\frac{1,1}{1}$	
	Other			37,705.		35,7	00.		1,9	
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line :	10c.)			. 🕨 📗		3,0	o⊿.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Schedule D	(Form 990) :	2017	ASIRMATICS,	TINC.	
Part VII	Investm	ents -	Other Securities.		

Complete if the organization answered "Yes" (1 af
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form QQQ Part IV	line 11d See Form 990	Dart V line 15	
	Description	ille 11d. See 1 om 330	, rait A, iiile 15.	(b) Book value
	2000111111111			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See For	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
2. Liability for uncertain tax positions. In Part XIII, provide	-	to to the organization's	financial statements	that roports the
Liability for uncertain tax positions. In Fart Alli, provide	נווס נפאנ טו נוופ וטטנווט	no to the organization's	اااناها الحاما المالك	inat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

54-1357586 Page 3

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return	J .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,657,978.
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	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,657,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	, , ,			
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,657,978.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	-	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			4 050 450
1	Total expenses and losses per audited financial statements		1	1,952,470.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	7	•		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,952,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5			5	1,952,470.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		; 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 a	additional information.		
ם אם	DM 17 TINE 1.			
FAI	RT V, LINE 4:			
ENI	DOWMENT IS INVESTED IN PERPETUITY AND ONI	V THE INCOM	F CAN BE I	ISED FOR
	DOWNLINI ID INVEDITED IN LEKTETOITI AND ONI	II IIII INCOR	ID CHI DD (JOHO I OIL
PRO	OGRAM OPERATIONS IN ACCORDANCE WITH RESTR	RICTIONS SET	RY THE DO	NOR, THERE
		110110110 521		21,011, 1112112
WAS	S NO INTEREST EARNED ON THE ENDOWMENT FOR	R THE YEAR E	ENDED 12/33	L/17.
PAI	RT X, LINE 2:			
	·			
AAI	NMA BELIEVES THAT IT HAS APPROPRIATE SUPP	ORT FOR ANY	TAX POSI	TIONS
TAI	KEN, AND AS SUCH, DOES NOT HAVE ANY UNCER	RTAIN TAX PO	SITIONS T	HAT ARE
MA'	TERIAL TO THE FINANCIAL STATEMENTS OR THA	AT WOULD HAV	E AN EFFE	CT ON ITS

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

THAT NEED TO BE RECORDED.

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule D (Form 990) 2017	ASTHMATICS, INC.	54-1357586 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inf	ormation (continued)	<u> </u>
-		
-		

SCHEDULE I (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service ALLERGY AND ASTHMA NETWORK - MOTHERS OF Name of the organization

Employer identification number

ASTHMATIC	S, INC.					l	54-135/586
Part I General Information on Grants a	and Assistance					<u> </u>	
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selecti	on
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
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
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			L he line 1 table		<u> </u>		.

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

Schedule I (Form 990) (2017)

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule I (Form 990) (2017)

ASTHMATICS, INC.

54-1357586

Page 2

(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 assistance
SCHOLARSHIP TO ATTEND SUMMIT	13	6,500	. 0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ı ne 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
AMOUNTS ARE SMALL SCHOLARSHIPS AW	ARDED TO	INDIVIDUAI	S TO ATTEN	ID THE 2017	
NATIONAL ASTHMA SUMMIT. MINIMAL M	ONITORING	IS REQUIR	RED.		

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 Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		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		

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

Schedule J (Form 990) 2017

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-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	berients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) TONYA WINDERS, MBA	(i)	200,547.	36,000.	0.	723.	1,680.	238,950.	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 PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER
CONTRACT, AND CAN 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 Inspection

OMB No. 1545-0047

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. THIS LAST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	Page 2 Employer identification number
ASTHMATICS, INC.	54-1357586
TIME THE PRESIDENT'S SALARY WAS REVIEWED WAS IN 2017.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
VA, AZ, CA, CT, FL, GA, IL, ME, MD, MI, NJ, NY, OH, PA, RI, UT, VA, WA, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 990, 990T AND FINANCIAL STATEM	ENTS AVAILABLE
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	345,110.
MANAGEMENT AND GENERAL EXPENSES	17,503.
FUNDRAISING EXPENSES	732.
TOTAL EXPENSES	363,345.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	8,380.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,380.
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,022.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,022.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	373,747.
732212 09-07-17 Sched	dule O (Form 990 or 990-EZ) (2017)

Form	990-T	E	Exempt Orgar	nization Bus	ine	ss Income T	ax Return	ı l	OMB No. 1545-0687
				d proxy tax unde					0047
		For ca	lendar year 2017 or other tax year	beginning		, and ending			201/
	tment of the Treasury al Revenue Service	 	► Go to www.i Do not enter SSN numbers			ons and the latest information de public if your organization		_	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization (Check box if name ch	nanged	and see instructions.)		D Emp (Emp	loyer identification number blovees' trust, see
	address changed		ALLERGY AND		WOR.	K - MOTHERS	OF	instr	uctions.)
	xempt under section	Print	ASTHMATICS,						4-1357586
X	501(c)(3)	or Type	Number, street, and room						lated business activity codes instructions.)
	408(e) 220(e)	"	8229 BOONE B						
	_408A		City or town, state or provi	nce, country, and ZIP or 22182	foreig	n postal code		541	.800
C Bo	ok value of all assets	•	F Group exemption number		>				
	371,1						401(a)	trust	Other trust
			ary unrelated business activ	• •		STATEMENT 1			
			ooration a subsidiary in an at		ıt-subs	idiary controlled group?	► L	Y	es X No
			tifying number of the parent			Talanha	ne number $ ightharpoonup 7$	<u> </u>	6/1 0505
			THE ORGANIZAT de or Business Inco			(A) Income	(B) Expenses		(C) Net
			ue or business inco	Jille		(A) Illicollic	(b) Expenses		(O) Net
	Gross receipts or sale Less returns and allow			a Palanco	10				
2			A, line 7)	c Balance ▶	1c 2				
3	Gross profit. Subtract			i	3				
4 a	•		ch Schedule D)		4a				
			Part II, line 17) (attach Form		4b				
			sts		4c				
5			ips and S corporations (atta		5				
6				,	6				
7	Unrelated debt-financ	ed incor	me (Schedule E)		7				
8			and rents from controlled or		8				
9			on 501(c)(7), (9), or (17) org	- ' ' ' ' '	9				
10			ome (Schedule I)		10				
11			e J)		11	71,294.	45,8	26.	25,468.
12	Other income (See ins	struction	ns; attach schedule)		12				
			gh 12		13	71,294.	45,8	26.	25,468.
Pa			ot Taken Elsewhere utions, deductions must				income)		
1/	•		rectors, and trustees (Sched	•				14	
15			Tectors, and trustees (Schet					15	
16								16	
17								17	
18								18	
19								19	
20	Charitable contributi	ons (Se	e instructions for limitation r	ules)				20	
21			562)						
22			n Schedule A and elsewhere					22b	
23	Depletion							23	
24	Contributions to defe	erred co	mpensation plans					24	
25								25	
26			chedule I)					26	
27			hedule J)					27	25,468.
28			nedule)					28	05 460
29	Total deductions. A	dd lines	14 through 28					29	25,468.
30			ncome before net operating					30	0.
31	Net operating loss d	eductior	(limited to the amount on li	ne 30)				31	
32			ncome before specific deduc					32	1,000.
33			y \$1,000, but see line 33 ins					33	1,000.
34	l' 00		income. Subtract line 33 fr	•		*		34	0.

