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** 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.

(Rev. January 2020) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning and en	nding		
В	Check if	C Name of organization		D Employer identific	ation number
a	pplicab	ALLERGY AND ASTHMA NETWORK - MOTHERS OF	F		
Г	Addre				
	Name			54-135758	36
_	Initial	Reserved to street address)	oom/suite	E Telephone number	
_	ireturr Final	1 8229 BOONE BOULEVARD, SUITE 260		800-878-4	403
L	returi termi ated			G Gross receipts \$	2,078,426.
Γ	Amer			H(a) Is this a group re	turn
-	ireturi Appli tion			for subordinates	Yes X No
L	Ition pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
	-	tempt status: X 501(c)(3)	527		ist. (see instructions)
<u> </u>	ax-ex	ite: WWW.ALLERGYASTHMANETWORK.ORG		H(c) Group exemption	number 🕨
<u>J</u>	webs	forganization: X Corporation Trust Association Other	L Year	of formation: 1986 M	State of legal domicile: VA
		1 organization, [At] our portation			
	art I	Briefly describe the organization's mission or most significant activities: TO EN	D THE	NEEDLESS DI	EATH AND
စ္ပ	1	SUFFERING DUE TO ASTHMA, ALLERGIES AND RE	LATED	CONDITIONS	
Activities & Governance	ŀ	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
err	2	Check this box I if the organization discontinued its operations of dispose	or more	3	12
õ	3				11
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			12
Ξį	6	Total number of volunteers (estimate if necessary)			89,950.
Ş	7ε	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 39	·····	Prior Year	Current Year
<u>o</u>			-	2,237,059.	1,387,093.
	8	Contributions and grants (Part VIII, line 1h)		527,451.	690,325.
enc	9	Program service revenue (Part VIII, line 2g)		1,280.	1,008.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·····	2,765,790.	2,078,426.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,500.	22,800.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,041,303.	1,263,977.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 163,68			
9	. 1	Total fundraising expenses (Part IX, column (D), line 25)	9.	1,287,432.	1,458,419.
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,375,235.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		390,555.	
	19	Revenue less expenses. Subtract line 18 from line 12			
ö	3		В	eginning of Current Year	End of Year 250, 436.
Sign	20	Total assets (Part X, line 16)		763,425.	344,597.
Net Assets or	ු වූ 21	Total liabilities (Part X, line 26)		190,816.	-94,161.
<u>Set</u>	E 22	Net assets or fund balances. Subtract line 21 from line 20		572,609.	-34,101.
		Le Cimpatrico Block			t and desend belief it is
Un	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	nents, and to the best of m	y knowledge and belief, it is
tru	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r nas any knowledge.	
		A MAN		11/11/20 Date	
Si	gn	Signature of officer		Date	
	ere	J. RANDOLPH TAYLOR, TREASURER			
		Type or print name and title			TI PTIN
		Print/Type preparer's name Preparer's signature		Date Check L	
Pa	ıid	DAVID JONES		self-emplo	P01361002
	epare	Firmle nameTONES MARESCA & MCOUADE, P.A.		Firm's EIN ▶	52-1853933
	e Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, S	SUITE	770	0.004.0000
		COLUMBIA, MD 21044		Phone no. 41	0-884-0220
		in the property shows 2 (see instructions)			X Yes No

Total program service expenses

) (Revenue \$

2,229,577.

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54-1357586 Page 3 ASTHMATICS, INC. Form 990 (2019) 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)? X 1 If "Yes," complete Schedule A _____ X Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b $\overline{\mathbf{x}}$ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 17 If "Yes," complete Schedule I, Parts I and II

ASTHMATICS, INC. Form 990 (2019) ASTHMATICS, INC.

Part IV | Checklist of Required Schedules (continued)

rai	Officerist of frequired contouries (continues)	1	Yes	No
22	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	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		**	
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	A4-		х
	Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		<u> </u>
_	any tax-exempt bonds?	24d		
d	Did the organization act as an "on benall of" issuer for boilds outstanding at any time during the year. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
I.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	- Constant	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	Kikiti		Talifal.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	<u> </u>	+
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?#	28c		Х
	"Yes," complete Schedule L, Part IV	29		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	1	\vdash	T
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701.2 and 301 7701.3? If "Yes." complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	ļ	X
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	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	X
	If "Yes," complete Schedule R, Part V, line 2	36		+^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
ra	Check if Schedule O contains a response or note to any line in this Part V			
	Officer it Scrieditie O contains a response of note to any line in this rail of		Yes	No
ند	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
1a	Enter the number reported in Box 3 of Form 1995, Enter 40 in 10t applicable Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b	Ō		
a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	78		
G	(gambling) winnings to prize winners?	1c	X	
	V V	For	n 990	(2019

54-1357586 ASTHMATICS, INC. Page 5 Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				11.177.11 11.111	
	filed for the calendar year ending with or within the year covered by this return	2a	11			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			4.50	W.K.	484
20				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
70	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
h	If "Yes," enter the name of the foreign country		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ü	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoul	nts (FBAR).			
50	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	ction'	?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Va	any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut					
IJ	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		***************************************			Maria Nation
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	auired			
C	to file Form 8282?		1	7c		Х
4	construction of the state of th	7d				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		<u> </u>	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne		745-574 E.S.	
Ü	sponsoring organization have excess business holdings at any time during the year?	•		8	 	
9	Sponsoring organizations maintaining donor advised funds.					
а				9a	ĺ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				11 5 V 1 A	1100
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
. ·	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ì				
~	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.				102,000	NAME:
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		1			
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c		5055	10000	
14a	The state of the s	<i></i>		14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ile O		14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or		1	
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome?	16	L	X
	If "Yes," complete Form 4720, Schedule O.					l massa
				Enro	, uuil	(2010)

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ASTHMATICS, INC. Form 990 (2019) 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 on 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	2									
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	L									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	ļ	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3	ļ	X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X							
5											
6	Did the organization have members or stockholders?	6	<u> </u>	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
•	more members of the governing body?	7a	<u> </u>	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	25.51									
а	The governing body?	8a	X								
a b	Each committee with authority to act on behalf of the governing body?	86	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
260	tion B. 1 offices (This decision is requeste information about position in the equation by		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a		X							
IVA	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
Đ	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X							
11a	Has the organization provided a complete copy of this Form 990										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	х								
	in Schedule O how this was done		X								
13	Did the organization have a written whistleblower policy?	 	X								
14	Did the organization have a written document retention and destruction policy?	5434		i şaraşı							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	100000							
а	The organization's CEO, Executive Director, or top management official		7.7								
b	Other officers or key employees of the organization	15b	1								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-	n saife	х							
	taxable entity during the year?	168		4.00							
b											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401	T STATE								
	exempt status with respect to such arrangements?	16L	<u> </u>								
Sec	tion C. Disclosure	T NT	T 1/13	7 01							
17	List the states with which a copy of this Form 990 is required to be filed ►AZ, CA, CT, FL, GA, IL, ME, MD, M	T , IV	נאזיי	. , Ori							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s on	ıy) ava	liable							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fin	ancial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records >										
	J. RANDOLPH TAYLOR - 703-641-9595										
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182										
93200	6 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	For	m 990	(2019)							

932006 01-20-20

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)	Ī		((2)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation from related	amount of other	
	week				<u> </u>			from the	organizations	compensation
	(list any hours for	director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	aatsr			ensate		(W-2/1099-MISC)	•	organization
	organizations	frus	nal tri		loyee	duo.				and related
	below	Individual trustee or	nstitutional trustee	Officer	Key employee	Highest compensated employee	F ormer			organizations
	line)	_≅	SE .	5	3	풀ㅎ	훈			
(1) JOHN SCOTT TUCKER	1.00	X		х				0.	0.	0.
CO-CHAIR	1.00	1-		Α		-	 	0,	<u> </u>	
(2) DENNIS WILLIAMS, PHARM-D, BCPS	1.00	X		х				0.	о.	0.
CO-CHAIR	1.00	^		1	┝	-	 	· ·	•	
(3) J. RANDOLPH TAYLOR, CPA	1.00	X	ĺ	X				0.	0.	0.
TREASURER	1.00	^	├─	Δ.		-	<u> </u>	V +		
(4) PREM K. MENON, MD	1.00	X		х				0.	0.	0.
SECRETARY	0.50	<u> ^</u>	┢		-	\vdash				
(5) GAYLE N. HIGGINS, FNP	0.30	x						10,500.	0.	0.
DIRECTOR (6) RANDALL BROWN, MD, MPH, AE-C	0.50	1	╁					10,000		
DIRECTOR	0.30	x					İ	0.	0.	0.
(7) JODIE STABINSKI, RN, MSN, CPNP	0.50	 	╁┈		\vdash		_			
DIRECTOR		х						0.	0.	0.
(8) CRISTIN BUCKLEY	0.50		\vdash		 		┢			
DIRECTOR		x						0.	0.	0.
(9) WILLIAM BERGER, MD	0.50	\vdash			Π					
DIRECTOR		X						0.	0.	0.
(10) ANTHONY COOK	0.50	<u> </u>			Г					_
DIRECTOR		X						0.	0.	0.
(11) SANDY MORITZ	0.50								_	
DIRECTOR		Х			<u> </u>			0.	0.	0.
(12) DONNA MATLACH	0.50							_		
DIRECTOR		X						0.	0.	0.
(13) TONYA WINDERS, MBA	35.00			İ						10 100
PRESIDENT & CEO		<u> </u>		X			<u> </u>	236,990.	0.	10,460
(14) SALLY Z. SCHOESSLER	35.00							400 000	_	777
DIRECTOR OF EDUCATION		<u> </u>		<u> </u>	<u> </u>	X	<u> </u>	107,890.	0.	773
(15) MARCELA GIEMINIANI	35.00		İ					100 000	_	026
DIRECTOR OF DEVELOPMENT	2 - 22	_	<u> </u>	ļ	<u> </u>	X	<u> </u> -	100,989.	0.	836
(16) LISA JORDAN	35.00	1				37	1	115 776	0.	0.
PROGRAM MANAGER		<u> </u>	ļ	ļ	 	X	ļ	115,776.	U •	V .
	1	1	1	1	ı	1	I	F	1	l

Form 990 (2019)

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ASTHMATICS, INC.

<u>ran</u>	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				า than i	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimated nount of other
		(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-MISC)	com fr org an	pensation rom the anization d related anizations

						ļ	\vdash				-	
					<u> </u>	_						
							1		,			
1h	Subtotal		1				<u> </u>		572,145.	0	. 1	2,069.
C	Total from continuation sheets to Part	VII, Section A			<u>.</u> .			>	0. 572,145.	0		0. 2,069.
2 2	Total (add lines 1b and 1c)	not limited to th	1086	list	ed a	bov	e) w	10 r		<u> </u>	<u> </u>	5
	compensation from the organization											Yes No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c	omp	ens	atio	n an	d ot	ther compensation from		4	X
5	Did any person listed on line 1a receive or	r accrue compe	nsat	ion	from	n an	y uni	ela	ted organization or indiv		5	X
Sec	rendered to the organization? If "Yes," co											
1	Complete this table for your five highest of the organization. Report compensation for	compensated in or the calendar y	dep /ear	ende end	ent d ing 1	cont with	tract	ors ⁄ithi	that received more than n the organization's tax	\$100,000 of compe year.	nsation	trom
	(A) Name and busines								(B) Description of s			C) ensation
	ANDLER CHICCO AGENCY, REET, 7TH FL., NEW YOR				ΤH				PUBLIC RELAT	IONS	13	39,225.
011	XEEL, THE FELT, MAN TOL	111, 111 1	00.									
				· · · · · · · · · · · · · · · · · · ·								
												
2	Total number of independent contractors	(including but r	not li	mite	ed to	the	ose li	ste	d above) who received r	nore than		
	\$100,000 of compensation from the orga	nization >				······	1				Form	990 (2019)

Form 990 (2019)

ALLERGY	AND	ASTHMA	METWORK	_	MOLUEVO	
а СФИМАФТ	CS	TNC.				

Par	t VI	111	Statement of Revenue		e in this Dart VIII			
			Check if Schedule O contains a response or	note to any line	e in this Part VIII (A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Giffs, Grants and Other Similar Amounts	1	o di e	All other contributions, gifts, grants, and	118,526. 268,567.				
a G		_	Total. Add lines 1a-1f		1,387,093.			
		-		Business Code				
o	2	a	RESOURCE MATERIALS/PRO	900099	371,469.	371,469.		
Program Service Revenue			MEMBERSHIP DUES	900099	228,906.	228,906.		
돌림			MAGAZINE ADVERTISING	541800	89,950.		89,950.	
E S		d						
Pe		u						
윤		e	All other program service revenue					
				•	690,325.			
$\overline{}$			Total. Add lines 2a-2f					
	3		other similar amounts)		1,008.			1,008.
			Income from investment of tax-exempt bond pr					
	4							
	5		Royalties (i) Real	(ii) Personal				
	_			(17) (10)				
			Gross rents 6a					
			Less; rental expenses 6b					
			Rental income or (loss) 6c		productive SA, Product SA, SA, Productive SA, SA, SA, SA, SA, SA, SA, SA, SA, SA,	2016		
			Net rental income or (loss)					
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ŭ			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
æ		d	Net gain or (loss)	>				
ĕ	8	а	Gross income from fundraising events (not					
퇀			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	٦	•	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а						
			and allowances 10a		1			
	 	С	Net income or (loss) from sales of inventory	Business Code				
<u> </u>				Dusiness Code		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
e eo	11	а						
en a	1	b						
Miscellaneous Revenue		C						
ΞĒ			All other revenue					
_	L.	е	Total. Add lines 11a-11d	<u></u>	0.000.400	COO 275	00 050	. 1,008.
	12		Total revenue. See instructions	_	2,078,426	600,375	. 89,950	· 1 1,000.

