| Form 990 |
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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.

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

| | | enue Service | Go to www.irs.gov/Form990 for instructions and | the latest | information. | Inspection | | |
|--|-----------------------|--|---|-------------|---------------------------------|-----------------------------|--|--|
| A For the 2022 calendar year, or tax year beginning and ending | | | | | | | | |
| Β | heck if | C Name | of organization | | D Employer identification | tion number | | |
| č | pplicat | | | | | | | |
| | Addr Chan | ge AMER | ICAN ACADEMY OF OTOLARYNGIC ALLERGY | | | | | |
| | Nam Chan | ge Doing | business as | | 52-1230095 | | | |
| | Initia | n Numb | er and street (or P.O. box if mail is not delivered to street address) | Room/sui | te E Telephone number | | | |
| | Final retur | n/ 1113 | 0 SUNRISE VALLEY DR | 100 | 202-955-5010 | | | |
| | term ated | | r town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,884,730. | | |
| | Ame | n KESI | DN, VA 20191-4398 | | H(a) Is this a group retu | | | |
| | Appli tion pend | F Name | and address of principal officer: JAMI LUCAS | | for subordinates? | Yes X No | | |
| | pene | SAME A | S C ABOVE | | H(b) Are all subordinates inclu | uded? Yes No | | |
| 11 | ax-ex | kempt status: | | or 5 | | st. See instructions | | |
| | Nebs | | AAOALLERGY.ORG | | H(c) Group exemption | number | | |
| | | | X Corporation Trust Association Other | L Ye | ar of formation: 1981 M | State of legal domicile: DC | | |
| Pa | art I | Summa | - | | | | | |
| ð | 1 | | ribe the organization's mission or most significant activities: TO ENI | | | | | |
| Governance | | SKILL OF | PHYSICIANS AND OTHERS IN THE CARE OF THE ALLERGIC | PATIENT. | | | | |
|) Srne | 2 | Check this I | | sed of mo | re than 25% of its net asse | | | |
| ٥ ٥ | 3 | | | | | 18 | | |
| | 4 | | | 18 | | | | |
| Activities & | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | | 5 | | |
| Viti | 6 | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | | | | 44 | | |
| Acti | | | | | | 2,827. | | |
| _ | <u> </u> | Net unrelate | ed business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. | | |
| | | | | - | Prior Year | Current Year | | |
| e | 8 | | ns and grants (Part VIII, line 1h) | ····· – | 123,805. | 10,000. | | |
| ent | 9 | • | rvice revenue (Part VIII, line 2g) | | 1,516,006. | 1,668,330. | | |
| Revenue | 10 | | income (Part VIII, column (A), lines 3, 4, and 7d) | | 160,103. | 82,259. | | |
| - | 11 | | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 96,931. | 124,141. | | |
| | 12 | | ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,896,845. | 1,884,730. | | |
| | 13 | | similar amounts paid (Part IX, column (A), lines 1-3) | ····· – | 9,000. | 16,894. | | |
| | 14 | - | d to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| es | 15 | | ner compensation, employee benefits (Part IX, column (A), lines 5-10) | | 687,919. | 793,096. | | |
| Expenses | 16a | | I fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| ă | b | | ising expenses (Part IX, column (D), line 25) | 0. | F42 CC1 | 1 024 052 | | |
| ш | '' | | nses (Part IX, column (A), lines 11a-11d, 11f-24e) | ····· – | 743,661. | 1,034,873. | | |
| | | | ses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,440,580. | 1,844,863. | | |
| | 19 | Revenue les | s expenses. Subtract line 18 from line 12 | | 456,265. | 39,867. | | |
| Net Assets or Fund Balances | | | | _ | Beginning of Current Year | End of Year | | |
| | 20 | | (Part X, line 16) | | 5,697,272. | 5,023,460. | | |
| etA | 21 | | es (Part X, line 26) | | 943,945. | 955,007. | | |
| | 22 art II | | or fund balances. Subtract line 21 from line 20 I re Block | | 4,753,327. | 4,068,453. | | |
| | | - | | o ond state | monto and to the bast of much | nowledge and ballet it '- | | |
| | | | y, I declare that I have examined this return, including accompanying schedule | | | nowledge and belief, it is | | |
| true | , corre | ect, and comple | te. Declaration of preparer (other than officer) is based on all information of w | nich prepar | er nas any knowledge. | | | |

| Sign | Signature of officer | | | | | | | |
|---------------------|---|-----------------------|----------------------|---------|--------------------|--------------|-----------|----|
| Here | JAMI LUCAS, CEO | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | | Date | Ch | heck | PTIN | |
| Paid | JULIA FLANNERY | | JULIA FLANNERY | 10/19/2 | 3 ^{II} se | elf-employed | ₽00928918 | |
| Preparer | Firm's name RSM US LI | ΞP | | | Firm's El | IN 42- | 0714325 | |
| Use Only | Firm's address 100 INTER | RNATIONAL DRIVE, | SUITE 1400 | | | | | |
| BALTIMORE, MD 21202 | | | | | Phone n | 0.410-24 | 6-9300 | |
| May the IF | RS discuss this return with th | ne preparer shown abo | ve? See instructions | | | | X Yes | No |
| 232001 12-1 | DOI 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | |

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

| Eilo a | conarato | application | for oach | roturn |
|--------|----------|-------------|----------|-----------|
| File a | separate | application | tor eacr | n return. |

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| Type or Name of exempt organization or other filer, see instruct | | | | Taxpayer identification number (TIN) | | | | |
|---|---|-------------|---------------------------------------|--------------------------------------|------------|-------------------|--|--|
| print | AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | | | | 52-1230095 | | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, se 11130 SUNRISE VALLEY DR, 10 | | ions. | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a fo RESTON, VA 20191-4398 | oreign addı | ress, see instructions. | | | | | |
| Enter the | nter the Return Code for the return that this application is for (file a separate application for each return) | | | | | | | |
| Applicat | ion | Return | Application | | | Return | | |
| ls For | | Code | Is For | | | Code | | |
| Form 99 | 0 or Form 990-EZ | 01 | Form 1041-A | | | 08 | | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 | | |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| Form 99 | 0-T (corporation) THE ORGANIZATIO | 07 | | | | | | |
| If the If this box 1 I return the | I request an automatic 6-month extension of time until <u>NOVEMBER 15, 2023</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year <u>2022</u> or tax year beginning, and ending | | | | | | | |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069, y nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 0. | | |
| b lft | his application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | | | |
| es | timated tax payments made. Include any prior year overpa | ayment all | owed as a credit. | 3b | \$ | 0. | | |
| c Ba | lance due. Subtract line 3b from line 3a. Include your page | yment witl | n this form, if required, by | | | | | |
| us | ing EFTPS (Electronic Federal Tax Payment System). See | instructio | ns. | 3c | \$ | 0. | | |
| Caution instruction | : If you are going to make an electronic funds withdrawal ons. | (direct det | bit) with this Form 8868, see Form 84 | 53-TE and | d Form 887 | 79-TE for payment | | |

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

| Form | 1990 (2022) AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 | Page 2 |
|------|--|------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | THE MISSION OF THE AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY, INC., | | |
| | (AAOA), AS AN ORGANIZATION OF OTOLARYNGOLOGISTS, IS TO ENHANCE THE | | |
| | KNOWLEDGE AND SKILL OF PHYSICIANS AND OTHERS IN THE CARE OF THE | | |
| | ALLERGIC PATIENT. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | | | Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | ····· L | |
| • | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L | Yes 🔼 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as me | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expens | ses, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | s |) |
| | EDUCATIONAL COURSES - FOCUSED ON EDUCATION AS OUR CORE COMPETENCY, WE | | |
| | OFFER BASIC, ADVANCED, AND INTERACTIVE ALLERGY AND RHINOLOGY CONTINUING | | |
| | EDUCATION PROGRAMS ANNUALLY BASED ON THE AAOA SCOPE OF KNOWLEDGE. | | |
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| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | š |) |
| | MEMBER SERVICES/PUBLICATIONS - THIS ENCOMPASSES ALL TYPES OF MEMBER | | |
| | COMMUNICATIONS, INCLUDING THE IFAR JOURNAL, THE NEWSLETTER, AND THE | | |
| | WEBSITE, AS WELL AS ALL EFFORTS OF INTER- AND INTRA-PROFESSIONAL | | |
| | RELATIONS ON BEHALF OF THE MEMBERSHIP AND OTOLARYNGOLOGY AS A WHOLE. | | |
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| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | <u> </u> |) |
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| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses | | 000 (2222) |

| Eorm | 000 | (2022) |
|------|-----|--------|
| Form | 990 | (2022) |

52-1230095

| | | | Yes | No |
|--------------|---|----------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes." complete Schedule A | 1 | | x |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | x | ^ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | А | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | х | |
| 1 2 9 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| 120 | Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| ~ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | | 14a | | x |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| Form 990 (| 2022) | AMERICAN | | | |
|------------|-----------|---------------|----------|--------------|-----------|
| Part IV | Checklist | of Required S | chedules | i (co | ontinued) |