17389__1

Part II	Tax Computation					
35	Organizations Taxable as Corporations. See inst	ructions for tax computation.				
	Controlled group members (sections 1561 and 15	63) check here See instruction	s and:			
а	Enter your share of the \$50,000, \$25,000, and \$9	925,000 taxable income brackets (in that o	order):			
	(1) \$ (2) \$	(3) \$	· 1			
b	Enter organization's share of: (1) Additional 5% to		i			
	(2) Additional 3% tax (not more than \$100,000)	, , ,	i			
С	Income tax on the amount on line 34			•	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amo	ount on line 34 fror	n:		
	Tax rate schedule or Schedule D (Fo	•			36	
37	Proxy tax. See instructions				37	
	Tax on Non-Compliant Facility Income. See instr					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever annlies			40	0.
Part I	Tax and Payments	menever applies			1 40	
	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	41a			
	Other credits (see instructions)					
C	General business credit. Attach Form 3800		41c			
	Credit for prior year minimum tax (attach Form 88				_	
					41e	
	Total credits. Add lines 41a through 41d					0.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255	Form 9611 Form 9607 Form	n 0066		43	
	T				44	0.
					44	
	Payments: A 2016 overpayment credited to 2017				_	
	2017 estimated tax payments					
C	Tax deposited with Form 8868		45c			
	Foreign organizations: Tax paid or withheld at sou					
	Backup withholding (see instructions)					
	Credit for small employer health insurance premiu		45f			
g	Other credits and payments:		.			
		Other Total				
46	Total payments. Add lines 45a through 45g				46	
	Estimated tax penalty (see instructions). Check if I					
	Tax due. If line 46 is less than the total of lines 44				48	0.
	Overpayment. If line 46 is larger than the total of			>	49	0.
	Enter the amount of line 49 you want: Credited to	-		Refunded >	50	
Part V			•			
	At any time during the 2017 calendar year, did the					Yes No
	over a financial account (bank, securities, or other	, , , ,	,			
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If YES, enter the name of	the foreign countr	у		
	here					X
	During the tax year, did the organization receive a		or transferor to, a	foreign trust? $_{\dots}$		X
	If YES, see instructions for other forms the organi	zation may have to file.				
53	Enter the amount of tax-exempt interest received					
C:	Under penalties of perjury, I declare that I have examin- correct, and complete. Declaration of preparer (other th	ed this return, including accompanying schedules an taxpayer) is based on all information of which p	and statements, and preparer has any know	to the best of my knowledge.	owledge and be	lief, it is true,
Sign				_	May the IRS dis	cuss this return with
Here		TREAS	URER	t	he preparer sho	wn below (see
	Signature of officer	Date Title		i	nstructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed		
Prepa	rer LISA CHEIFETZ			<u> </u>		444196
Use O	nly Firm's name ▶ JONES, MARE			Firm's EIN	→ 52-	1853933
	10500 LIT	TLE PATUXENT PARKWA	Y, SUITE			
	Firm's address ► COLUMBIA,	MD 21044		Phone no.	<u>410-88</u>	4-0220
					Fo	orm 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	aluation N/A				
1 Inventory at beginning of year				Inventory at end of yea	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section				Yes No
b Other costs (attach schedule)				property produced or a	cquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perl	ty)
1. Description of property								
(1)								
(2)								
(3)								
(4)	0 Domb							
(a) From payaged manager (if the pa		red or accrued	- d	sonal property (if the percenta				ected with the income in
(a) From personal property (if the perent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	property (if the percents property exceeds 50% or if ed on profit or income)	age	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, column	2(a) and 2(b). Er ı (A)	nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del			instru	ctions)				
			2	2. Gross income from		Deductions directly conto debt-finant		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(4)							-	
(1)							+	
(2)							+	
(3)							+	
	E Average	andiversal benie	 	2 0 1 1 1 1 1		7.0	+	0 411 11 11 11
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)		D. 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)				%				
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totala					·	0		0.
Totals							+	0.
Total dividends-received deductions in	ıcıdaka III COMMI	10						0.

Form 990-T (2017) **ASTHMATICS**, **INC**.

Schedule F - Interest, A	-iniuitit	o, noya	ıu c ə, di		Controlled O			.auUl	is (see ins	truction	15)
1. Name of controlled organizat	ion		2. Employer 3. Net u			4. Tota	al of specified	5. Par	t of column 4 t	that is	6. Deductions directly
		num		(loss) (see instructions)		paym			ed in the conti ation's gross i		connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz											
7. Taxable Income		inrelated incon see instructions		9. Total o	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ income	ization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investme	nt Inco	me of a	Section	1 501(c)(7	7), (9), or	(17) Or	ganization)			
(see instr	ructions)										1 -
1. Descr	ription of inco	ome			2. Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)					Fotor bare and						Enter have and an name 1
					Enter here and of Part I, line 9, co	lumn (A).					Enter here and on page 1, Part I, line 9, column (B).
Tatala						0.					0.
Schedule I - Exploited					Than Ad		ng Income)			<u> </u>
(see instru	ictions)					-					
	2 . c	Gross		penses	Net incom from unrelated		5. Gross inco		6. Exp		7. Excess exempt
1. Description of exploited activity	unrelated	business e from	with pr	connected oduction	business (co	lumn 2	from activity t is not unrelate		attributa	able to	expenses (column 6 minus column 5,
,		business		related s income	gain, compute through	e cols. 5	business inco		colun	nn 5	but not more than column 4).
/1\						•					
(1) (2) (3)											
(3)											
(4)											
(')		re and on		re and on							Enter here and
	page 1 line 10,	, Part I, col. (A).		1, Part I, , col. (B).							on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertision	ng Inco	me (see i	nstruction	ns)							
Part I Income From I	Periodio	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising		3. Direct	4. Advert	ol. 2 minus	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus
•• Hame of periodical		income	adv	ertising costs	col. 3). If a ga		e income		cost	5	column 5, but not more than column 4).
(1) ALLERGY AND											
(2) ASTHMA TODAY		71,29	4. 4	5,826	•		16,4	82.	95,	170.	
(3)											
(4)											
Totale (corrute Dort II line /E\)		71,29	, ,	5,826	25	,468	. 16,4	ູລ	٥E	170.	25,468.
Totals (carry to Part II, line (5))	-	11,43	<u> - • 4</u>	.,040	• 43	, 400	· 10,4	υ Δ •	90,	± / U •	Form 990-T (2017)

Form 990-T (2017) 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	71,294.	45,826.				25,468.
	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)	71,294.	45,826.				25,468.