Form 990 (2019) ASTHMATICS, I

Check if Schedule O contains a respons	e or note to any line in			X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic	00 000	22 22		
individuals. See Part IV, line 22	22,800.	22,800.		
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				Breeze and a septimental and
5 Compensation of current officers, directors,	240 604	105 000	28,700.	24,905
trustees, and key employees	248,694.	195,089.	20,700.	24,505
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	062 249	677,177.	99,622.	86,449
7 Other salaries and wages	863,248.	011,111.	99,0220	00,110
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	72 522	57,063.	8,180.	7 289
9 Other employee benefits	72,532. 79,503.	62,532.	8,988.	7,289 7,983
0 Payroli taxes	79,503.	02,332.	0,300.	7,500
1 Fees for services (nonemployees):				
a Management				
b Legal	40 020		49,930.	
c Accounting	49,930.		49,9301	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	642 906	562,008.	74,134.	6,754
column (A) amount, list line 11g expenses on Sch 0.)	642,896. 9,356.	9,356.	14,134	0,104
12 Advertising and promotion	102,873.	98,161.	3,160.	1,552
13 Office expenses		9,228.	10,638.	
14 Information technology	19,866.	9,220+	10,0301	
15 Royalties	53,110.	41,826.	5,995.	5,289
16 Occupancy	216,866.	169,265.	42,868.	4,733
17 Travel	210,000.	100,200.	12,000	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	176,939.	172,117.	3,125.	1,697
19 Conferences, conventions, and meetings	5,629.	1/4,11/	5,629.	
20 Interest	3,023.		<u> </u>	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	160,345.	147,959.	the state of the s	12,386
a PRINTING b TAXES AND LICENSES	12,036.	1,820.	5,564.	4,652
MICCELLANDOUG	5,397.		5,397.	
DITED AND CIDCOTTONIONS	3,176.	3,176.		
	3,110.	0,2,00		
e All other expenses Add lines 1 through 24e	2,745,196.	2,229,577.	351,930.	163,689
Total functional expenses. Add lines 1 through 24e	# 1 # J 1 J J J	2,220,077.	,	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundralsing solicitation.			1	

ASTHMATICS, INC.

	1	Balance Sheet Check if Schedule O contains a response or r	ote to an	y line in this Part X	***************************************		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			653,080.	1	135,551.
	2	Savings and temporary cash investments			212.	2	92.
	3	Pledges and grants receivable, net			22,500.	3	
	4	Accounts receivable, net			78,867.	4	100,142.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descrit				6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges			5,115.	9	11,000.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	. 10a	63,291.			
	b	Less: accumulated depreciation	10b	63,291.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir	ne 11	1,		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 e	qual line (33)	763,425.	16	250,436.
	17	Accounts payable and accrued expenses			190,816.	17	309,597.
	18	Grants payable				18	35 000
	19	Deferred revenue				19	35,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
g		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			,
		of Schedule D			100 016	25	344,597.
	26	Total liabilities. Add lines 17 through 25			190,816.	26	344,337.
Ø		Organizations that follow FASB ASC 958, or	heck he	re 🕨 🔼			
ည		and complete lines 27, 28, 32, and 33.			124,859.		-383,356.
agai	27	Net assets without donor restrictions			447,750.	27	289,195.
Ö	28	Net assets with donor restrictions			VII. 22 10 - 44 1 , 1 3 0 0	28	
Ē		Organizations that do not follow FASB ASC	2 958, ch	eck here 🕨 📖		780	
<u>.</u>	1	and complete lines 29 through 33.			Astrophics of the standard and standard	29	
ţ	29	Capital stock or trust principal, or current fun				-	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			572,609.	31	-94,161.
ž	32	Total net assets or fund balances			763,425.		250,436
	33	Total liabilities and net assets/fund balances			100,420	1 33	Earth 990 (2010)

Pai	t 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	2,07					
2	Total expenses (must equal Part 1X, column (A), line 25)	2	2,74					
3	Revenue less expenses, Subtract line 2 from line 1	3	-66	5,7° 2,6				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_					
	column (B))	10	- 9	4,1	<u>61.</u>			
Pai	rt XIII Financial Statements and Reporting				77			
	Check if Schedule O contains a response or note to any line in this Part XII			 	No			
			1,002-3,00	Yes	1/10			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a			2a	de de des	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		THE STATE OF	X				
b	Were the organization's financial statements audited by an independent accountant?		2b	21	Assista.			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ie basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis	a audit	300,540	*********	5-72-5-5			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e auuit,	2c	Х	ĺ			
	review, or compilation of its financial statements and selection of an independent accountant?	hodula ()	20		2000			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nala Audit	6.000000	100000000	***			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		За		х			
	Act and OMB Circular A-133?	iired audit	·· Ju					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audits.	mou dadit	3b					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(2019)			

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990 or 990-EZ)

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

54-1357586 ASTHMATICS INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 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.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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 II, 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 (vi) Amount of other (ili) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Nο above (see instructions))

17389 1

Total

54-1357586 Page 2

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	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(a) 2010	(6) 2010	(0) 2017	(4)			
•	membership fees received. (Do not		i					
	include any "unusual grants.")	2160378.	1597732.	1991347.	2237059.	1387093.	9373609.	
•	Tax revenues levied for the organ-	22000,01						
_	ization's benefit and either paid to							
	or expended on its behalf							
•	The value of services or facilities							
J	furnished by a governmental unit to							
	the organization without charge							
		2160378.	1597732.	1991347.	2237059.	1387093.	9373609.	
	· · · · · · · · · · · · · · · · · · ·	SELECTION OF A SELECTION OF A						
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,							
	1 (6)						4679305.	
•	***************************************						4694304.	
	Public support. Subtract line 5 from line 4.							
-	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	• •	2160378.	1597732.	1991347.	2237059.	1387093.	9373609.	
	Amounts from line 4 Gross income from interest,	21003701						
8	•							
	dividends, payments received on							
	securities loans, rents, royalties,	1,139.	398.	319.	1,280.	1,008.	4,144.	
_	and income from similar sources	1 - 0 - 1						
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
TU	Other income, Do not include gain							
	or loss from the sale of capital							
4.2	assets (Explain in Part VI.)						9377753.	
11	Total support. Add lines 7 through 10 Gross receipts from related activities.	oto (ego instructi	onel			12 2	,046,726.	
12	First five years. If the Form 990 is for	r the erganization's	e firet second this	rd fourth or fifth t	ax vear as a sectio			
13	organization, check this box and stor	n the organization :	3 1836, 500011a, a.m	a, 10a. a., 5			▶ □	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2019 (column (fl)		14	50.06 %	
						15	48.33 %	
15	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and	
100	stop here. The organization qualifies							
Ŀ	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box	
	and stop here. The organization qua	lifies as a publiciv	supported organiz	ation			>	
17-	and stop here. The organization qua 1 10% -facts-and-circumstances tes	t = 2019. If the ord	anization did not	check a box on lin	e 13, 16a, or 16b.	and line 14 is 10%	or more,	
116	and if the organization meets the "fac	rte.and.circumstar	nces" test, check t	his box and stop	h ere. Explain in Pa	rt VI how the orga	nization	
	meets the "facts-and-circumstances"	teet The organiza	ation qualifies as a	nubliciv supporte	d organization		▶□	
	10% -facts-and-circumstances tes	2018 If the ord	ranization did not	check a box on lin	e 13, 16a. 16b. or	17a, and line 15 is	10% or	
Ĭ.	more, and if the organization meets t	he "facts and circ	ımstances" test	heck this box and	stop here. Explai	n in Part VI how th	e	
	organization meets the "facts-and-cir	cumetances" test	The organization	qualifies as a publ	licly supported ora	anization	▶□	
10	Private foundation if the organization	on did not check a	box on line 13 16	Sa. 16b. 17a. or 17	b, check this box	and see instruction	ns	
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) 2019							

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 \

Se	ction A. Public Support	ociow, picase com	piete i ait ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			107 = 0.17	(4) 2010	(6) 2010	(i) Total
	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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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			İ			
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources					<u></u>	
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for						
	check this box and stop here					***********	>
sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13,	column (f))		15	<u>%</u>
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16	<u>%</u>
	tion D. Computation of Inves						
17	Investment income percentage for 20	1 9 (line 10c, colum	n (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	018 Schedule A, F	Part III, line 17 🗼	• • • • • • • • • • • • • • • • • • • •		18	<u>%</u>
19a	33 1/3% support tests - 2019, if the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box an	d stop here. The c	organization qualif	ies as a publicly si	upported organiza	tion	▶□
	33 1/3% support tests - 2018. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	did not check a b	ox on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions	▶□

Schedule A (Form 990 or 990 EZ) 2019 ASTHMATICS, INC.

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations		Yes	No
	the argonization agoverning		100	140
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	1	VV1. 10	
	class or purpose, describe the designation. If historic and continuing relationship, explain.		604.60	1915
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	2	2894900	
	organization was described in section 509(a)(1) or (2).	51900 COV		1940
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	За	44.44.4	
	(b) and (c) below.	Vu		1000
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	3b	# \$30,000 p. j	25.500000
	organization made the determination.	35		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3с	(Arthréis	14455
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	100		4884
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	in History in	Nospital	4,000,000
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	104517	1 3457
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	f this said	(Application)	\$2000
	despite being controlled or supervised by or in connection with its supported organizations.	4b	verence.	i sanini
С	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)		19302	100.50
	purposes.	4c	W10000	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (l) 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		W. AVIII	
	was accomplished (such as by amendment to the organizing document).	5a	0.000000000	21 - 22 4 4 5 4 4
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	100 A 100 A		
_	designated in the organization's organizing document?	5b	1	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	V + 1 V/5/5	
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	VALUE OF THE STATE		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8_		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	G G E G G		
98	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	"	
	Was the organization subject to the excess business holdings rules of section 4943 because of section			
10a	was the organization subject to the excess business nothings tries of section 1970 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		1
_	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
b	Uid the organization have any excess pusitiess holdings in the tax year: [056 ochedulo 0, 101111125]	10b		
	determine whether the organization had excess business holdings.)			

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3_		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		·	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	A CALLAN		
	instructions for short tax year or assets held for part of year):	W.		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1.6%		
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	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integ	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 ASTHMATICS, I	NC.		4-1357586 Page 7
	t V Type III Non-Functionally Integrated 509 ion D - Distributions	(a)(a) Supporting Orga	amzations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	amot nurnosos		Current rear
2	Amounts paid to supported digarilizations to accomplish exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	10	
4	Amounts paid to acquire exempt-use assets	co or supported organization		
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 t	he organization is responsive		
U	(provide details in Part VI). See instructions.	ne organization is responsive	3	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
į	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019, Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schodule A	(Form 990 or 990-EZ) 2019 ASTI	MATICS.	INC.			54-1357586 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 at Section D, lines 5, 6, and 8; and P (See instructions.)	Provide the exc, 4b, 4c, 5a, 6,	oplanations req 9a, 9b, 9c, 11a ction Filines 1	a, 11b, and 11c; Part c_2a_2b_3a_and 3b	t IV, Section B, lines 1 o: Part V. line 1: Part \	17b; Part III, line 12; and 2; Part IV, Section C, / Section B. line 1e; Part V,
•••						

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

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

Filers of:	Section:							
Form 990 or 990	EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	anization is covered by the General Rule or a Special Rule. ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections any one	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; m 990-EZ, line 1. Complete Parts I and II.							
year, tot	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the all contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the on of cruelty to children or animals. Complete Parts I, II, and III.							
year, cor is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the stributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year							
out it mus t answe	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization

Employer identification number

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

54-1357586

Part I	Contributors (eee instructions	I lse dunlicate conies	s of Part I if additional s	pace is needed.
1.0111	CONTRIBUTORS (see manuchons	, Use auplicate copies	s of rate in additional sp	pace is needed.

1020450000,000	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,475</u> .	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
3		\$ <u>160,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$125,600.	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		\$ 341,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

17389__1

Name of organization

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

54-1357586

Employer identification number

ASTHMATICS, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 7 Person **Payroll** 60,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (b) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for

noncash contributions.)

ASTHMATICS, INC.

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Employer identification number

54-1357586

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, 54-1357586 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this into once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part l (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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.

Inspection

OMB No. 1545-0047

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Employer identification number

Name of the organization 54-1357586 ASTHMATICS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located > _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

b Assets included in Form 990, Part X

4	Provide a description of the organization's c	ollections and explair	n how they f	urther t	he organizat	ion's ex	empt puri	oose in Pa	rt XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histori	cal trea	sures, or oth	ner simila	ar assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organizat	ion's co	ollection?				Yes] No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the orga	anizatio	n answered	"Yes" o	n Form 99	90, Part IV	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod										
	on Form 990, Part X?	***************************************							Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	:							
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year				• • • • • • • • • • • • • • • • • • • •		1d				
	Distributions during the year	•					1e				
f			•••••				1f				
	Did the organization include an amount on F							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	s been	provided or	Part XII	l]
ı aı	rt V Endowment Funds. Complete i								=		
4.0	Doginaling of complete and	(a) Current year	(b) Prior y		(c) Two yea		(d) Inree			-	
	Beginning of year balance	4,000.		,000.	····	4,000.		4,000		4,	000.
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
	Administrative expenses	4.000.		.000.		4.000.		4,000.			000
	End of year balance Provide the estimated percentage of the curr	<u> </u>		,		4 ,000.		4,000.	1	4,	000.
	Board designated or quasi-endowment	ent year end balance	e (line 1g, co %	iumn (a)) neid as:						
	Permanent endowment > 100.00	%	_%								
Ĭ	The percentages on lines 2a, 2b, and 2c short	-									
За	Are there endowment funds not in the posse	,	tion that are	hold a	ad administs	red for t	ho organi	ization			
	by:	ssion of the organiza	don that are	neia ai	iu auministe	red for t	ne organi	Zation	Г	Yes	No
	(i) Unrelated organizations									163	X
	(ii) Related organizations	***************************************	***************************************						3a(ii)	-	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds						<u> </u>	1.	
Par	t VI Land, Buildings, and Equipm	ent.		-							
	Complete if the organization answered		Part IV, line	11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or oth			or other		ccumulate	ed	(d) Book	value	
		basis (investm	ent)	basis (other)		oreciation	- 1		. ,-	

Schedule D (Form 990) 2019

25,586.

37,705.

0.

0.

0.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

25,586.

37,705.

54-1357586 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		e 11b. See Form 990, Part X, line 12.	-for an acquation in the
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(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.	Constitution of the second sec	and a suite Can Form 000 Bort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, III	e 11e or 111. See Form 990, Part A, little 20	(b) Book value
(1) Federal income taxes			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote	to the organization's financial statements	that reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check		rovided in Part XIIIX

Par	TXI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per F	leturn) .
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	2,079,426.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	2,013,420.
a	Net unrealized gains (losses) on investments	2a			
		2b	1,000.	1	
c	Recoveries of prior year grants	2c	2,000		
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	1,000.
3	Subtract line 2e from line 1			3	2,078,426.
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.)				
	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,078,426.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	ı Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,746,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_		10.000 E0.000 10.000 E0.000 10.000 E0.000	
a	Donated services and use of facilities	2a	1,000.		
b	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,000.
3	Subtract line 2e from line 1		.,	3	2,745,196.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		344	•
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		**********	5	2,745,196.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			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 additi	ional inforr	nation.		
					
DΔR	TV, LINE 4:				
T 171	.ı v, DIMB 4.				***************************************
END	OWMENT IS INVESTED IN PERPETUITY AND ONLY	т янт	NCOME CAN	BE I	ISED FOR
	OWNER TO THANK THE THE PROPERTY OF THE PROPERT		MCOLLE CITA	<u> </u>	DED FOR
PRO	GRAM OPERATIONS IN ACCORDANCE WITH RESTRIC	TONS	SET BY TH	E DO	NOR. THERE
	CALLET OF PARTIES AND AND AND AND AND AND AND AND AND AND	O14D		<u> </u>)110111 1111111111111111111111111111111
WAS	NO INTEREST EARNED ON THE ENDOWMENT FOR T	HE YE	AR ENDED 1	2/31	/19.
PAR	T X, LINE 2:				
AAN	MA BELIEVES THAT IT HAS APPROPRIATE SUPPOR	T FOR	ANY TAX P	OSIT	TIONS
TAK	EN, AND AS SUCH, DOES NOT HAVE ANY UNCERTA	IN TA	X POSITION	S TH	HAT ARE
MAT	ERIAL TO THE FINANCIAL STATEMENTS OR THAT	WOULD	HAVE AN E	FFEC	T ON ITS
TAX	-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED	TAX B	ENEFITS OR	LIA	BILITIES
THA	T NEED TO BE RECORDED.				

Schedule D (Form 990) 2019

SCHEDULE I		<u>ਹ</u> ੋਂ ਹੈ	Grants and Other Assistance to Organizations,	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
		Comple	GOVETHINETICS, AND INDIVIDUALS III UNE UNITED STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Par	t IV, line 21 or 22.		81
epartment of the Treasury				► Attach to Form 990,	m 990.			Open to Public
nternal Revenue Service				Go to www.irs.gov/Form990 for the latest information.	r the latest inform	nation.		Inspection
lame of the organization	ion ALLERGY AND ASTHMATICS,	D ASTHMA	NETWORK -	MOTHERS OF	Ēų			Employer identification number 54–1357586
Part I General Ir	General Information on Grants and Assistance	d Assistance						
1 Does the organi:	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	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or as:	sistance, and the select	
criteria used to	criteria used to award the grants or assistance?	ance?						X Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monito	pring the use of grant	funds in the United	d States.			
Part II Grants an	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	omestic Organiz	ations and Domestin	c Governments. C	omplete if the orga	ınization answered "`	res" on Form 990, Part	: IV, line 21, for any
recipient t	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	,000. Part II can	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and ar	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) and government organizations listed in the line 1 table	s Enter total number of other organizations listed in the little Habie LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
2 Enter total number of sec	S Enter total number of our HA For Paperwork Reduct

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

ASTHMATICS, INC.

Schedule I (Form 990) (2019) ASTHMATICS, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

54-1357586

(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
SCHOLARSHIPS TO ATTEND SUMMIT	48	22,800.	0.		
			·		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
SCHOLARSHIP AMOUNTS ARE SMALL AWARDS TO INDIVIDUALS TO ATTEND THE 2019	DS TO INI	DIVIDUALS	TO ATTEND	гнЕ 2019	
NATIONAL ASTHMA SUMMIT. MINIMAL MONITORING	NITORING	IS REQUIRED.	ED.		

Schedule I (Form 990) (2019)

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 54-1357586 ASTHMATICS, INC. **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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,		44.5	
	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 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		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		WEED O	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		883434 838435	
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
	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	Enimals Supplied		
	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		To the second	production.
	Regulations section 53.4958-6(c)?	9		

932111 10-21-19

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

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

54-1357586

ASTHMATICS,

Schedule J (Form 990) 2019

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

Page 2

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.

reported as deferred (F) Compensation on prior Form 990 in column (B) 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 (E) Total of columns 247,450. 0 (B)(I)-(D) 10,460 (D) Nontaxable benefits 0 (C) Retirement and compensation other deferred 0 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation (ii) Bonus & incentive compensation 38,630 (i) Base compensation 198,360 0 Ξ Ξ \equiv Ξ Ξ ⊕ 🗉 Ξ \mathbf{E} Ξ Ξ (A) Name and Title TONYA WINDERS, MBA PRESIDENT & CEO ਹਿ

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Schedule J (Form 990) 2019

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ALLERGY AND ASTHMA NETWORK - MOTHERS OF

54-135/586		
INC.		
ASTHMATICS,	Itauon	

Schedule J (Form 990) 2019 ASTHMATICS, INC.	54-1357586	Page 3
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 for any additional information.	
PART I, LINE 7:		
BONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER		
CONTRACT AND CAN BE UP TO 20% OF SALARY.		

Schedule J (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► 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 FORM 990 IS REVIEWED BY THE PRESIDENT/CEO AND THE TREASURER BEFORE IT

IS FILED WITH THE IRS. THE GOVERNING BOARD OF AANMA IS PROVIDED A COPY OF

THE FORM 990 AT THE NEXT BOARD MEETING AFTER THE 990 IS FINALIZED.

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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

FUNDRAISING	EXPE

TOTAL EXPENSES

21,385.

DAVDAT.T.	ADMITN	EXPENSES	
PAYRULL	AIJMIIN	トストドルンドン	I

PROGRAM SERVICE EXPENSES

0.

MANAGEMENT AND GENERAL EXPENSES

3,591.

FUNDRAISING EXPENSES

0.

3,591.

TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.	Employer identification number 54-1357586
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	642,896.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR SEL	ECTING AN
INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF ITS FI	
STATEMENTS ON AN ANNUAL BASIS. THE PROCESS HAS NOT CHANGE	
TAX YEAR	

Form 990-T	Exempt Organization Bus			ax Return	\vdash	OMB No. 1545-8047
	(and proxy tax und	er sec	tion 6033(e))			2040
			, and ending		_ ·	2019
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for Ir ► Do not enter SSN numbers on this form as it may			ation is a 501(c)(3).		pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c ALLERGY AND ASTHMA NET			-	Employ Employ) Instruct	yer identification number yees' trust, see tilons.)
B Exempt under section	Print ASTHMATICS, INC.				54	1-1357586
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box	x, see ins	tructions.			ted business activity code structions.)
408(e) 220(e)	Type 8229 BOONE BOULEVARD,	SUIT	E 260		(000 ///	,
408A 530(a)	City or town, state or province, country, and ZIP o	r foreign	postal code			
529(a)	VIENNA, VA 22182	-		5	3418	300
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>				
250,4	36. G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a) tr	rust	Other trust
H Enter the number of the	organization's unrelated trades or businesses. 🕨	1	Describe t	the only (or first) unre	lated	
trade or business here	SEE STATEMENT 1		. If only one,	complete Parts I-V. If	more t	ihan one,
	lank space at the end of the previous sentence, complete Pa	arts I and	II, complete a Schedule	M for each additional	trade	or
business, then complete						
I During the tax year, was	the corporation a subsidiary in an affiliated group or a pare	nt-subsic	liary controlled group?	.,, > L	Yes	X No
If "Yes," enter the name a	and identifying number of the parent corporation.					
	▶ J. RANDOLPH TAYLOR		Telepho	one number 🕨 70	13-6	
Part I Unrelate	d Trade or Business Income		(A) income	(B) Expenses		(C) Net
1a Gross receipts or sale	PS					
b Less returns and allo	wances c Balance	10				
2 Cost of goods sold (S	Schedule A, line 7)	2				
3 Gross profit, Subtract	line 2 from line 1c	3				
	ne (attach Schedule D)	4a	-			
	4797, Part II, line 17) (attach Form 4797)	4b			MAE	
c Capital loss deduction	n for trusts	4c				
	partnership or an S corporation (attach statement)	5				
6 Rent income (Schedu	ile C)	6				
	ed income (Schedule E)	7				
	yalties, and rents from a controlled organization (Schedule F)	8				
	f a section 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exempt acti	vity income (Schedule I)	10				
	Schedule J)	11	89,950.	47,01	.0.	42,940.
	structions; attach schedule)	12				
13 Total, Combine lines	3 through 12	13	89,950.	47,01	_0.	42,940.
Part II Deduction	ns Not Taken Elsewhere (See instructions for	or limita		1000		
·	must be directly connected with the unrelated busi					
14 Compensation of of	icers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	
16 Repairs and mainter	ance				16	
17 Bad debts			,,,,		17	
18 Interest (attach sche	dule) (see instructions)				18	
					19	
	Form 4562)					
21 Less depreciation cl	aimed on Schedule A and elsewhere on return		21a		21b	
					22	
	erred compensation plans				23	
	ograms				24	
	nses (Schedule I)				25	
	osts (Schedule J)				26	42,940.
	tach schedule)				27	
	dd lines 14 through 27				28	42,940.
	axable income before net operating loss deduction. Subtrac				29	0.
30 Deduction for net op	erating loss arising in tax years beginning on or after Janua	ary 1, 20	18	Γ		
•				<u>_</u>	30	0.
	axable income, Subtract line 30 from line 29				31	0.
923701 01-27-20 LHA FO	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2019)