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** (2017)

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

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number
ype or rint	Name of exempt organization or other filer, see instru ALLERGY AND ASTHMA NETWORK ASTHMATICS, INC.		THERS OF	Employer identification number (EIN) of 54-1357586		
le by the le date for ng your	Number, street, and room or suite no. If a P.O. box, street, and BOULEVARD, SUITE		tions.	Social security number (SSN)		
turn. See structions.	City, town or post office, state, and ZIP code. For a for VIENNA , VA 22182		lress, see instructions.			
nter the R	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
pplicatio	n	Return	Application			Return
Is For Code Is For						Code
orm 990 c	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-E	BL	02	Form 1041-A			08
orm 4720) (individual)	03	Form 4720 (other than individual)			09
orm 990-F	PF	04	Form 5227			10
orm 990-T	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
orm 990-T	T (trust other than above)	06	Form 8870	12		
If this is ox ▶ ☐ 1 I requ	rganization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box uest an automatic 6-month extension of time until the organization named above. The extension is for the organization named above.	Group Exe and atta NOVE	emption Number (GEN) I inch a list with the names and EINs of MBER 15 , 2018 , to file	f this is fo all memb	r the whole gro	ion is for.
	x calendar year 2017 or tax year beginning etax year entered in line 1 is for less than 12 months, c Change in accounting period	, an	d ending	Final retur	 m	
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
	refundable credits. See instructions.	. ,	,	За	\$	0.
b If this	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	• •			3b	\$	0.
	nnce due. Subtract line 3b from line 3a. Include your pa					
	, ,	•	, ,	3с	\$	0.
estim c Balar by us	nated tax payments made. Include any prior year overpance due. Subtract line 3b from line 3a. Include your pasing EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic funds withdrawal	oayment a ayment wit See instru	llowed as a credit. h this form, if required, ctions.	3с	\$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	•								
				Enter file	er's identifying r	number			
Type or	Name of exempt organization or other filer, see instru			Employer	r identification nu	ımber (EIN) or			
print	ALLERGY AND ASTHMA NETWORK	– MO'.	THERS OF		54 4255506				
File by the	ASTHMATICS, INC.				54-1357	586			
due date for		ber, street, and room or suite no. If a P.O. box, see instructions.							
filing your return. See	8229 BOONE BOULEVARD, SUITE								
instructions.	City, town or post office, state, and ZIP code. For a for VIENNA, VA 22182								
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 7			
Application	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990-	BL	02	Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-	PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 990-T (trust other than above) 06 Form 8870 THE ORGANIZATION						12			
Teleph If the o	oks are in the care of \blacktriangleright 8229 BOONE BOUT one No. \blacktriangleright 703-641 $\overline{-9595}$ rganization does not have an office or place of business is for a Group Return, enter the organization's four digit \frown . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ited States, check this boxemption Number (GEN) I	f this is fo	r the whole group				
	quest an automatic 6-month extension of time until		MBER 15, 2018 , to file						
	the organization named above. The extension is for the				g				
		o. ga <u>-</u> a							
▶[X calendar year 2017 or								
\	tax year beginning	, an	d ending						
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	_ n				
	Change in accounting period								
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_			
non	refundable credits. See instructions.			3a	\$	0.			
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_			
<u>e</u> sti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.			
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,						
by ι	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.			
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EC	o for payment			
inctruction	ne								

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

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

2017 Virginia Corporation Income Tax Return



										O#:-:-!!!	0-1-
FIS	CAL or Attention	i; Return must be filed electro	onically. Use	this form only it	f you have an approve	d waiver	-			Official Use	Only
SH	ORT Year Filer: Beginnin			; Ending	Date						
		Change in Accounting							J		
		the right, I (we) authorize th	ne Departme	nt to discuss	this return with the ι	ındersig	ned prep	oarer.	\rightarrow L	X	
FE								Ohaal			
5	54-1357586							Chec	k all tha	at apply:	
Na	me								Initial	Filer	
1	ALLERGY AND	ASTHMA NETWO	RK - M	OTHERS	OF				Name	Change	
1	ASTHMATICS,	INC.							1	_	ss Change
									•	ess Change	
۱ ا	3229 BOONE	BOULEVARD, SU	ITE 26	0					yo	oai 7 taai e	oo onange
	y or Town								State	ZIP Code	
7	/IENNA								VA	2218	12
	ysical Address (if different fro	om Mailing Address)						Entity T	ype Code		
								NP			
Ph	ysical City or Town					State	ZIP Code			NAICS	
	your only or roun.					Otato					
L.	te Incorporated	State or Country of Incorporation		Description of Bu	sinosa Astivitu					4800	00
	·	•		•	-						
	01/30/1986	VIRGINIA		THE AL	LERGY AND	ASTH	MA N	ETW(DRK/	MOTHE	RS OF
	Check Applicable	Roxes	Final Ret	urn			Corporat	te Tele	commi	ınication	s Company
	Check Applicable	BOXCO	i mai not	MI II			Joipord		001111111	annoution	o Company
	Consolidated	- Sch. 500AC Enclosed	Final F	Return - Chec	k here and applicab	le Ei	nter amo	unt fro	m Form	500T, Lir	ne 7:
	Combined - S	Sch. 500AC Enclosed	boxes	below.							.00
	Change in Fili	ing Status	☐ With	ndrawn		1	Noncorp	orate -	Telecor	nmunica	tions
		h. 500A Enclosed			nger liable for tax.		-			x and ente	
	Schedule 500			olved Date	ingor nabio for taxi		-			T, Line 10	
	X Nonprofit Cor		Mer			. ,	arriodire ii		1111 000	1, 2110 10	.00
	1401iprolit Col	poration		•			Electric	Suppli	er Com	nany	
	F	ee:1: - 1		ger Date							
	Enter number of a	miliates		ged FEIN #		. 5	nter amo	unt fro	m Scn.	500EL, L	ine 7 or 14:
				orp Effective		.					.00
							\neg				
	Amended Return				t urn - Check here an	d L				Refunda	ıble
		and Schedule 500ADJ.		other applicab		_		dit Cha	-		
	and modifications.	ion of changes to income		Federal Audit	: - Enclose	Ļ	Sch	edule (500AB (Changes	
	and modifications.			copy of IRS fir	nal determination.	Ĺ	Сар	ital Lo	ss Carr	yback	
	DO NOT FILE THIS	FORM TO CARRY BACK	A	Schedule 500	A Changes	L	Oth	er - End	close ex	planation	I .
	NET OPERATING L	OSS. File Form 500NOLD). <u> </u>	Schedule 500	ADJ Changes						
	Questions and Re	lated Information									
	Questions and her	iated information									
Α	Have you made anv	payments to an affiliated	corporation.	a related indiv	idual, or other relate	d entity	for interes	est, ro\	alties o	r other ex	penses
	•	property (patents, tradem	-			•					-
		,			mount from Sched						.00
R	RESERVED FOR FU	ITURE USE		_xooption a		555/	15, 20	-		XXXXXXX	XXXXXXXX
1		ss deduction was claimed i	n computing	r fodoral tavah	ale income on the	(1)	Year of I	_	00000	0000000	70000000
١٢								_			.00
	•	come Tax Return, provide t	•				Federal	_			.00
	•	the FEIN of the company	generating t	ne NOL prior 1	to the merger date.	(3)	Percent				
	FEIN						NOL use	ed this	year		<u>%</u>
1	•	nore than one year, enclose a		-	•	d in Sect	ion C.)				
D	If Pass-Through Enti	ty Withholding is claimed,	enter the nu	mber of Sche	dules						
	VK-1 and complete a	and enclose Schedule 500	ADJ, Page 2							D	
E	Has your federal inc	ome tax liability been rede	termined wit	h the IRS and	finalized for any price	or year(s) that		Υe	ear E	
	has not previously b	een reported to the Depar	tment? If yes	s, provide the	year(s).				Υe	ear	
F	Location of corporat		•						Ye	ear —	
	,								_		
	Contact for corporat	tion's books THE OR	GANIZA'	TION	Contact	ohone n	umber	•	703-	641-9	595

2017 Virginia Form 500

Page 2

FEIN 54-1357586



INCOME		
Federal taxable income (from enclosed federal return)	1.	0.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00
TAX COMPUTATION		
8. Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), enclose Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00.
9. Income tax (6% of Line 7 or 6% of Line 8(a)).	9.	0 .00
PAYMENTS AND CREDITS		
10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00
REFUND OR TAX DUE		
17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2018 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer		TREASURER		
Printed Name of Officer J • RANDOLPI	H TAYLOR		Phone Number 800-878-4403		
	Firm Name LISA CHEIFETZ ESCA & MCQUADE, P.A.		Preparer Phone Number 410-884-0220		
Date	Individual or Firm, Signature of Preparer		10500 LITTLE , MD 21044	PATUXENT	PARKW
Preparer's FEIN, PTIN, or S $P01444196$	SN	Approved Vendor Co	de 1019		

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.