		ALLERGY AND ASTHMA NE		F ASTHM	ATICS, I	N 5	4-1357586	Page 2
		otal Unrelated Business Taxabl				<u> </u>		
32	Total of	unrelated business taxable income computed fr	om all unrelated trades or businesses (s	ee instructions)			0.
33	Amount	s paid for disallowed fringes						
		le contributions (see instructions for limitation r						0.
35	Total ur	related business taxable income before pre-2018	8 NOLs and specific deduction. Subtract	line 34 from the s	um of lines 32 and 33	35		
36	Deducti	on for net operating loss arising in tax years beg	jinning before January 1, 2018 (see insti	ructions)		36		
37	Total of	unrelated business taxable income before speci	ific deduction. Subtract line 36 from line	35	.,	37		
38	Specific	deduction (Generally \$1,000, but see line 38 ins	structions for exceptions)	,.,		38	3 1,0	00.
39	Unrelat	ed business taxable income. Subtract line 38 fr	rom line 37. If line 38 is greater than line	37,			İ	_
	enter th	e smaller of zero or line 37				. 39	3	<u>0.</u>
Part	IV	ax Computation						
40	Organiz	ations Taxable as Corporations. Multiply line 3	9 by 21% (0.21)		>	4()	0.
41	Trusts	axable at Trust Rates. See instructions for tax	computation. Income tax on the amount	t on line 39 fror	n;			
	Ta	x rate schedule or Schedule D (Form 19	041)			- 4	1	
42	Proxy t	ax. See instructions		,,	▶	- 42	2	
		ive minimum tax (trusts only)					3	
		Noncompliant Facility Income. See instructions					4	
		dd lines 42, 43, and 44 to line 40 or 41, whichev					5	0.
Part	ν.	ax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118; trust	ts attach Form 1116)	46a				
b	Other c	redits (see instructions)		46b				
		business credit. Attach Form 3800						
		or prior year minimum tax (attach Form 8801 or						
e	Total c	edits. Add lines 46a through 46d				46	ie	
47	Subtrac	t line 46e from line 45		<u></u>	.,,	. 4	7	0.
48	Other ta	xes. Check if from: Form 4255 Form 5	orm 8611 🔲 Form 8697 🔲 Form	1 8866 🔲 0	ther (attach schedule) 41	8	
		x. Add lines 47 and 48 (see instructions)					9	0.
		et 965 tax liability paid from Form 965-A or Form					0	0.
		its: A 2018 overpayment credited to 2019		1 1				
	-	timated tax payments		-41				
		osited with Form 8868						
		organizations: Tax paid or withheld at source (s					1946 1946 1947	
	-	withholding (see instructions)		1 1			0.000 -0.000 -0.000 -0.000	
		or small employer health insurance premiums (a		1 1			3-4-1 3-4-1 3-4-1	
		redits, adjustments, and payments: Forr						
•			er Total	▶ 51g				
52		ayments. Add lines 51a through 51g			,	. 5	2	
		ed tax penalty (see instructions). Check if Form				1 2	3	
		e. If line 52 is less than the total of lines 49, 50, a				► 5	4	
	Overba	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter amount overpaid			► 5	5	
	Enter th	e amount of line 55 you want: Credited to 2020	estimated tax		Refunded 🕨	5	6	
Part	VI	Statements Regarding Certain A	Activities and Other Inform	ation (see in	istructions)			
		ime during the 2019 calendar year, did the orga					Yes	No
		inancial account (bank, securities, or other) in a						
	FinCEN	Form 114, Report of Foreign Bank and Financia	l Accounts. If "Yes," enter the name of th	ne foreign coun	try			
	here	>						X
58	During	the tax year, did the organization receive a distri	bution from, or was it the grantor of, or	transferor to, a	foreign trust?			X
		see instructions for other forms the organizatio						
	Enter ti	e amount of tax-exempt interest received or acc	crued during the tax year 🕨 💲				Associated Associated Associated	
	U	nder penalties of perjury, I declare that I have examined to treet, and complete. Declaration of preparer (other than t	this return, including accompanying schedules:	and statements, a	nd to the best of my k	nowled	ge and belief, it is true,	
Sign	C	rrect, and complete. Declaration of preparer (other than t	taxpayer) is pased on as information or willor p	topard this any to	iomougo.	May th	ne IRS discuss this return	with
Here	1		TREAS	URER		the pre	eparer shown below (see	
	Į	Signature of officer	Date Title			instruc	ctions)? X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN	
Paid	ı				self- employe	ed		
		DAVID JONES					P01361002	
	oarer	Firm's name ▶ JONES, MARESO	CA & MCQUADE, P.A.		Firm's EIN	>	52-185393	33
US6	Only		LE PATUXENT PARKWA	Y, SUIT	'E			
		Firm's address ► COLUMBIA, M	4D 21044		Phone no.	41(0-884-0220	
923711	01-27-20						Form 990-T	(2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation ► N/A			
1 Inventory at beginning of year	. 1		6 Inventory at end of yea	ar		6
2 Purchases						
3 Cost of labor	3		from line 5. Enter here	and in F	art I,	MANAGANA MANAGANA
4 a Additional section 263A costs						7
(attach schedule)	4a		8 Do the rules of section	-		Yes No
b Other costs (attach schedule)	4b	······································	property produced or a			
5 Total. Add lines 1 through 4b	5		the organization?	· · · · · · · · · · · · · · · · · · ·		
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property	Lease	ed With Real Prop	репту)
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		ed or accrued			3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for a	and personal property (if the percent personal property exceeds 50% or it it is based on profit or income)	tage f	columns 2(a) and	3 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.	(b) Total deductions.	
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>		0.	Enter here and on page 1, Part I, line 6, column (B)	O .
Schedule E - Unrelated Deb	t-Financed	I Income (see	_		3. Deductions directly conn	sected with or allocable
1. Description of debt-fir	nanced property		Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divîded 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)			%			
					Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
				.	0	. 0.
Totals				L		
Totals Total dividends-received deductions in						0. Form 990-T (2019)

Form 990-T (2019) ASTHMA	TICS,	INC.						54-13	5758	36 Page
Schedule F - Interest,	Annuitie	es, Royalti					atio	ns (see in	structio	ns)
				t Controlled C	rganizat	tions				
 Name of controlled organiza 	tion	2. Emplo		inrelated income ee instructions)	4. To	otal of specified rments made	5. Pa	irt of column 4 ded in the con	that is	Deductions directly connected with income
		number	r (losa) (s	so manuchona)	pay	mona made		zation's gross		in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable income	F	inrelated income (loss) 9 Tota	al of specified pay	ments	10. Part of colur	ກຄ 9 th	at is included	11 p	eductions directly connected
• •		see instructions)	,	made		In the controll		ınization's	i wi	th income in column 10
						gross	r ii jooii ii	•		
743	-								 	
<u>(1)</u>										
(2)										
(3)										
(4)										
						Add colum			 	Add columns 6 and 11.
						Enter here and	. ~		Enter	here and on page 1, Part I,
						line 8, c	oiumn	(A).		line 8, column (B).
Totals					>			0.		0
Schedule G - Investme	nt Inco	me of a Se	ection 501(c	(7), (9), or	(17) O	rganization)			
(see inst			` '		. ,	J				
		·		1.		3. Deduction		4. Set-	ogidan	5. Total deductions
1. Desc	ription of inco	ome		2. Amount of	income	directly conne (attach sched			schedule)	and set-asides (col. 3 plus col. 4)
(1)						(attach solice	0,0,			(cor. o piss cor. 4)
(2)								 		
(3)										
(4)				F. A b			resultivation	V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		SS 5-teches and an mass
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
					_					_
Totals				<u> </u>	0.				ijas rošiųs	0
Schedule I - Exploited	Exempt	: Activity I	ncome, Othe	er Than Ac	ivertis	ing Income)			
(see instru	ictions)									
	_		3. Expenses	4. Net incom	ne (loss)	_				7. Excess exempt
1. Description of		iross business	directly connected	from unrelated business (co		5. Gross inco from activity to			enses	expenses (column
exploited activity	incom	e from	with production of unrelated	minus colum	n 3). If a	is not unrelate	ed	attribut colu	table to	6 minus column 5, but not more than
	trade or i	business	business income	gain, comput through		business Inco	me			column 4),
(1)										
(1) (2)										
(3)								-		
(4)	Enton hor	e and on	Enter here and on							Fotos hasa and
	page 1	, Part I,	page 1, Part I,							Enter here and on page 1,
	line 10,		line 10, coi, (B).	74 (C) 6 (C) 6 (C) 16 (Part II, line 25.
Totals		0.	0							0
Schedule J - Advertision										
Part I Income From I	Periodic	als Repor	ted on a Co	nsolidated	Basis	1				
		•								
		n		4. Advar	ising gain			T		7. Excess readership
1. Name of periodical	l	2. Gross advertising	3. Direct	or (toss) (c	ol. 2 minus	5. Circulati	on	6. Read		costs (column 6 minus
т наше от реловіса!		income	advertising costs		ain, compu rough 7.	te income		cost	S	column 5, but not more than column 4).
(1) AT.T.PPCV AND			-							
(1) ALLERGY AND		00 050	177 014	<u></u>		111	1 7	100	3 F O	
(2) ASTHMA TODAY		89,950.	47,010	<u>'-</u>		14,2	тр.	109,	<u> </u>	
(3)			<u> </u>							1
(4)	1		1			35		1		I read to the state of the alternation

Form **990-T** (2019)

42,940.

42,940.

Totals (carry to Part II, line (5)) >

89,950.

47,010.

14,216.

109,258.

Form 990-T (2019) 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.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership 2. Gross advertising 5. Circulation 6. Readership costs (column 6 minus column 5, but not more 3. Direct 1. Name of periodical advertising costs costs income income than column 4), (1) (2)(3) (4) 89,950. 42,940. 47,010 Totals from Part I Enter here and Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). on page 1, Part II, line 26. 42,940. 89,950 47,010. Totals, Part II (lines 1-5)

Schedule K -	Compensation of	Officers, Directors,	and Tru	ustees (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 (2019)

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

STATEMENT

1

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

TO FORM 990-T, PAGE 1

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Form 500

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

2019 Virginia Corporation Income Tax Return



FISCAL or		n must be filed ele	ectronically. Use this form o		ve an approved	I waiver.	Official Use Only
	ar Filer: Beginning Date	O' !- Assount		Ending Date _			
5II0	rt Year Return L C	Change in Account	ing Period				L
FEIN		Name AT.T	בים מאום אפי	אווים אוים	ET NATURE	МОТИЕ	R Check all that apply:
	.357586		MATICS, INC.	FILLTER TAT	T MOTOT	MOTITI	
Mailing Add		BD 1111	IATICO, INC.				Initial Filer
_	BOONE BOUL	י תקעוזים י	אכ שחדווי				Name Change
City or Town		TEAUTY	OLTE 200	State	ZIP Code		Mailing Address Change
VIEN			!	VA	221	۵n	Physical Address Change
	INA Idress (if different from Mailin	n Address)		VA	<u> </u>	<u> </u>	Entity Type Code
,	,	g ,					NP
Physical Cit	y or Town			State	ZIP Code		NAICS Code
	•		!				480000
Date Incorpo	orated	State or Country of Ir	ncorporation	Description c	of Business Activity	v	480000
	0/1986	VIRGINI	•	· ·	ALLERGY	-	THMA NETWORK/MOTHE
	applicable Boxes		Final Return	_ <u></u>	ALLIUITO ~		THMA NETWORK/MOTHE
 	nsolidated - Sch. 500	AC Englosed	Final Return · Ch	!-borg ar		- 	nt from Form 500T, Line 7:
l ———	nsolidated - Sch. 500 mbined - Sch. 500AC		boxes below.	16CK Here an	id aphilicanie	Enter amoun	It from Form 5001, Line 7.
·			Withdrawn				.00
· · · · · · · · · · · · · · · · · · ·	ange in Filing Status a. 500A Enclosed		1	t av liak	1 dendary		,00
	1. 500A Enclosed 1edule 500AB Enclos	المحا	Dissolved - No Dissolved Date	-	le for tax.	Noncorpora	ite Telecommunications Company
r	requie 500AB Enclos	ea	Dissolved Date Merged	e			d enter amount from Form 500T, Line 10:
	ipront Corporation tified Company Appo	outionment .	Merged Merged			Check box and	d enter amount from Form 5501, Line 15.
	tified Company Appo n, 500AP Enclosed	Muoninent -	Merger Date Merged FEIN #				.00
	เ. 500AP Enclosed er number of affiliates	_	S Corp Effective			Electric Sur	oplier Company
Elite.	/ Number of armiace.	3	O Ooip 2	/e	1 0000000000000000000000000000000000000		nt from Sch. 500EL, Line 7 or 14:
Amende	d Return (Do not file t	this form to carry	/ back a net operating lo	ss. Use For	m 500NOLD)	EHICH MINES.	It form don, booke, and i or i
Ame	ended Return - Checl	k here and	Nonrefundable or I	Refundable	Credit	†	.00
	er applicable boxes.	111010 m	Change	11010	Viol	Home Servi	ce Contract Provider
	l eral Audit - Enclose c	nonv of IRS	Schedule 500AB C	hanges			
ł	I determination.	[Capital Loss Carry	-		Enter amoun	nt from Form 500HS, Line 10:
	edule 500A Changes	s [Other · Enclose exp			Cr	neck box if a noncorporate HSCP.
[edule 500ADJ Chang						.00,
	ns and Related Inform						
	.1				U u-lak	1 114 ·	·
			ed corporation, a related			•	•
	inses related to intang ose Schedule 500AB.	lble property (pa	atents, trademarks, copy	rignts, and	amılar intangı	Die property) r	if yes, complete and
encio	Se Schedule Sound.	Enter exce	eption amount from Sc	hedule 500:	AB, Line 8.	Α	.00.
			redit earned from 2019 I		ine 11.	В	.00
			ned in computing federal		Year of Loss		
			come Tax Return, provid	.l			
			d from a merger, enter the	(2)	Federal NOL		
FEI[4	of the company gene	rating the NOL p	orior to the merger date.	(3)	Percent of fe	:deral	
FEIN				-	NOL used th		<u>%</u>
(If the	re are NOLs for more	than one year, e	enclose a schedule for e	ach year wit	.h the informat	tion requested	I in Section C.)
		_	d, enter the number of S	3chedules V	K-1 and		
•	olete and enclose Sch		·			D	
=	your federal income ta	•			Y	Year E.	
	• •		nas not previously been				
report	ted to the Departmen	.t? If yes, provide	the year(s).			Year	
					Y	Year	
F. Locat	tion of corporation's b	ooks			 	•	
Conta	act for corporation's t	ooks J. RA	NDOLPH TAYLO)R Cr	ontact Phone	Number 7(03-641-9595

2019 Virginia Form 500

Page 2

FEIN 54-1357586



INCOME				
			1.	0.00
	ome (from enclosed federal return)			00,
	Schedule 500ADJ, Section A, Line 7			.00
	nd 2)			.00.
	rom Schedule 500ADJ, Section B, Line 10			.00.
	ine 4 from Line 3)			.00.
	Association's Bad Debt Deduction (see instructions)			.00.
7. Virginia taxable inc	come (subtract Line 6 from Line 5)	.,		
TAX COMPUTATION				
	ome (Schedule 500A Filers) - Complete Lines 8(a) throug	h 8/d). See instruc	tions	
o. Apportionable inco	to Virginia tax from Schedule 500A, Section B, Line 3(j)	,, o(a). 300 man	8(a).	.00
(a) Income subject	factor percentage from Schedule 500A, Section B, Line 1	or Line 2(f)	8(b).	%
(a) Apportionment	ple investment function income from Schedule 500A, Section B, Enter 1	tion B. Line 3(c)		.00
(c) Nonapportional	ble investment function income from Schedule 500A, Section	B. Line 3(e)	8(d).	.00.
(d) Nonapportional	ble investment function loss from Schedule 300A, Section	D, Emo 0(0)		
9. Income tax (6% of	Line 7 or 6% of Line 8(a))		9.	00.00
PAYMENTS AND CRI	EDITS			
10 Name of the 1	credits: Enter the amount from Schedule 500CR, Section	2. Part 1. Line 1B	10.	.00
10. Nonretundable tax	tax (subtract Line 10 from Line 9)	2,1 41 1, 2110 10	11.	.00
11. Adjusted corporate	ginia income tax payments including overpayment credit f	rom 2018		.00.
	ginia income tax payments including overpayment credit in			.00
13. Extension payment	dits from Schedule 500CR, Section 4, Part 1, Line 1A		14.	.00.
	total withholding from Schedule 500ADJ, Section D			.00
	nd credits (add Lines 12 through 15)			.00

REFUND OR TAX DU				
17 Tax owed (if Line 1:	1 is greater than Line 16, subtract Line 16 from Line 11)		17.	.00.
18. Penalty (see instruc	otions)		18.	.00,
	otions)			.00
20 Additional charge for	rom Form 500C, Line 17 (enclose Form 500C)		20.	.00.
	es 17 through 20)			.00
22. Overnayment (if Lin	ne 16 is greater than Line 11, subtract Line 11 from Line 1	6)	22.	.00
	ited to 2020 estimated tax			.00
	nded (subtract Line 23 from Line 22)			.00.
		77 h.l	and an habelf of the cornerati	on for which this return is made, declare
under the penalties provided b complete return, made in good	ice-president, treasurer, assistant treasurer, chief accounting officer, or other y law that this return (including any accompanying schedules and statements faith, for the taxable year stated, pursuant to the income tax laws of the Com ch he or she has any knowledge.	ii nas deen exammed dy	tile ditti is, to the boat of my	the thread and a series and a s
By checking the box t	o the right, I (we) authorize the Department to discuss	this return with t	he undersigned prep	arer. \longrightarrow X
	Signature of Officer		Title	
			TREASURER	
Printed Name of Officer J. RANDOLPH	MAVIOR		Phone Number 800-878-440	3
			Preparer Phone Number	
Print Preparer's Name and Fir	SCA & MCQUADE, P.A.		410-884-022	0
Date I	ndividual or Firm, Signature of Preparer	Address of Preparer 1 COLUMBIA	0500 LITTLE , MD 21044	PATUXENT PARK
Preparer's FEIN, PTIN, or SSI	N	Approved Vendor Cod	° 1019	

2019 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



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

Name as shown on Virginia return: ALLERGY AND ASTHMA NETWORK - MOTHERS O FEIN 54-1357586

1. Federal Taxable Income before NOL and Special Deductions	1.	.00,
2. Net Operating Loss Deduction		.00.
3. Special Deductions	3	1000 .00
4. Federal Taxable Income after NOL and Special Deductions	4	.00.
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income		.00.
6. Gross-Up for Foreign Taxes Deemed Paid		10.
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest		.00.
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8,	.00.
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the	•	0.0
taxable year		00.
10. Property subject to 168(f)(1) election 11. Other depreciation		.0. 10,
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or		
12. Total: Dividends (Exclude Gross-up)	12.	.00.
13. Total: Dividends (Gross-up)		.00.
14. Total: Inclusions (Exclude Gross-up)		.0.
15. Total: Inclusions (Gross-up)		.0.
16. Total: Interest		0.
17. Total: Gross Rents, Royalties, and License Fees		.0
18. Total: Gross Income from Performance of Services		0.
19. Total: Other	46	.0.
20. Total: Total Gross Income or Loss from Outside the US	20	.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -	0.4	
Depreciation, Depletion, and Amortization		.0.
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		
3. Total: Allocable - Expenses Related to Gross Income from Performance of Services		
4. Total: Allocable - Other Allocable Deductions		
5. Total: Total Allocable Deductions 6. Total: Appendiaged Share of Deductions	25	
6. Total: Apportioned Share of Deductions	26	
77. Total: Net Operating Loss Deduction		
8. Total: Total Deductions Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		.00.
-		
9. Total: Total Income or (Loss) Before Adjustments	29,	.0.

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year 2019

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
LLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS,	54-1357586
Part Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
Do and authorities and an artist and a second a second and a second and a second and a second and a second an	Provider including the amounts shown electronic income tax return. If filing a I Agent to initiate an ACH electronic or payment of state taxes owed on this to receive confidential information not directly involve a financial institution will remain liable for the tax liability and asmit the complete return to Virginia Tax.
JONES, MARESCA & MCQUADE, PA	
ERO Firm Name	nome tay return. Check this have aske
I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation incide if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The	
	Data
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. 5480762104 Do not enter all zero	<u>4</u> s
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corpor corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of have followed all other requirements as specified by Virginia Tax, EROs may sign the form using a rubber state a signature pen, or computer software program.	of the Practitioner PIN method and
ERO's Signature	Date
	Form VA-8879C (REV 12/19)

983481 12-19-19 1019

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury 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.

Open to Public Inspection

A I	For the	2019 calendar year, or tax year beginning and end	ling		
В	Check if applicable:	ADDERGY AND ASTAMA NETWORK - MOTHERO OF	ı	D Employer identific	eation number
	Address change	ASTHMATICS, INC.			
	Name change	Doing business as		54-13575	86
	Initial return Final		om/suite	E Telephone number 800-878-	4403
L	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,078,426.
	Amende	VIENNA, VA 22182		H(a) Is this a group re	turn
F	Applica			for subordinates	? Yes X No
t	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
_	Tayleye	mpt status: X 501(c)(3)	527		list. (see instructions)
+	Mobeit	WWW.ALLERGYASTHMANETWORK.ORG		H(c) Group exemption	
<u>, , , , , , , , , , , , , , , , , , , </u>	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1986 N	State of legal domicile: VA
	arl I	Summary			
		Briefly describe the organization's mission or most significant activities: TO END	THE	NEEDLESS D	EATH AND
Governance	1 E	SUFFERING DUE TO ASTHMA, ALLERGIES AND REL	ATEL	CONDITIONS	•
la E		Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.
en.	2 (3	12
ွ် တိ	3 1				11
প্	1 4 1	Number of independent voting members of the governing body (Part VI, line 1b)			11
Activities &		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			12
Ξ		otal number of volunteers (estimate if necessary)			89,950.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, line 39	·····	Prior Year	Current Year
			-	2,237,059.	1,387,093.
ē	8 (Contributions and grants (Part VIII, line 1h)		527,451.	690,325.
ē	9 F	Program service revenue (Part VIII, line 2g)		1,280.	1,008.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,765,790.	2,078,426.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,500.	22,800.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,500.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,041,303.	1,263,977.
e S	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)	577	V •	
Ř	· b	Total fundraising expenses (Part IX, column (D), line 25) 163,689	<u>'-</u> -	1,287,432.	1,458,419.
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,375,235.	
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			-666,770.
	19	Revenue less expenses. Subtract line 18 from line 12	<u></u>	390,555.	
Net Assets or	ß		B	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		763,425.	250,436.
AS T	21	Total liabilities (Part X, line 26)		190,816.	344,597. -94,161.
2	22	Net assets or fund balances, Subtract line 21 from line 20		572,609.	-94,101.
ΙP	art II	Signature Block			I delice and halfor this
Ün	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules a	nd staten	nents, and to the best of m	ly knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n prepare	r has any knowledge.	
				Doto	
Sig	gn	Signature of officer		Date	
He	re	J. RANDOLPH TAYLOR, TREASURER			
		Type or print name and title			TT OTIM
		Print/Type preparer's name Preparer's signature		Date Check I	PTIN
Pa	id	DAVID JONES		self-employ	P01361002
Pr	eparer	Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN ▶	52-1853933
	e Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU	JITE	770	
	·	COLUMBIA, MD 21044		Phone no.41	0-884-0220
Ma	av the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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) IS DEDICATED TO
	ENDING THE NEEDLESS DEATH AND SUFFERING DUE TO ASTHMA, ALLERGIES AND
	RELATED CONDITIONS THROUGH EDUCATION, ADVOCACY AND COMMUNITY OUTREACH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,018,769 • including grants of \$ 22,800 •) (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 \$ 210,808 • Including grants of \$) (Revenue \$ 600,375 •)
	COMMUNICATIONS AND PUBLICATIONS - AANMA FACILITATES COMMUNICATION OF
	QUALITY INFORMATION AMONG PATIENTS, PARENTS, PHYSICIANS, COMMUNITY
	MEMBERS AND INDUSTRY THROUGH ACCURATE GUIDANCE AND CLEARLY WRITTEN
	RESOURCES ON ASTHMA AND ALLERGIES PROVIDED ON THEIR WEBSITE, PUBLISHED
	REPORTS, POSITION STATEMENTS, AND THE MONTHLY NEWSLETTER, MA REPORT.
	AANMA ALSO PRODUCES THE ALLERGY & ASTHMA TODAY MAGAZINE AND THE INDOOR
	AIREPORT ALONG WITH VARIOUS OTHER PUBLICATIONS.
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schodule O.)
44U	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,229,577.
-10	Total program service expenses F 2,223,377.

Form 990 (2019) Part IV Checklist of Required Schedules

ASTHMATICS, INC.

			Yes	No
	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	3		Х
	public office? If "Yes," complete Schedule C, Part I 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	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
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		<u>X</u>
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		<u>x</u>
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 donor-restricted endowments		17	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	2000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
	or more? If "Yes," complete Schedule F, Parts I and IV	170	1	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
2 449	or for foreign individuals? It "Yes," complete Schedule F, Parts III and W Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
17	column (A) lines 6 and 11e? If "Yes." complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		X
20a	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	<u> </u>	ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	, <u>gan</u>	(2019
00000	20.00	I UI	,, 555	12010

ASTHMATICS, INC.

Form	990 (2019) ASTHMATICS, INC. 54-13	<u> 357586</u>	P	age 4
Par	t IV Checklist of Required Schedules (continued)		·	
		·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.,,	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		٠,,	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c	ļ	
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		1	
	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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
**-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	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	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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?		۱	
	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		1	
	1 1	റ വ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1845	X	
	(gambling) winnings to prize winners?	1c		(2010)
93208	4 01-20-20	Forr	11 22U	(2019)

Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				10000	
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	ĺ
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					30,11
За				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		******	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		,,	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		***************************************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions (or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			Manue	apag.	
a	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
				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as red	quired			х
	to file Form 8282?	 I	I	7c	i, camer	
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		2007 2007.	1000,000	Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 <u>1</u> 7g	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				: KONTHIES	
o	sponsoring organization have excess business holdings at any time during the year?	4 D) (1		8	1	
9	Sponsoring organizations maintaining donor advised funds.		***************************************			9.00
a	The state of the s			9a		
b	maker and the second se			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				155/50
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a	Vija eti	1747.345
	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.			40.	\$27 N.Th	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	N. D. V	77.7.7.7
	Note: See the instructions for additional information the organization must report on Schedule O.				A STATE	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	I			
_	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		,	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			1344		3,54
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.			0.000		
				**	000	

Form 990 (2019)

ASTHMATICS, INC.