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

Form 1120 - Deductions and Taxable Income		
Domestic Production Activities Deduction	1	.0
Federal Taxable Income before NOL and Special Deductions		
3. Net Operating Loss Deduction	3.	.0.
I. Special Deductions	4. <u></u>	1000 .c
5. Federal Taxable Income after NOL and Special Deductions	5. <u> </u>	.0
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income	6.	.0
7. Foreign Dividend Gross-Up		
Form 1120, Schedule K or M-3		
3. Tax Exempt Interest	8	.0
Form 5884 - Work Opportunity Credit		
Salaries and Wages not deducted due to the WOTC	9.	.0
Form 4562 - Special Depreciation Allowance and Other Depreciation		
Special depreciation allowance for qualified property placed in service during the		
taxable year	10.	.0
1. Property subject to 168(f)(1) election		
2. Other depreciation		
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income of		
13. Total: Deemed Dividends (Exclude Gross-up)	13.	.0
4. Total: Deemed Dividend (Gross-up)		
5. Total: Other Dividends (Exclude Gross-up)		
6. Total: Other Dividends (Gross-up)		
7. Total: Interest		
8. Total: Gross Rents, Royalties, and License Fees		
9. Total: Gross Income from Performance of Services		
0. Total: Other		
11. Total: Total Gross Income or Loss from Outside the US	21.	
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
2. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization	22).
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23.).
4. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services		
5. Total: Definitely Allocable - Other Definitely Allocable Deductions	25.	
6. Total: Total Definitely Allocable Deductions		
7. Total: Apportioned Share of Deductions not Definitely Allocable	27.	
28. Total: Net Operating Loss Deduction		
9. Total: Total Deductions		
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
0. Total: Total Income or (Loss) Before Adjustments	30.	.0
·······		·`

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2017**

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 ID Number									
ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, 54-1357586									
Part I Tax Return Information									
1. Federal Taxable Income (Form 500, Page 2, Line 1)									
2. Virginia Taxable Income (Form 500, Page 2, Line 7)									
3. Income tax (Form 500, Page 2, Line 9)									
4. Total payments and credits (Form 500, Page 2, Line 16)									
5. Total due (Form 500, Page 2, Line 21)									
6. Amount to be refunded (Form 500, Page 2, Line 24)									
Part II Declaration and Signature Authorization of Officer									
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution 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 liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. 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 Do not enterall zeros as my signature on the corporation's 2017 electronic Virginia corporation income tax return.									
ERO Firm Name									
I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation income tax return. 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. 52249421044 Do not enter all zeros									
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the									
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and									
have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber stamp, mechanical device, such as									
a signature pen, or computer software program.									
ERO's Signature Date									

Form VA-8879C (REV 08/17)

** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning	and	ending	_						
В	Check if applicable	ALLERGY AND ASTHMA NETV	ORK - MOTHERS	OF	D Employer identi	fication number					
	Addres										
	Name change	Doing business as		54-1357586							
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 8229 BOONE BOULEVARD,	Room/suite	E Telephone numb	er -878-4403						
	termin ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	2,657,978.					
	Ameno		•		H(a) Is this a group	return					
	Applic tion	Finame and address of principal officer: 1 ON 1	A WINDERS		for subordinate						
	pendir	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No					
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	1 ` ´	a list. (see instructions)					
		e: WWW.AANMA.ORG	(// /		H(c) Group exempt						
			ociation Other	L Year		M State of legal domicile: VA					
		Summary			-	<u> </u>					
_	1	Briefly describe the organization's mission or most s	significant activities: TO E	ND THE	NEEDLESS 1	DEATH AND					
Governance		SUFFERING DUE TO ASTHMA, A	LLERGIES AND R	ELATED	CONDITION	S.					
rna	1 .	Check this box 🕨 🔲 if the organization discon									
Ş	1	Number of voting members of the governing body (3	1 4 4					
Ğ		Number of independent voting members of the gov			4	. 14					
တ္		Total number of individuals employed in calendar ye				8					
įţį		Total number of volunteers (estimate if necessary)				+ 4 4					
Activities &		Total unrelated business revenue from Part VIII, col									
Þ	1	Net unrelated business taxable income from Form 9									
			,		Prior Year	Current Year					
4	8	Contributions and grants (Part VIII, line 1h)		1,597,732							
ñ		Program service revenue (Part VIII, line 2g)		456,615							
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			398						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		0							
		Total revenue - add lines 8 through 11 (must equal F		2,054,745	. 2,657,978.						
		Grants and similar amounts paid (Part IX, column (A			12,500						
		Benefits paid to or for members (Part IX, column (A)		0							
(0	1	Salaries, other compensation, employee benefits (P			943,860	1					
Expenses	162	Professional fundraising fees (Part IX, column (A), lir			0						
per	l oa	Total fundraising expenses (Part IX, column (D), line	25) > 73.7	35.							
X	17	Other expenses (Part IX, column (A), lines 11a-11d,			1,281,356	1,077,645.					
		Total expenses. Add lines 13-17 (must equal Part IX			2,237,716						
		Revenue less expenses. Subtract line 18 from line 1			-182,971						
Or es	3	rieveriae iess experises. Gabitaet iine 10 from iine 1	<u> </u>	Be	ginning of Current Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		50	79,521						
ASS I Ba	21	Total liabilities (Part X, line 26)			602,975						
Net in	22	Net assets or fund balances. Subtract line 21 from I	ine 20		-523,454						
P	art II	Signature Block				, , , , , , , , , , , , , , , , , , , ,					
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of	mv knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer				,					
	,		,								
Sig	ın	Signature of officer			Date						
He		J. RANDOLPH TAYLOR, TRE	EASURER								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN					
Pai	d	LISA CHEIFETZ	,		if self-empl	P01444196					
	parer	Firm's name JONES, MARESCA &	MCOUADE, P.A.		Firm's EIN	52-1853933					
	Only	Firm's address 10500 LITTLE PATU		SUITE							
		COLUMBIA, MD 2104				10-884-0220					
Ma	v the IF	RS discuss this return with the preparer shown above			1	X Yes No					

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,440,904. including grants of \$ 6,500.) (Revenue \$)
	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.
4b	(Code:) (Expenses \$ 126,414 • including grants of \$) (Revenue \$ 666,312 •)
1 10	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.
	THE THE THE THE THE TOTAL TOTA
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code
4d	Other program services (Describe in Schedule O.)
-t u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,567,318.
-10	Form 990 (2017)

54-1357586 Page 3 ASTHMATICS, INC.

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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	Х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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		Х
b	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		 **
21	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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	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		Α_
32		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,,
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

ASTHMATICS, INC.