54-1357586

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			
		V	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12	4		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1:	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	800 800	Midda	X
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
/a	•	7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	4 U U U V I V I V I V I	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			YAM
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	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	447574744
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10,500	v	UNDA
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	34.54.5
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100000		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		VYACE!	х
	taxable entity during the year?	16a	Has	25
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	MARK	Talla agu
800	exempt status with respect to such arrangements?tion C. Disclosure	100	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ►AZ, CA, CT, FL, GA, IL, ME, MD, M	I.NJ	. NY	OH
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/ avai	lable
18	for public inspection. Indicate how you made these available. Check all that apply.	_,,	, ~ 441	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
.5	statements available to the public during the tax year.	1941		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	J. RANDOLPH TAYLOR - 703-641-9595			
	8229 BOONE BOULEVARD, SUITE 260, VIENNA, VA 22182			
93200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2019)

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

			•				l l
С	heck if Sc	hedule	O contains a resp	onse or note to any	y 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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization n	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck :	more	than o	one	Reportable	Reportable compensation	Estimated amount of
	hours per week					is boti r/trus		compensation from	from related	other
	(list any	.tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste		a.	bensa		(W-2/1099-MISC)		organization and related
	organizations	ral tru	onalt		ploye	t com				organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Кеу етріоуее	Highest compensated employee	ormet			
(1) JOHN SCOTT TUCKER	1.00	=	▐▔	0	×	T. 6)	12			
CO-CHAIR		х		Х				0.	0.	0.
(2) DENNIS WILLIAMS, PHARM-D, BCPS	1.00	ļ								_
CO-CHAIR		Х		Х				0.	0.	0.
(3) J. RANDOLPH TAYLOR, CPA	1.00							_		_
TREASURER		Х		Х				0.	0.	0.
(4) PREM K. MENON, MD	1.00									_
SECRETARY		Х	_	X	<u> </u>			0.	0.	0.
(5) GAYLE N. HIGGINS, FNP	0.50							10 500	_	0.
DIRECTOR		Х					<u> </u>	10,500.	0.	0.
(6) RANDALL BROWN, MD, MPH, AE-C	0.50	۱						0.	0.	0.
DIRECTOR		X	_	ļ	<u> </u>		_	U •	U +	
(7) JODIE STABINSKI, RN, MSN, CPNP	0.50	٠,,	ļ					0.	0.	0.
DIRECTOR	0.50	Х	┼-	-	├	╀	_	V •		
(8) CRISTIN BUCKLEY	0.50	х]					0.	0.	0.
DIRECTOR	0.50	^	┼		╁	-	-			
(9) WILLIAM BERGER, MD	0.30	x						0.	0.	0.
DIRECTOR (10) ANTHONY COOK	0.50	22	╁	╁	 	-	╁╌			
DIRECTOR	0,00	x						0.	0.	0.
(11) SANDY MORITZ	0.50		┪	 	╁	1				
DIRECTOR		x						0.	0.	0.
(12) DONNA MATLACH	0.50	1		T]
DIRECTOR		X						0.	0.	0.
(13) TONYA WINDERS, MBA	35.00									10 400
PRESIDENT & CEO				X				236,990.	0.	10,460
(14) SALLY Z. SCHOESSLER	35.00							40= 000	_	777
DIRECTOR OF EDUCATION			1		_	X	_	107,890.	0.	773
(15) MARCELA GIEMINIANI	35.00	4						100 000	0.	836
DIRECTOR OF DEVELOPMENT	L	<u> </u>	-		_	X	<u> </u>	100,989.	<u> </u>	030
(16) LISA JORDAN	35.00	4	İ			\ _v		115,776.	0.	0
PROGRAM MANAGER	1	ĺ	1			X		113,770.	0.	ļ <u>~</u>
PROGRAM MANAGER		-				1		1	1	1

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Part VII Section A. Officers, Directors, True		ploy	ees			ghes	st C			7.00
(A)	(B)			((_		(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					is both or/trus		compensation from	compensation from related	amount of other
	(list any	16		-	[the	organizations	compensation
	hours for	direct						organization	(W-2/1099-MISC)	
	related	8e of	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trust	重		ag.	едшо		,		and related
	below	individual trustee or director	nstitutional trustee	Į.) de la	Highest compensated employee	Former			organizations
	line)	Ē	Inst	Officer	Ę.	E High	듄			
			<u>L</u>							
			1							
			<u> </u>	<u> </u>	<u> </u>		_			
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						<u> </u>	<u> </u>			
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		<u></u>	<u></u>		<u> </u>		<u> </u>	E 7 2 1 4 E		12,069.
1b Subtotal					- · · · · ·			572,145.	1	$\frac{12,005}{0}$.
c Total from continuation sheets to Part \								572,145.		12,069.
d Total (add lines 1b and 1c)				<u> </u>			<u> </u>		<u> </u>	J. 12,00J.
2 Total number of individuals (including but	not limited to the	hose	e list	ed a	bov	re) wi	ho I	received more than \$10	0,000 of reportable	5
compensation from the organization										Yes No
			,		. 1		ե.:	where commonsored om	nlavon on	TOTAL SERVE DATES.
3 Did the organization list any former office										з Х
line 1a? If "Yes," complete Schedule J for								they componentian from		
4 For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens 'ata	atio	n an	יס מ	ther compensation from for such individual	trie organization	4 X
and related organizations greater than \$1	50,000711 Tes	,	unpi	tur. ICIC		a		tod organization or indiv	idual for sonices	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.	accrue compe	ensa Jo	tion for a	non	n an	y uni	ela	ned organization or indiv	idual for activides	5 X
	mpiete Scriedu	<i>i</i> e J	101 5	uun	per	3011		***************************************		···· I V I
Section B. Independent Contractors 1 Complete this table for your five highest of	ompensated in	den	ond	ent.	CON!	tract.	ore	that received more than	\$100,000 of comp	ensation from
1 Complete this table for your five highest of the organization. Report compensation for	ompensated III	near	pnd	lina	with	nacu	zithi	in the organization's tax	vear.	
the organization. Report compensation to	i the calendar	yeai	CITO	iiriy	AABEL	O: V	71611	(B)	, , , , , , , , , , , , , , , , , , , ,	(C)
Name and busines	s address							Description of	services	Compensation
CHANDLER CHICCO AGENCY,		0	15	TH						
STREET, 7TH FL., NEW YOR								PUBLIC RELAT	CIONS	139,225.
2 Total number of independent contractors	(including but	not l	imite	ed to	o the	ose l	iste	d above) who received	more than	
\$100,000 of compensation from the organ						1				
										Form 990 (2019)

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Pai	t VI		5			
		Check if Schedule O contains a response or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total, Add lines 1a-1f	1,387,093.			
		Business Code		0.00		
8		RESOURCE MATERIALS/PRO 900099	371,469.	371,469.		
Program Service Revenue	b	MEMBERSHIP DUES 900099	228,906.	228,906.	00 050	
ᇲᇍ	c	MAGAZINE ADVERTISING 541800	89,950.		89,950.	
E a	c					
ρœ	e					
P.	f	All other program service revenue				
	,	Total. Add lines 2a-2f	690,325.			
	3	Investment income (including dividends, interest, and				
	3	other similar amounts)	1,008.			1,008.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	t	Less; rental expenses 6b				
	•	Rental income or (loss) 6c				
	c	Net rental income or (loss)				
	7 2	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
	Ŀ	Less; cost or other basis	1			
<u>o</u>		and sales expenses 7b				
Revenue			-			
ě				The second state and other second reserves and an use		
<u>د</u> ا		Net gain or (loss)	Name viktorine Markabakana		. Jakon Kalendari (Koda)	
홅	8 8	Gross income from fundraising events (not				
₽		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
	k	Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See				
	•	Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	10 6					
	_	and allowances 10a	-			
		Less: cost of goods sold 10b		* 15 11 11 11 11 11 11 11 11 11 11 11 11	- 1.4 A-1.4 (1.5 State of the line of the G-1.5 State of the G-1.5 Sta	
	(Net income or (loss) from sales of inventory	######################################			
2		Business Code			g gettermen er til til flystatilter i	g - kalendaga kalendari mengalagi di Ja
9 e	11 8					
ᆲ	ŀ					
اد <u>اد</u>	(
Miscellaneous Revenue		All other revenue				
2		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	2,078,426	600,375	89,950	1,008.

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Form 990 (2019) ASTHMATICS, II
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	22,800.	22,800.		
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,	248,694.	195,089.	28,700.	24,905
c	trustees, and key employees	240,074.	133,003.	20,700.	21,700
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	863,248.	677,177.	99,622.	86,449
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	72,532.		8,180.	7,289 7,983
0	Payroll taxes	79,503.	62,532.	8,988.	7,983
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	49,930.		49,930.	
d	Lobbying				
е					
f	Investment management fees				
g		642 006	562,008.	74,134.	6,754
	column (A) amount, list line 11g expenses on Sch O.)	642,896. 9,356.		74,134.	0,754
2	Advertising and promotion	102,873.	98,161.	3,160.	1,552
3	Office expenses	19,866.	9,228.	10,638.	
4 5	Information technology		J,2200	20,000	
6	Royalties	53,110.	41,826.	5,995.	5,289
7	Occupancy	216,866.		42,868.	4,733
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	176,939.	172,117.	3,125.	1,697
0	Interest	5,629.		5,629.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	160,345.	147,959.		12,386
h	TAXES AND LICENSES	12,036.	1,820.	5,564.	4,652
C	MISCELLANEOUS	5,397.		5,397.	
ď	DUES AND SUBSCRIPTIONS	3,176.	3,176.		
e		-			
5	Total functional expenses. Add lines 1 through 24e	2,745,196.	2,229,577.	351,930.	163,689
6	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)				

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		Check if Schedule O contains a response or note	, to any	IIO ST GIOT GICA	(A)		(B)
					Beginning of year		End of year
T	1	Cash - non-interest-bearing	.,		653,080.	1	135,551.
	2	Savings and temporary cash investments			212.	2	92.
	3	Pledges and grants receivable, net			22,500.	3	
	4	Accounts receivable, net		Ţ.	78,867.	4	100,142
	5	Loans and other receivables from any current or	former o	ficer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e persor			5	
	6	Loans and other receivables from other disqualif	ied pers	ns (as defined			
- 1		under section 4958(f)(1)), and persons described	in secti	n 4958(c)(3)(B)		6	
ည္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	4 4 0 0 0
₹	9	Prepaid expenses and deferred charges			5,115.	9	11,000
	10a						
		basis. Complete Part VI of Schedule D	10a	63,291.		\$500 K	
	b	Less: accumulated depreciation	10b	63,291.	0.	10c	0 .
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	~ CF1
	15	Other assets, See Part IV, line 11			3,651.	15	3,651
	16	Total assets. Add lines 1 through 15 (must equa	I line 33		763,425.	16	250,436
	17	Accounts payable and accrued expenses			190,816.	17	309,597
	18	Grants payable				18	25 000
	19	Deferred revenue				19	35,000
	20	Tax-exempt bond liabilities		20			
Ì	21	Escrow or custodial account liability. Complete F		T I		21	
<u>8</u>	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
를		controlled entity or family member of any of thes		T T T T T T T T T T T T T T T T T T T		22	
	23	Secured mortgages and notes payable to unrela		ľ		23	
i	24	Unsecured notes and loans payable to unrelated		The state of the s		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		.		25	
		of Schedule D			190,816.	25 26	344,597
	26	Total liabilities. Add lines 17 through 25		N X	TOO, OTO	20	
ဖွ		Organizations that follow FASB ASC 958, che	ck nere	22			
<u> </u>	~~	and complete lines 27, 28, 32, and 33.			124,859.	27	-383,356
) <u>şa</u>	27	Net assets without donor restrictions			447,750.	28	289,195
[혈	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95					
Ī		and complete lines 29 through 33.	o, chec	(liese			
ة	an	Capital stock or trust principal, or current funds			e en a sede a desputa de la composition della composition de la composition de la composition della composition della co	29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	30	Retained earnings, endowment, accumulated inc		ſ		31	
₩ I	31				572,609.	32	-94,161
	32	Total net assets or fund balances Total liabilities and net assets/fund balances			763,425.	33	250,436
	33	Total liabilities and net assets/fully balatices	**********				Form 990 (2019

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	*********			
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2	2,07 2,74 -66	8,4 5,1	96. 70.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	- 9	<u>4,1</u>	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		_2a	Yes	X
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis, e audit,	2b	X	
3a	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	nedule O. ngle Audit	2c 3a	X	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ired audit	3b		

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Employer identification number

54-1357586 ASTHMATICS. INC. 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), 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. J 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 II, 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). (i) Name of supported (iv) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ASTHMATICS, INC. 54-13575 [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 falls to qualify under the tests listed below, please complete Part III.)