54-1357586

Page 5

		•
Part V	St	atements Regarding Other IRS Filings and Tax Compliance
	OI-	and it Only adult On a state of a superior of the fact that the Day 11/1

	Check if Schedule O contains a response or note to any line in this Part V				Ш							
				Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable											
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			37								
_	(gambling) winnings to prize winners?	I	1c	X								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return		2b	Х								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	0 ,											
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			Х							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Λ							
b	If "Yes," enter the name of the foreign country:	(FD 4 B)										
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		v							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b									
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ا ۵۰		Х							
	any contributions that were not tax deductible as charitable contributions?		6a									
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	Ch									
-	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 ser	wices provided to the paver?	70		Х							
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		-25							
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		76									
С	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		х							
ч	If "Yes," indicate the number of Forms 8282 filed during the year		70									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7 f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g									
h	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		7									
_			8									
9	Sponsoring organizations maintaining donor advised funds.											
а	Pid the agree with a constitution grade and to take the distribution and an earlier 40000		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	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
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											
	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
14a			14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b									
			Form	990	(2017)							

ASTHMATICS, INC.

54-1357586

Page 6

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	Enter the number of voting members included in line 1a, above, who are independent	1b		14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	\neg									
	officer, director, trustee, or key employee?				2		Х						
3													
	of officers, directors, or trustees, or key employees to a management company or other person?												
4													
5													
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			Γ									
	more members of the governing body?				7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Γ									
	persons other than the governing body?				7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye												
а	The governing body?				8a	X							
b	Each committee with authority to act on behalf of the governing body?			[8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			Γ									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)										
						Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such c			Γ									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b													
12a	and the second s												
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	Г	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe										
	in Schedule O how this was done				12c	X							
13	Did the organization have a written whistleblower policy?			[13	X							
14	Did the organization have a written document retention and destruction policy?			[14	X							
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	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							
	Other officers or key employees of the organization				15b	Х							
	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	ment v	vith a										
	taxable entity during the year?			Г	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's										
	exempt status with respect to such arrangements?				16b								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ►VA , AZ , CA , CT , E	L,G	A, IL, ME,	MD	MI,	, NJ	, NY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-												
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy	, and	finan	cial							
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:										
	THE ORGANIZATION - 703-641-9595												
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182	2											
732006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2017)						

ASTHMATICS, INC.

Page 7

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) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	osition ck more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN SCOTT TUCKER CHAIR	1.00	x		х				0.	0.	0.
(2) J. RANDOLPH TAYLOR, CPA TREASURER	1.00	Х		х				0.	0.	0.
(3) NATALIE NAPOLITANO	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TOM KALLSTROM, MBA, RRT	0.50	x						0.	0.	0.
(5) GAYLE N. HIGGINS, FNP	0.50	^						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(6) PREM K. MENON, MD	0.50									
DIRECTOR		Х						0.	0.	0.
(7) RANDALL BROWN, MD, MPH, AE-C DIRECTOR	0.50	x						1,500.	0.	0.
(8) JODIE STABINSKI, RN, MSN, CPNP DIRECTOR	0.50	Х						0.	0.	0.
(9) CRISTIN BUCKLEY DIRECTOR	0.50	х						0.	0.	0.
(10) DENNIS WILLIAMS, PHARM-D, BCPS DIRECTOR	0.50	х						0.	0.	0.
(11) WILLIAM BERGER, MD DIRECTOR	0.50	х						0.	0.	0.
(12) ANTHONY COOK DIRECTOR	0.50	х						0.	0.	0.
(13) MICHAEL CORJULO, APRN, CPNP DIRECTOR	0.50	х						0.	0.	0.
(14) DONNA MATLACH	0.50									
DIRECTOR	25 00	Х						0.	0.	0.
(15) TONYA WINDERS, MBA	35.00	-		x				236,547.	0.	2 402
PRESIDENT & CEO (16) PAUL M. TURY	35.00	-		^		\vdash		430,347.	0.	2,403.
CREATIVE DIRECTOR	33.00					х		109,321.	0.	8,182.

Form **990** (2017) 732007 11-28-17

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title Aver				Pos heck		1 than	one	Reportable	Reportable	e	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation		ar	nount	of
		week (list any	\vdash	CCI ai	10 0	111000	1744	1	from	from related			other	
		hours for	direct				_		the organization	organizatior (W-2/1099-MI			pensa om th	
		related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 1011	00,		anizat	
		organizations	trust	ıal tru		yee	ompe						d relat	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig	윤						
			-											
							-							
			1											
							┢	-						
			1											
							\vdash							
			1											
							t							
			1											
			_											
							-							
			1											
	Sub-total			<u> </u>			1		347,368.		0.	1	0,5	85.
	Total from continuation sheets to Part VI								0.		0.			
	Total (add lines 1b and 1c)								347,368.		0.			
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportab	ole			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	,		e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	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									idual for convice		4	Λ	
5	rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			led organization or indiv	idual for Services	,	5		Х
Sec	tion B. Independent Contractors	proto corrodar		0, 0,	011	porc	3011							
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation ·	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	(A)								(B)		_	(0	C)	
	Name and business	address	N	INC	3			_	Description of s	services		ompe	nsatio	n
								_			<u> </u>			
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🚩					<u> </u>							

Pa	rt V	III Statement of Re	venue					
		Check if Schedule O	ontains a response	or note to any lin				
					(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	2 : 1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contr f All other contributions, gifts, y similar amounts not included g Noncash contributions included in h Total. Add lines 1a-1f a RESOURCE MATE b MEMBERSHIP DU MAGAZINE ADVE de e f All other program service in the service in t	tb tc td	Business Code 900099 900099 541800	1,991,347.		71,294.	512 - 514
		g Total. Add lines 2a-2f		>	666,312.			
	3 4 5	Investment income (include other similar amounts)	f tax-exempt bond	proceeds	319.			319.
	•	a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
	7 8	 d Net rental income or (loss) a Gross amount from sales assets other than inventor b Less: cost or other basis 	of (i) Securities	(ii) Other				
Ф	(and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundra		>				
Other Revenue		including \$ contributions reported on Part IV, line 18	of line 1c). See 	1				
0		c Net income or (loss) from						
	9 a	a Gross income from gamine Part IV, line 19 b Less: direct expenses	g activities. See	1				
		c Net income or (loss) from		•				
	10 a	a Gross sales of inventory, I and allowancesb Less: cost of goods sold	ess returns	1				
	(c Net income or (loss) from)				
		Miscellaneous Rev	enue	Business Code				
	11 6	_		<u> </u>				
		b						
		d All other revenue						
	ì	e Total. Add lines 11a-11d						
	12	Total revenue. See instructio	ns.		2,657,978.	595,018.	71,294.	319.