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				· · · · · · · · · · · · · · · · · · ·		
	membership fees received, (Do not					400=000	
	include any "unusual grants.")	2160378.	1597732.	1991347.	2237059.	1387093.	9373609.
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	21.60270	1 5 0 7 7 3 3	1001247	2237059.	1387093.	9373609.
4	Total. Add lines 1 through 3	2160378.	1597732.	1991347.	223/059.	T201032+	93/3009.
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)						4679305.
	***************************************						4694304.
	Public support, Subtract line 5 from line 4.					Santa Maria	40343044
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2160378.	1597732.	1991347.	2237059.	1387093.	9373609.
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,139.	398.	319.	1,280.	1,008.	4,144.
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						9377753.
12	Gross receipts from related activities,	etc, (see instruction	ons)			12 2	,046,726.
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 stop	here					<u></u> ▶∟⊥
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	50.06 %
	Public support percentage from 2018					15	48.33 %
16a	33 1/3% support test - 2019. If the o						. 77
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	•					
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
10	organization meets the "facts-and-circ		· ·				
10	Private foundation. If the organization	FE CHO THOU CHECK &	DOX OH III 13, 16	a, 100, 17a, or 17E		dule A (Form 990	
					Scrie	Calo A G OIH 330	J. 000 LE) 2019

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 b	elow, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	;					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ration,
check this box and stop here						<u></u>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the	organization did r				33 1/3% , and line 1	7 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
				Cala	adula A (Earm OO)	AAA E''' AAAA

932023 09-25-19

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

- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	NO
1		
2		
3a		*****
3b	1000000	171 N. 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 171 N. 171 N. 171 171 N. 1
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9a		
9b		
	traction.	<u>K</u>
9c		
10a		
10b		

ALLERGY AND ASTHMA NETWORK - MOTHERS OF Schedule A (Form 990 or 990-EZ) 2019 ASTHMATICS, INC. 54-1357586 Page 5 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations No Yes 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b C The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations, Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2019

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Ora	anizatione	4-133/300 Page 6
L	Check here if the organization satisfied the Integral Part Test as a qualifying			Port VI) See instructions A
1	other Type III non-functionally integrated supporting organizations must co	-		an vij, oce mstructions. A
Sect	tion A - Adjusted Net Income	implete	(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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	14444 14444		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	4444		
_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		

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 ASTHMATICS, INC.

54-1357586 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	on D - Distributions	,	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S				
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 t	he organization is responsive)				
	(provide details in Part VI), See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
C	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Schedule A	(Form 990 or 990-EZ) 2019	ASTHMATICS,	INC.	54-1357586 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1: Part IV, Section D, I	nation. Provide the ex 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ines 2 and 3; Part IV, Sec	planations required by Part II, lir 9a, 9b, 9c, 11a, 11b, and 11c; P ction E, lines 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.
	(COO MICH COMMINE)			
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

A	STHMATICS, INC.	54-1357586
Organization type (check	one):	· · · · · · · · · · · · · · · · · · ·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c General Rule For an organizatio	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (9), (8), or (10) organization can check boxes for filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a for, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, In Ine 1. Complete Parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	-
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 100-EZ or on its Form 100-EZ, or 990-PF).	,

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

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF

INC.

ASTHMATICS,

Employer identification number

54-1357586

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

Patricipal (Sale			, D
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,475.	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
3		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$125,600.	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ASTHMATICS, INC.

Name of organization
ALLERGY AND ASTHMA NETWORK - MOTHERS OF

Employer identification number

54-1357586

Part I Contribu	Itors (see instructions).). Use duplicate copies of Part I if additional space is n	eeded,
-----------------	---------------------------	--	--------

1.48.1.2	Continuations (see instructions), use duplicate copies of hart in addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ASTHMATICS, INC.

Name of organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF Employer identification number

54-1357586

e is needed.
е

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

54-1357586

Vo.			
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
		(e) Transfer of git	ft
_	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
io.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>:</u>	(b) r ui pose oi giit	(c) Osc or gire	(a) Description of now girtle neta
-		(e) Transfer of gif	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
No.			
io. m t i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -		(e) Transfer of gif	ft -
4	Transferee's name, address, and	.,	Relationship of transferor to transferee
-			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
-		(e) Transfer of gif	it
	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.

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ASTHMATICS, INC.

Employer identification number 54-1357586

Par	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		is or Accounts. Complete if the
	organization and voice 100 off convers, incress,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
ar ²	Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that ap <u>ply).</u>	
	Preservation of land for public use (for example, recreat	tion or education) L Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements	,	2a
b	Total acreage restricted by conservation easements	***************************************	2b
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	()
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		O.U Oi
ar	Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		-
	service, provide in Part XIII the text of the footnote to its finan		
	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:	·	
	(i) Revenue included on Form 990, Part VIII, line 1		
			•
	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2019

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

	rt III Organizations Maintaining C	collections of Ar	t. Historical T	reasures.	or Oth	er Sin	ilar Ass	ets/conti		aye z
3	Using the organization's acquisition, accessi								nacaj	
3		on, and other record	s, crieck arry or tric	FIOROWANG UT	at make	Signinica	un use on i	(S		
_	collection items (check all that apply); Public exhibition	.4								
a	<u> </u>	d		change progi	am					
b	Scholarly research	е	U Other							
C	Preservation for future generations									
4	Provide a description of the organization's co							art XIII.		
5	During the year, did the organization solicit o									٦.
Tes:	to be sold to raise funds rather than to be ma							Yes	<u> </u>	No
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	rt X, line 21.						/, line 9, o 	r	
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						r	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amour	ıt	
C	Beginning balance	**************************				10	;			
	Additions during the year						<u> </u>			
	Distributions during the year						,			
	Ending balance									
	Did the organization include an amount on Fe						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided or	Part XI	11		*******		
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year			e years bac	k (e) Fou	r years	back
1a	Beginning of year balance	4,000.	4,000	•	4,000.		4,000	7.	4,	000.
	Contributions				1					
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities					l				
	and programs									
f	Administrative expenses					<u> </u>		-		
g	End of year balance	4,000.	4,000		4,000.		4,000	<u>, </u>	4	000.
2	Provide the estimated percentage of the curr				-,	l	<u>, , , , , , , , , , , , , , , , , , , </u>			
	Board designated or quasi-endowment	ent year end balanc	e (iiile 19, columiii (all Held as						
	Permanent endowment > 100.00	%								
	\	⁷⁰ %								
G		· ·								
٥-	The percentages on lines 2a, 2b, and 2c sho	•		فدامانداده ادمه	avad fav	the even	nlantion			
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid	and administ	erea ior	the orga	mzauon		V	NI-
	by:							0.0	Yes	No X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations					,		3a(ii)		Α.
b	If "Yes" on line 3a(ii), are the related organiza	·		?				<u>3b</u>		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				T					
	Description of property	(a) Cost or ot	1 ' '	t or other		\ccumul	I	(d) Boo	k value	е
		basis (investm	ient) basis	(other)		preciati				
1a	Land				NE SE		gagera, a ad As			
b	Buildings							······································		
c	Leasehold improvements									
d	Equipment			25,586.			586.			0.
	Other			37,705.		37,	705.			0.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part λ	X, column (B), line	10c.)			🕨			0.

Schedule D (Form 990) 2019

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STH	UL'AN	LCS.	INC.

54	-13	157	75	86	Page 3
ノエ		, , ,		-	Paue O

		e 11b. See Form 990, Part X, line 12.	ad of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII Investments - Program Related.		a the second control of the second control o	
Complete if the organization answered "Yes" of	on Form 990, Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
ital (Col (h) must agual Form OOR Dart V ant (D) line 19 \ 🛌 1		 If the control of the c	a ak baas Nobers bereke bereke besar a kanala kan berar berar berar berar berar berar berar berar berar berar b
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) stal. (Column (b) must equal Form 990, Part X, col. (B) line	Pescription		(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.	Description		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a)	Description		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		25.
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		25.
Complete if the organization answered "Yes" or (a) [] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	Description		25.
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.
Complete if the organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
Complete if the organization answered "Yes" or (a) [] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.
Complete if the organization answered "Yes" or (a) [] (1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		25.
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.

932053 10-02-19

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	ASTHMATICS,	INC.		54-1
Part XI	Reconciliation of	Revenue per Aud	lited Financial State	ments With Revenue	per Return.

	Complete if the experimentary engagered "Vee" on Form 000. Part IV line 12s		iovolido poi i	· · · · · ·	•
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			4	2,079,426.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,0,2,1200
		2a			
	Net unrealized gains (losses) on investments		1,000.		
b	Donated services and use of facilities		±,0001		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			0-	1,000.
e	Add lines 2a through 2d			2e 3	2,078,426.
3	Subtract line 2e from line 1		,	3	2,0,0,1200
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4=		40.00	
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			MAGE NG	0.
	Add lines 4a and 4b			4c	2,078,426.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statemen			5 Potu	
r.a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	SILLS WILLIE	Expenses per	netai	•
				1	2,746,196.
1	Total expenses and losses per audited financial statements			100 E	2,740,1300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I . I	1,000.		
а	Donated services and use of facilities	1 1	1,000+		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				1 000
е	Add lines 2a through 2d			2e	$\frac{1,000.}{2,745,196.}$
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		3	4,745,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		Alg-by-	٥
	Add lines 4a and 4b			4c	0. 2,745,196.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,743,130.
	t XIII Supplemental Information.			4 5	/ !: 0 D 1 VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			i; Part	x, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional informa	ation.		
T 78 T	om tr rrate A.				
LAI	RT V, LINE 4:				
T71 % T T	NOTIFICATION TO THE COMPANY AND AND AND AND AND AND AND AND AND AND	mun TN	COME CAN	זים כו	TOED BOD
ENI	DOWMENT IS INVESTED IN PERPETUITY AND ONLY	TUE IN	COME CAN	DE C	JOED FOR
	NAME OF THE PROPERTY OF THE PR	מתדיינות	CEM DV MI	ת הכ	שמשעות מאוא
PRO	GRAM OPERATIONS IN ACCORDANCE WITH RESTRIC	TIONS	SET BY TH	E DO	NOR. THERE
	NO THEODERS ON THE ENDORSEMENT TOO S	מיבער מדונה	ר משמעש 1	2/21	/10
WA	S NO INTEREST EARNED ON THE ENDOWMENT FOR T	CHE YEA	K FNDFD T	4/31	./19.
זאכו	om v tine).				
PAI	RT X, LINE 2:				a
አ አ አ	MA BELIEVES THAT IT HAS APPROPRIATE SUPPOR	מראים יחים	אמע שאע ס	ОСТП	TONG
AAL	MA BELIEVES THAT IT HAS APPROPRIATE SUPPOR	CT FOR	ANI IAA P	OBII	LONS
TI 7. T	יש מואו עול פונגען שמול מחום מחום אל מול אפרי	ש גלות זאד.	DOCTETON	e mi	יש כו א וחאנ
T.A.	EN, AND AS SUCH, DOES NOT HAVE ANY UNCERTA	AIN TAA	POSITION	5 Tr	IAT ARE
	מינים מס <i>משו</i> משת המו דגרמונגווה מווח מה דגרחבו	יי דווטוו	ደደ አርያ የመደር ነው። የመደር የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የመደር ነው የ	5 5 5 5 7	ON THE
νLΑ'.	ERIAL TO THE FINANCIAL STATEMENTS OR THAT	MOUTH	DAVE AN E	r r E(T ON ITS
ייות	י היים דיני מת אווות שווות שווות מוזות אוו	מת עאות	NIEFETMO OF	гтъ	בדו דמודים מ
TΗΣ	-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED	TAY PF	MEFITS OR	μΤΑ	PTTTTTD
73777	W MEED WO DE DECONDED				
T.H.	AT NEED TO BE RECORDED.				

Schadula D	(Form 990) 2019	ALLERGY ASTHMATI	AND	ASTHMA	NETWORK	– M	OTHERS	OF	54-1357586 p	ano E
Part XIII	(Form 990) 2019 Supplemental Infor	mation (continu	ued)	<u> </u>					34 133/300 F	age 3
		(00,70,70	100/							
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Schedule D (Form 990) 2019

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

2019

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number ž 54-1357586 (h) Purpose of grant or assistance X Yes 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 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 noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ALLERGY AND ASTHMA NETWORK - MOTHERS OF (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (p) EIN ASTHMATICS, 1 (a) Name and address of organization or government Name of the organization Part

Schedule I (Form 990) (2019)

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

54-1357586 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ASTHMATICS, Schedule I (Form 990) (2019) PartIII

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 2019 TO INDIVIDUALS TO ATTEND THE ċ (d) Amount of non-cash assistance NATIONAL ASTHMA SUMMIT. MINIMAL MONITORING IS REQUIRED. 22,800 (c) Amount of cash grant 48 (b) Number of recipients SMALL AWARDS (a) Type of grant or assistance SCHOLARSHIP AMOUNTS ARE SCHOLARSHIPS TO ATTEND SUMMIT 7 LINE PART I,

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **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.