Form 990 (2017) Part IX Statement of

Pa	rt IX Statement of Functional Expens	es			, , ,
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	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				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	6,500.	6,500.		
3	Grants and other assistance to foreign	0,0001	3,3331		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	238,951.	194,888.	27,360.	16,703.
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	539,110.	439,699.	61,727.	37,684.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,268.	27,949.	3,924.	2,395. 3,914.
10	Payroll taxes	55,996.	45,670.	6,412.	3,914.
11	Fees for services (non-employees):				
а	Management				
b		20 475		20 475	
С	• • • • • • • • • • • • • • • • • • • •	39,475.		39,475.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	ř ,				
f	Investment management fees				
g	,	373,747.	353,490.	19,525.	732.
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	13,653.	13,653.	17,525.	752•
12 13	F	86,824.	70,680.	15,104.	1,040.
14	Office expenses Information technology	15,094.	4,189.	10,905.	1,010.
15	Royalties	13,0310	1,1001	10/3031	
16	Occupancy	50,590.	36,429.	10,909.	3,252.
17	Travel	154,756.	116,970.	36,496.	1,290.
18	Payments of travel or entertainment expenses	,	.,.		,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,525.	59,442.	56,083.	
20	Interest	9,810.		9,810.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,220.	5,889.	826.	505.
23	Insurance	3,274.		3,274.	
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.)	105 005	101 505	2 5 5 5	
а		195,295.	191,626.	3,669.	
b	TAXES AND LICENSES	9,855.		3,635.	6,220.
С	MISCELLANEOUS	1,824.	244	1,824.	
d	DUES AND SUBSCRIPTIONS	394.	244.	150.	
e	·	309.	1 567 210	309.	72 72
25	Total functional expenses. Add lines 1 through 24e	1,952,470.	1,567,318.	311,417.	73,735.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2017)

17389___1

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			14,738.	1	204,403
2	Savings and temporary cash investments			361.	2	331
3	Pledges and grants receivable, net				3	55,900
4	Accounts receivable, net			45,618.	4	98,662
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens	ated emplo	oyees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing			
	employers and sponsoring organizations of sec					
ပ္သ	employees' beneficiary organizations (see instr)				6	
Assets 6 7	Notes and loans receivable, net		_		7	
8 ۴	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			4,871.	9	5,115
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	63,291.			
l b			60,229.	10,282.	10c	3,062
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				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			79,521.	16	371,124
17	Accounts payable and accrued expenses			377,975.	17	164,070
18	Grants payable			100,000.	18	25,000
19	Deferred revenue			50,000.	19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
ဖ္မ 22	Loans and other payables to current and forme	r officers, o	directors, trustees,			
₫	key employees, highest compensated employe	es, and dis	equalified persons.			
Liabilities 22	Complete Part II of Schedule L				22	
- 23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate	75,000.	24			
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
26	Total liabilities. Add lines 17 through 25			602,975.	26	189,070
	Organizations that follow SFAS 117 (ASC 958		nere ▶ 🔼 and			
Ses	complete lines 27 through 29, and lines 33 ar			660 040		100 046
E 27	Unrestricted net assets			-662,242.	27	-188,846
평 28	Temporarily restricted net assets			134,788.	28	366,900
면 29				4,000.	29	4,000
로	Organizations that do not follow SFAS 117 (A	ASC 958), (check here			
o o	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
8 31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Retained earnings, endowment, accumulated ir			E00 4E4	32	100 054
33	Total net assets or fund balances			-523,454.	33	182,054
34	Total liabilities and net assets/fund balances .			79,521.	34	371,124

Form **990** (2017)

54-1357586 Page **12**

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	2,65	<u>7,9</u>	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95		
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-52	<u>3,4</u>	<u>54.</u>
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	18	2,0	54.
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
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		

Form **990** (2017)

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

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. 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							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1239049.	2327847.	2160378.	1597732.	1991347.	9316353.	
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	1239049.	2327847.	2160378.	1597732.	1991347.	9316353.	
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)						4645025.	
6	Public support. Subtract line 5 from line 4.						4671328.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	1239049.	2327847.	2160378.	1597732.	1991347.	9316353.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,101.	1,695.	1,139.	398.	319.	5,652.	
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							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						9322005.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,196,835.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stor	here					<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>	
	Public support percentage for 2017 (14	50.11 %	
	Public support percentage from 2016					15	49.39 %	
16a	33 1/3% support test - 2017. If the c	-						
	stop here. The organization qualifies						▶ X	
b	33 1/3% support test - 2016. If the c						nis box	
4-	and stop here. The organization qual						P	
1/a	10% -facts-and-circumstances tes							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
J-								
a	10% -facts-and-circumstances tes							
	more, and if the organization meets the							
40	organization meets the "facts-and-circ		•	•	,			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2017

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 by	oelow, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(a) 2013	(0) 2014	(6) 2015	(u) 2010	(e) 2017	(I) IOIAI
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.)		 			[F01(-)(0) '	
14 First five years. If the Form 990 is for						
check this box and stop here Section C. Computation of Pub	lic Support Pr	arcentage				P L
15 Public support percentage for 2017			acluma (f\)		15	
						9
16 Public support percentage from 2010 Section D. Computation of Inve					16	9
•					147	
17 Investment income percentage for 20						9
18 Investment income percentage from						17 is not
19a 33 1/3% support tests - 2017. If the	-					ı / IS NOT ►
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch 20 Private foundation. If the organization						
EU FIIVALE IUUIIUALIUII. II LIIE UIUAIIIZALI	on ala not check a	. DUX UH IIHE 14. 19	a. ur 190. CHECK I	ina duk anu see II	เอเเนเนเปเโอ	

732023 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	V	No
	Yes	No
1		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
0-		
9c		
10a		
.54		
10b		
n 990 or 99	0-EZ	2017

Par	t IV	Supporting Organizations (continued)			
		(Grantese)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	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 inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e 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) 2017 732025 10-06-17

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	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 S	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	ly integra	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร					
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 2017 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-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
ī	Carryover from 2012 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j	<u> </u>						
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015							
d	Excess from 2016							
е	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

54-1357586 Page 8 Schedule A (Form 990 or 990-EZ) 2017 ASTHMATICS, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule 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

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{X} 501(c)($\overline{3}$) (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				
		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	Kule					
	· ·	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 contribu	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 ruelty to children or animals. Complete Parts I, II, and III.				
	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),				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

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 additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$61,679.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 75,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$170,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$160,860.	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 additional	tributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	Name, address, and ZiF + +	\$ 227,900.	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		\$51,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$55,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10		\$85,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11		\$325,300.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12		\$ 278,000.	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 additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13		\$\$	Person X Payroll				
(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.)				
(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.)				
(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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF **ASTHMATICS** 54-1357586 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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

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

Schedule D (Form 990) 2017

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	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 wr	riting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	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 histo	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conserv	ation 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 struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structi	ure	
	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	dic 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, ha	andling of violations, and enforcing cons	servation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	tion's accounting for
D-	conservation easements.	Ant Historical Transcripts on O	H C::	law Assats
Pa	t III Organizations Maintaining Collections of		tner Simi	lar 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 exhib	,	nce of public	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	ication, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
•				*
2	If the organization received or held works of art, historical treas		ı gain, provid	J U
_	the following amounts required to be reported under SFAS 116	· ·		¢
a	Revenue included on Form 990, Part VIII, line 1			\$
D	Assets included in Form 990, Part X			Ψ

732051 10-09-17

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

	t III Organizations Maintaining C	collections of Ar	t. Historical T	reasures.	or Othe			ts/continu	90 _
3	Using the organization's acquisition, accessi		•					•	
_	(check all that apply):	,	-,,			9			
а	Public exhibition	d	I oan or exc	change progra	ams				
b	Scholarly research	e		,,,a,,,g,, p,, e,g,,					
c	Preservation for future generations	J							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
J	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pai		no ii ii o organizati	311 uno 110 u	100 011		, , , ,		
1a	Is the organization an agent, trustee, custod		iary for contributio	ns or other as	sets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
-	roo, oxplain are arraingement in a crain	aa cop.o.c a	g talo.o.					Amount	
С	Beginning balance					1c		,	
	Additions during the year								
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21, for escrow or o	ustodial acco	ount liabil	 itv?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		•						
	t V Endowment Funds. Complete i								
	3377,	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four v	vears back
1a	Beginning of year balance	4,000.	4,000	+ ` ' - '	4,000.	(4)	4,000.	(0)	4,000.
	Contributions	, -	,	1			, -		
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
	Administrative expenses	4,000.	4,000		4,000.		4,000.		4,000.
g 2	End of year balance Provide the estimated percentage of the curr	, ,	•	1	- , • • • •		4,000.		4,000.
	Board designated or quasi-endowment	ent year end balanc	e (line 19, column) %	ajj rielu as.					
	Permanent endowment 100.00	%							
	Temporarily restricted endowment	% %							
C	· • • • • • • • • • • • • • • • • • • •								
2-	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·					-4:		
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid	and administe	erea for ti	ne organiz	ation	Г	Vaa Na
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
h	(ii) related organizations								- 12
D				·				3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.						
ı aı	Complete if the organization answere		Dort IV line 11e	Soo Earm 000) Dort V	lino 10			
		1					_	(al) Deals	
	Description of property	(a) Cost or of basis (investment)	' '	t or other (other)		ccumulate preciation	۵	(d) Book	value
	Land	``	Dasis	(Ott ICI)	uel	or colatio(1			
	Land								
	Buildings								
	Leasehold improvements			25,586.		24,46	<u> </u>	1	,117.
	Equipment			37,705.		35,76			.,945.
	Other					33,70	-		$\frac{1,943.}{1,062.}$
rota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part .	∧, column (B), line	1UC.)					,004.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13	l.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	are Faure 000. David IV	line 11d Coe Ferry 200 Dark V line 15	
Complete if the organization answered "Yes"	Description	iline 11d. See Form 990, Part X, line 15	(b) Book value
	Везеприон		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck here if the text of the footnote has	been provided in Part XIII 🔼

Schedule D (Form 990) 2017

54-1357586 Page 4

Pa	Tt XI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		enue per Return	l .
1	Total revenue, gains, and other support per audited financial statements		1	2,657,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b				
С				
d				
е			2e	0.
3	Subtract line 2e from line 1			2,657,978.
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		<u>- </u>	4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,657,978.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			
1	Total expenses and losses per audited financial statements		1	1,952,470.
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	2b		
С				
d	7			•
е	J			0.
3	Subtract line 2e from line 1		3	1,952,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	/ /	4b		0
_ C				0.
5			5	1,952,470.
	rt XIII Supplemental Information.		- Deut V. Erre A. Deut	V. E O. D t.VI
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			X, line 2; Part XI,
PA	RT V, LINE 4:			
EN	DOWMENT IS INVESTED IN PERPETUITY AND ONI	Y THE INCO	ME CAN BE U	JSED FOR
PR	OGRAM OPERATIONS IN ACCORDANCE WITH RESTR	RICTIONS SE	T BY THE DO	ONOR. THERE
WA	S NO INTEREST EARNED ON THE ENDOWMENT FOR	R THE YEAR	ENDED 12/31	1/17.
PA	RT X, LINE 2:			
AA	NMA BELIEVES THAT IT HAS APPROPRIATE SUPF	ORT FOR AN	Y TAX POSIT	rions
	KEN, AND AS SUCH, DOES NOT HAVE ANY UNCER			

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

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

Schedule D (Form 990) 2017

THAT NEED TO BE RECORDED.

ALLERGY AND ASTHMA NETWORK - MOTHERS OF 54-1357586 Page 5 ASTHMATICS, INC. Schedule D (Form 990) 2017 Part XIII | Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Inspection ALLERGY AND ASTHMA NETWORK - MOTHERS OF Name of the organization **Employer identification number** 54-1357586 ASTHMATICS, INC. **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Page 2

(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 assistance
CHOLARSHIP TO ATTEND SUMMIT	13	6,500.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	ie 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
AMOUNTS ARE SMALL SCHOLARSHIPS A	AWARDED TO	INDIVIDUAI	S TO ATTEN	D THE 2017	
NATIONAL ASTHMA SUMMIT. MINIMAL	MONITORING	IS REQUIF	RED.		

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 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:			
а		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	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		Х
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) TONYA WINDERS, MBA	(i)	200,547.	36,000.	0.	723.	1,680.	238,950.	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								
rovide 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:								
SONUS IS BASED ON PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER								
CONTRACT, AND CAN 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. THIS LAST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	Page 2 Employer identification number
ASTHMATICS, INC.	54-1357586
TIME THE PRESIDENT'S SALARY WAS REVIEWED WAS IN 2017.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	Y OF FORM 990:
VA, AZ, CA, CT, FL, GA, IL, ME, MD, MI, NJ, NY, OH, PA, RI, UT, VA, WA, WI	
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	345,110.
MANAGEMENT AND GENERAL EXPENSES	17,503.
FUNDRAISING EXPENSES	732.
TOTAL EXPENSES	363,345.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	8,380.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,380.
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,022.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,022.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	373,747.
	edule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	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 SEI	LECTING AN
INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF ITS FI	
STATEMENTS ON AN ANNUAL BASIS. THE PROCESS HAS NOT CHANGE	ED DURING THE
TAX YEAR.	

Form 990-T	6	Exempt Orgar	ax Return	۱ إ	OMB No. 1545-0687						
		an (an			2017						
	For ca	lendar year 2017 or other tax yea			, and ending		_ ·	2017			
Department of the Treasury			•		ons and the latest inform		-	Open to Public Inspection for			
Internal Revenue Service		Do not enter SSN number				. , , ,		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number			
A Check box if address changed		Name of organization (LALLERGY AND					(Employees' trust, see instructions.)				
	Deina	ASTHMATICS,		WOR.	r - MOTHERS	Of	54-1357586				
B Exempt under section $X 501(c)(3)$	Print or		mber, street, and room or suite no. If a P.O. box, see instructions.								
408(e) 220(e)	Туре	8229 BOONE I						lated business activity codes instructions.)			
408A 530(a)		City or town, state or prov									
529(a)		VIENNA, VA	22182	Torong	1 postal code		541	.800			
C Book value of all assets at end of year	<u> </u>	F Group exemption numb		<u> </u>							
371,1	24.	G Check organization type	X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust			
		ary unrelated business activ	rity.	EE	STATEMENT 1	,					
I During the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	ıt-subsi	diary controlled group?		Y	es X No			
If "Yes," enter the name a	nd iden	tifying number of the parent	corporation.								
		THE ORGANIZAT			Telepho	one number $ ightharpoonup 7$	03-	641-9595			
Part I Unrelated	d Tra	de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale											
b Less returns and allow			c Balance ▶	1c							
		A, line 7)		2							
3 Gross profit. Subtract				3							
		h Schedule D)		4a							
		art II, line 17) (attach Form		4b							
	ital loss deduction for trusts 4c										
, , ,	come (loss) from partnerships and S corporations (attach statement) 5 nt income (Schedule C) 6										
· ·	ule C) 6 ced income (Schedule E) 7										
		and rents from controlled or		8							
		on 501(c)(7), (9), or (17) or		_							
		me (Schedule I)		10							
		e J)		11	71,294.	45,8	26.	25,468.			
12 Other income (See ins	struction	ns; attach schedule)		12							
		gh 12		13	71,294.	45,8	26.	25,468.			
		ot Taken Elsewher									
		utions, deductions must	<u> </u>					1			
		rectors, and trustees (Sche					14				
							15				
							16				
							17 18				
							19				
20 Charitable contributi	ons (Se	e instructions for limitation i	rules)				20				
21 Depreciation (attach	Form 4	562)			21						
		n Schedule A and elsewhere					22b				
					· · · · · · · · · · · · · · · · · · ·		23				
24 Contributions to defe		24									
25 Employee benefit pro	Contributions to deferred compensation plans Employee benefit programs										
26 Excess exempt expe	nses (S	chedule I)					26	25,468.			
27 Excess readership of	Excess readership costs (Schedule J)										
28 Other deductions (at	Other deductions (attach schedule)										
29 Total deductions. A	dd lines	14 through 28					29	25,468.			
		ncome before net operating					30	0.			
31 Net operating loss de	eductior	n (limited to the amount on I	ine 30)				31				
		ncome before specific dedu					32	1,000.			
		y \$1,000, but see line 33 ins income. Subtract line 33 fr					33	1,000.			
				-			34	0.			
***************************************							- 1				