ASTHMATICS, INC.

► 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 54-1357586

P	art I Questions Regarding Compensation			
			Yes	No
ta	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		95000	
	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	# Park	la via	HAR
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		[35 Sept.]		
3	Indicate which, if any, of the following the 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			
	Form 990 of other organizations X Approval by the board or compensation committee			SIACH BESSEN
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		X
	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	10000000000000000000000000000000000000		
	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			(3.50)
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	(100 m) (100 m)		
	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			Ser.
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

ALLERGY AND ASTHMA NETWORK - MOTHERS OF

54-1357586

INC. ASTHMATICS,

Schedule J (Form 990) 2019

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.

Page 2

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.

TOTAL PROPERTY OF THE PROPERTY		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) TONYA WINDERS, MBA	ε	198,36	38,630.	0		10,460.	247,45	• 0
PRESIDENT & CEO	≘	0.	0	0	0	0.	0	0.
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932112 10-21-19							Schedu	Schedule J (Form 990) 2019

Page 3

54-1357586

ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC. Schedule J (Form 990) 2019

Part III Supplemental Information

Schedule J (Form 990) 2019 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. BONUS IS BASED ON A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS AND PER CONTRACT AND CAN BE UP TO 20% OF SALARY. LINE PART I,

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.

Employer identification number 54-1357586

OMB No. 1545-0047

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, 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 FORM 990 IS REVIEWED BY THE PRESIDENT/CEO AND THE TREASURER BEFORE IT IS FILED WITH THE IRS. THE GOVERNING BOARD OF AANMA IS PROVIDED A COPY OF THE FORM 990 AT THE NEXT BOARD MEETING AFTER THE 990 IS FINALIZED.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990 EZ) (2019) Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF	Employer identification number
ASTHMATICS, INC.	54-1357586
OF THE PRESIDENT AND OTHER KEY EMPLOYEES OF THE ORGANIZA	ATION. THE LAST TIME
THE PRESIDENT'S SALARY WAS REVIEWED WAS IN JULY 2020.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING CO	PY OF FORM 990:
AZ, CA, CT, FL, GA, IL, ME, MD, MI, NJ, NY, OH, PA, RI, UT, WA, WI, VA, NO	C,TX
W-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	540,623.
MANAGEMENT AND GENERAL EXPENSES	70,543.
FUNDRAISING EXPENSES	6,754.
TOTAL EXPENSES	617,920.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	21,385.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,385.
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,591.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,591.
932212 09-06-19 Sch	nedule O (Form 990 or 990-EZ) (2019

Name of the organization ALLERGY AND ASTHMA NETWORK - MOTHERS OF ASTHMATICS, INC.	Employer identification number 54-1357586
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	642,896.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR SEL	ECTING AN
INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT OF ITS FI	NANCIAL
STATEMENTS ON AN ANNUAL BASIS. THE PROCESS HAS NOT CHANGE	D DURING THE
TAX YEAR	

Form 990-T	E	Exempt Organization Bus	ines	ss Income T	ax Return	_	OMB No. 1545-0047
		(and proxy tax und	er sec	ction 6033(e))			2040
	For cal	lendar year 2019 or other tax year beginning		, and ending		 ·	2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in - Do not enter SSN numbers on this form as it may			ition is a 501(c)(3).		Open to Public Inspection for 601(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name ci ALLERGY AND ASTHMA NET			į.	(Emplo	yer identification number byees' trust, see ctions,)
B Exempt under section	Print	ASTHMATICS, INC.	.,			54	4-1357586
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	see ins	structions.		E Unrela	ted business activity code
408(e) 220(e)	Type	8229 BOONE BOULEVARD,	-			(266 III	structions.)
408A 530(a)		City or town, state or province, country, and ZIP or					0.00
529(a)		VIENNA, VA 22182				5418	300
C Book value of all assets at end of year	٠.	F Group exemption number (See instructions.)	<u> </u>		404/->		Other tweet
		G Check organization type ► X 501(c) corp			401(a)		Other trust
	-		1		he only (or first) unr		then one
		EE STATEMENT 1	uto Lone		complete Parts I-V. I		
		ice at the end of the previous sentence, complete Pa	irts i and	a II, compiete a Schedule	W for each additions	a uaue	UI
business, then complete		-v. poration a subsidiary in an affiliated group or a parer	nt-outscle	diary controlled aroun?		Yes	s X No
		tifying number of the parent corporation.	it-supsit	usary controlled groups ,			, <u>(**</u> 1110
		J. RANDOLPH TAYLOR		Telenho	ne number 🕨 7	03-0	641-9595
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale						3350	
b Less returns and allo		c Balance	1c				
		A, line 7)	2	:			
3 Gross profit, Subtract			3				
· ·		h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	sts	4c				
		ship or an S corporation (attach statement)	5			Mag	
6 Rent income (Schedu	ile C)		6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7				
		and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	F				
		me (Schedule I)	10	00 050	47 0	10	12 010
		e J)	11	89,950.	47,0	T 0 •	42,940.
		ns; attach schedule)	12	90 050	47,0	1 1	42,940.
		gh 12			47,0.	10.	42,940.
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected busing the connected the					
		rectors, and trustees (Schedule K)				14	
						15	
						16	
					ſ	17	
		ee instructions)				18	
						19	
20 Depreciation (attach	Form 4	562)		20		NO.	
21 Less depreciation cl	aimed o	n Schedule A and elsewhere on return		21a		21b	
						22	
23 Contributions to def	erred co	mpensation plans				23	
						24	
		chedule I)				25	42 040
		hedule J)				26	42,940.
		nedule)				27	42 040
		14 through 27				28	42,940.
		ncome before net operating loss deduction. Subtrac				29	<u> </u>
		loss arising in tax years beginning on or after Janua				30	0.
		ncome. Subtract line 30 from line 29				31	0.
31 Unrelated business t	avanie i	ncome. Subtract fine SU Hom pile 29				91	

		ALLERGY AND ASTHMA N		JE ASTRMA	TTCD, T	M D#~T	337300 Page 2
		otal Unrelated Business Taxa					0.
		unrelated business taxable income computed					0.
							0.
		le contributions (see instructions for limitatio					
		related business taxable income before pre-20					
		on for net operating loss arising in tax years b					
		unrelated business taxable income before spe					1 000
		deduction (Generally \$1,000, but see line 38				38	1,000.
		ed business taxable income. Subtract line 38					0.
						39	V •
		Tax Computation ations Taxable as Corporations, Multiply line	20 hu 219/ (0.21)			40	0.
		anons raxable as corporations, within in taxable at Trust Rates. See instructions for tax					
41		x rate schedule or Schedule D (Form				41	
40							
		ax. See instructions					
		ive minimum tax (trusts only)					
		Noncompliant Facility Income. See instruction					0.
		dd lines 42, 43, and 44 to line 40 or 41, which	level applies			40	
		tax credit (corporations attach Form 1118; tru	icto attach Form 1116)	46a			
	-						
G .	Cradit f	business credit. Attach Form 3800 or prior year minimum tax (attach Form 8801	Ar 9897\	464			
						46e	
		edits. Add lines 46a through 46d				 	0.
47	Olberto Otherte	t line 46e from line 45 xes. Check if from: Form 4255	Form 8611 Form 8607 For	m 8866 1 Othe			
		x. Add lines 47 and 48 (see instructions)					0.
		x. Add lines 47 and 46 (see instructions) et 965 tax liability paid from Form 965-A or Fo				·	0.
		its: A 2018 overpayment credited to 2019				4454	
		timated tax payments					
		osited with Form 8868		1 1			
	-	organizations; Tax paid or withheld at source					
		withholding (see instructions) or small employer health insurance premiums		*****			
			orm 2439	····· ····			
y			ther Total	▶ 51g			
52 52		ayments. Add lines 51a through 51g		0.8		52	
		ed tax penalty (see instructions). Check if Form				·	
		b. If line 52 is less than the total of lines 49, 50				54	
		yment. If line 52 is larger than the total of line	***************************************			55	
	-	e amount of line 55 you want: Credited to 20:			Refunded >	56	
		Statements Regarding Certain		nation (see inst	ructions)		
		ime during the 2019 calendar year, did the or					Yes No
	•	inancial account (bank, securities, or other) in	-				
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of	the foreign country			
	here	•					X
58	During	the tax year, did the organization receive a dis	tribution from, or was it the grantor of, o	r transferor to, a fo	reign trust?		X
	-	see instructions for other forms the organization					
59		e amount of tax-exempt interest received or a					
	Ur	der penalties of perjury, I declare that I have examine trect, and complete. Declaration of preparer (other tha	d this return, including accompanying schedule	s and statements, and	to the best of my kr	nowledge and b	ellef, it is true,
Sign		noot, and complete. Declaration of propagal (exitor the		F. C. F. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C.		May the IRS dis	cuss this return with
Here				SURER		the preparer she	own below (see
		Signature of officer	Date Title			instructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employe		
Prep		DAVID JONES					361002
Use		Firm's name ► JONES, MARES			Firm's EIN	> 52−	1853933
	~···y		LE PATUXENT PARKW	AY, SUITE			
		Firm's address ► COLUMBIA,	MD 21044		Phone no.		4-0220
923711 0	1-27-20					F	orm 990-T (2019

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A				
1 Inventory at beginning of year				Inventory at end of year			6	
2 Purchases				Cost of goods sold. Su			MAN.	
3 Cost of labor			1	from line 5, Enter here		·	Mag	
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section				Yes No
b Other costs (attach schedule)				property produced or a	cquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?		***************************************		
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pei	rsonal Property I	Leas	ed With Real Pro	pert	у)
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				3(a)Deductions directly	v canna	cted with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or Income)	ıgə	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, columi	2(a) and 2(b). Er n (A)	nter ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.	0.
Schedule E - Unrelated De			instru	ctions)				
		•	2	. Gross income from or allocable to debt-		3. Deductions directly cor to debt-finan		perty
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)								
(3)			<u> </u>					
(4)			1					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis aflocable to anced property h schedule)	6	, Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	4	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			-	%				
(2)			1	%				
(3)			 	%	*******			
(4)				%				
			•			nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals				▶		0		0.
Total dividends-received deductions in					<u> </u>		-	0.

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Schedule F - Interest,			es, and Rents	s From Co	ontroll	ed Organiz	zatio	ns (see ins	struction	ns)
				Controlled O						
Name of controlled organizat	tion	2, Employ identification number		elated Income Instructions)		tal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income		unrelated income (k see instructions)	oss) 9, Total	of specified payr made	ments	10, Part of colu in the controli gross	mn 9 the ing orga s income	nization's		iductions directly connected i income in column 10
(1)								·		
(2)										
(3)										
(4)						Add colum Enter here and	on pag	e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I,
Totals					>	line 8, d	column	(A). 0 •		line 8, column (B).
Schedule G - Investme	nt Inco	me of a Se	ction 501(c)(7), (9), or	(17) Or	ganization)			
	ription of inco	ome		2. Amount of	income	3. Deduction directly connected (attach scheo	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)		· · · · · · · · · · · · · · · · · · ·								
(2)										
(3)					- "					
(4)										
,				Enter here and o Part I, line 9, co	lumn (A).					Enter here and on page Part I, line 9, column (B).
Totals Schedule I - Exploited				Than Ad	0. vertisi	na Income	•	ana, harista		0
(see instru			,							
1. Description of exploited activity	unrelated Incom	ne from	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3). If a cols. 5	5. Gross Inco from activity to is not unrelate business Inco	hat ed	6. Exp attributs colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)						****				
(4)										
	page 1	re and on fi I, Part I, col. (A),	Enter here and on page 1, Part I, line 10, col. (B),							Enter here and on page 1, Part II, line 25.
Totals		0.	0.							<u> </u>
Schedule J - Advertisin				solidated	Rasis					
Tadacatas Income Troin	eriodic	zais nepore	ed on a don	30IIdated	Dasis					
1. Name of periodical	, i	2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col. 3), if a ga cols, 5 th	l. 2 minus in, comput	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ALLERGY AND						V.				
(2) ASTHMA TODAY		89,950.	47,010			14,2	16.	109,	258.	
(3) (4)										
(4)						e e				
			I	i .		1		1	- 1	

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42,940.

Totals (carry to Part II, line (5))

89,950.

47,010.

14,216. 109,258.

42,940.

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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	89,950.	47,010.				42,940.
	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 26.
Totals, Part II (lines 1-5)	89,950.	47,010.				42,940.

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.

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