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Part II	1	Tax Computation								
35	Organizations Taxable as Corporations. See instructions for tax computation.									
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:									
а	Enter									
	(1)	\$ (2) \$ (3) \$								
b	Enter	r organization's share of: (1) Additional 5% tax (not more than \$11,750)								
		Additional 3% tax (not more than \$100,000)						_		
C	Incon	me tax on the amount on line 34			► 35c			0.		
36		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount or								
		Tax rate schedule or Schedule D (Form 1041)			▶ 36					
37	Proxy	ry tax. See instructions	▶ 37							
38		native minimum tax								
39	Tax o	on Non-Compliant Facility Income. See instructions			. 39					
40	Total	I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			. 40			0.		
		Tax and Payments	44							
		, , , , , , , , , , , , , , , , , , ,	41a		_					
b	Otner	· /	41b		_					
C	Gener		41c							
		lit for prior year minimum tax (attach Form 8801 or 8827)								
e 40	Cubte	I credits. Add lines 41a through 41d			. 41e			0.		
42	Other	ract line 41e from line 40 r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	·	Othor	. 42			0.		
43 44								0.		
			45a		44			<u> </u>		
			45a 45b		_					
U	Z011	_								
ď	Foreig	'	45c		-					
	d Foreign organizations: Tax paid or withheld at source (see instructions) 45d e Backup withholding (see instructions) 45e									
			45f		-					
		r credits and payments: Form 2439	101							
9			45g							
46		I payments. Add lines 45a through 45g			46					
47	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached			47					
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed						0.		
49		rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			▶ 49			0.		
50		r the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	▶ 50					
Part V	7 5	Statements Regarding Certain Activities and Other Information	n (see	instructions)						
51	At any	ny time during the 2017 calendar year, did the organization have an interest in or a signature o	or other a	authority			Yes	No		
	over a	a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	may have	e to file						
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	oreign co	ountry						
	here	>						X		
52	Durin	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or trar	nsferor t	to, a foreign trust?				X		
	If YES	S, see instructions for other forms the organization may have to file.								
53		r the amount of tax-exempt interest received or accrued during the tax year 🕨 \$								
Cia	Un	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	tatements, er has any	, and to the best of my k knowledge.	nowledge a	nd belief, it is	s true,			
Sign		1	′	ľ	May the IR	S discuss this	s return v	vith		
Here		Signature of officer Date TREASURE	ER			er shown belo		٦		
					instructions	, [es	No		
		Print/Type preparer's name Preparer's signature Date	Э	Check	if PTI	N				
Paid		T T C A CULT TERMS		self- employe		01444	100			
Prepa		LISA CHEIFETZ				01444 2-185		2		
Use C	nly	Firm's name ► JONES, MARESCA & MCQUADE, P.A. 10500 LITTLE PATUXENT PARKWAY,	CIIT	Firm's EIN	<u>►</u> 3	<u>~-103</u>	333	J		
		Firm's address COLUMBIA, MD 21044	POT	Phone no.	410-	884-0	220			
		Time address > COHOMDIA, MD ZIVII		Ti lione iio.	- T O	554 0	<u> </u>			

Form 990-T (2017) ASTHMATICS, INC.

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation ► N/A						
1 Inventory at beginning of year	6 Inventory at end of year 6									
2 Purchases	2 7 Cost of goods sold					Subtract line 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs				line 2		7				
(attach schedule)	4a		8		with respect to		Yes	No		
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to				
5 Total. Add lines 1 through 4b 5 the organization?										
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	(y)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued				2/0) De divertiere e divertit		-4	_	
(a) From personal property (if the percer rent for personal property is more th 10% but not more than 50%)		of rent for p	persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) an		cted with the income ii (attach schedule)	n	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (μ	a) and 2(b). En A)	ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Debt-	-Financed	Income (see	instru	ıctions)						
			1	2. Gross income from		Deductions directly conn to debt-finance		perty		
1. Description of debt-finan	ced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS	
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	erage adjusted basis of or allocable to t-financed property attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6)			reportable (column		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals				•		0 .			0.	
Total dividends-received deductions inclu						>	1		0.	

Page 4

Schedule F - Interest,	Amunt	o, noya	ıııı c ə, di		Controlled O			.auUl	see ins	uction	15)	
1. Name of controlled organiza	ation	2. Employer identification number		3. Net unre	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made 5. Par includ			rolling	6. Deductions directly connected with income	
					,			organiz	ization's gross income		in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	izations											
7. Taxable Income		inrelated incor see instruction		9. Total o	of specified payr made	ments	10. Part of column in the controll gross		nization's		ductions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colur Enter here and line 8, 0		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals						▶			0.		0.	
Schedule G - Investme	ent Inco	me of a	Section	n 501(c)(7), (9), or	(17) Or	ganization	1		<u> </u>		
	tructions)						3. Deductio	ns	4 0 :		5. Total deductions	
1. Desc	cription of inco	ome			2. Amount of	income	directly conne (attach sched		4. Set-		and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
					Enter here and on Part I, line 9, co	on page 1, lumn (A).					Enter here and on page 1, Part I, line 9, column (B).	
Totala						0.					0.	
Totals Schedule I - Exploited					r Than Ad		ng Income					
(see instr	uctions)										_	
	2	Gross		penses	Net income from unrelated	ne (loss)	5. Gross inco	nme	•		7. Excess exempt	
1. Description of	unrelated	business		connected oduction	business (co	lumn 2	from activity that is not unrelated		6. Expenses attributable to		expenses (column 6 minus column 5,	
exploited activity		ie from business		related ss income	minus columi gain, compute	e cols. 5	business inco		colur	nn 5	but not more than column 4).	
(4)					through	7.					<u>'</u>	
(1)												
(2)												
(1) (2) (3) (4)												
(4)	Enter he	re and on	Enter he	ere and on							Enter here and	
		, Part I, col. (A).		1, Part I, , col. (B).							on page 1, Part II, line 26.	
Totals		0.		0.							0.	
Schedule J - Advertis	ina Inco		l instruction									
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs			5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) ALLERGY AND		71 00	4				1.0	00	٠.	1 7 ^		
(2) ASTHMA TODAY		71,29	4 4	15,826	4		16,4	۵⊿.	95,	170.		
(3)					_							
(4)			-									
Totals (carry to Part II, line (5))		71,29	4.	15,826	. 25	,468	. 16,4	82.	95.	170.	25,468.	
, , , , , , , , , , , , , , , , , , , ,				-		<u> </u>			- /		Form 990-T (2017)	

723731 01-22-18

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	71,294.	45,826.				25,468.
	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)	71,294.	45,826.				25,468.

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.		