| | | | Yes | No |
|------|---|---------|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 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 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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 | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | 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 | | | |
| | 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 the 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 | | | |
| u | "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 |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 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 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 02 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 01 | | 34 | х | |
| 35 a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| , N | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| 50 | | 36 | | |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 37 | 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 on Schedule O for Part VI, lines 11b and 19? | - 51 | | |
| 30 | | 38 | x | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 30 | | l |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | <u></u> | Yes | No |
| 1- | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 | | 162 | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| u | | - | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | | 52-1230095 | Р | age 5 |
|----------|---|------------------------|-----|-------|
| Par | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | 5 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | <u>3a</u> | х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | <u>3b</u> | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 Accounts (FBAR |). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u>5</u> b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | solicit | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to | o the payor? 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | <u>7b</u> | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | 1098-C? 7h | | |
| 8 | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | <u>9b</u> | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| 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 | | | |
| 10- | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 40- | | |
| | | 12a | | |
| ь 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 154 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| 5 | organization is licensed to issue qualified health plans | | | |
| ~ | Enter the amount of reserves on hand | | | |
| 14a | | 14a | | x |
| | | | | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the event instance of the strengt institution of the the section 1000 events have a set in restance of the | 16 | | x |
| - | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Form | 990 (2022) AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | | 52-123009 | | Р | age 6 |
|------|---|-------------|------------------------|-----------|---------|----------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough | 7b below, and for a | "No" r | espon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | See ii | nstructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | 1 | | |
| | 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 0. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 18 | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direct | supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | s filed? | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | x |
| 6 | Did the organization have members or stockholders? | | | 6 | Х | <u> </u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | |
| | more members of the governing body? | | | <u>7a</u> | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, 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 | | • | | | |
| a | The governing body? | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | x |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | _ A |
| 360 | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | Vee | |
| 100 | Did the examination have lead chapters, branches, or efficience? | | | 10a | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | | | |
| D | | • | | 10b | | |
| 119 | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | e filing the form? | 11a | х | <u> </u> |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | Deloi | | | | |
| | Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> | | | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$ | | | 12.5 | | |
| Ŭ | on Schedule O how this was done | , | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ,, , | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| | Other officers or key employees of the organization | | | 15b | | x |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | e its p | articipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (section 501(c)(3) | s only) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict c | f interest policy, and | d finano | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | d records | | | |
| | THE ORGANIZATION - 202-955-5010 | | | | | |
| | 11130 SUNRISE VALLEY DR. 100 RESTON VA 20191-4398 | | | | | |

| Form 990 (2022) | AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 | Page 7 |
|-------------------------------------|---|------------|--------|
| Part VII Comp | ensation of Officers, Directors, Trustees, Key Employees, Highest Con | npensated | |
| Emple | oyees, and Independent Contractors | | |
| Check | f Schedule O contains a response or note to any line in this Part VII | | |
| Section A. Office | rs, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| List all of the | able for all persons required to be listed. Report compensation for the calendar year ending wi organization's current officers, directors, trustees (whether individuals or organizations), rega ; (D), (E), and (F) if no compensation was paid. | 0 | , |
| | organization's current key employees, if any. See the instructions for definition of "key emplo ization's five current highest compensated employees (other than an officer, director, trustee, | | |

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per | box | not c , unles | Pos heck ss per | more rson i | than of s both | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------------|--|--------------------------------|------------------------|-----------------------|----------------|---------------------------------|--------|---|---|---|
| | week (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) JAMI LUCAS | 40.00 | | | | | | | | | |
| AAOA/FOUNDATION ED & CEO | 5.00 | | | х | | | | 271,336. | 33,917. | 44,118. |
| (2) AYESHA KHALID, MD, MBA | 1.00 | | | | | | | | | |
| PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) DOUGLAS DAWSON, MD | 1.00 | | | | | | | | | |
| PRESIDENT ELECT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) KEVIN WILSON, MD | 1.00 | | | | | | | | | |
| SECRETARY | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (5) KEITH SALE, MD | 1.00 | | | | | | | | | |
| TREASURER | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) MICHAEL PLATT, MD, MSC | 1.00 | | | | | | | | | |
| PAST PRESIDENT | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (7) WESLEY D. VANDERARK, MD | 1.00 | | | | | | | | | |
| PAST PRESIDENT | 0.00 | Х | | х | | | | 0. | 0. | 0. |
| (8) ALPEN PATEL, MD | 1.00 | | | | | | | | | |
| PAST PRESIDENT | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (9) ROBERT STACHLER, MD | 0.50 | | | | | | | | | |
| EDUCATION COORDINATOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (10) FARRAH SIDDIQUI, MD | 0.50 | | | | | | | | | |
| EDUC PROGRAMS DIR. | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (11) BRYAN LEATHERMAN, MD | 0.50 | | | | | | | | | |
| 2022-25 BOARD MEMBER AT LARGE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (12) JENNIFER VILLWOCK, MD | 0.50 | | | | | | | | | |
| PATIENT & PROF. RELATIONS CHAIR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (13) CHRIS BROOK, MD | 0.50 | | | | | | | | | |
| EDUCATION ASSESSMENT DIR. | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (14) DOLE BAKER, MD | 0.50 | | | | | | | | | |
| SOCIOECONOMIC CHAIR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (15) JOSH LEVY, MD | 0.50 | | | | | | | | | |
| 2020-2023 BOARD MEMBER AT LARGE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (16) ROBERT PUCHALSKI, MD | 0.50 | | | | | | | | | |
| 2020-2023 BOARD MEMBER AT LARGE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (17) MICHELLE LIU, MD | 0.50 | | | | | | | | | |
| 2021-24 BOARD MEMBER AT LARGE | 0.00 | Х | | | | | | 0. | 0. | 0. |

| Form 990 (202 | 22) AMERICAN ACA | DEMY OF OTO | LAR | YNG | IC. | ALL | ERG | Y | | 52-12 | 30095 | 5 | P | age 8 |
|---------------|---|--|--------------------------------|-----------------------|-------------------------------|--|---------------------------------|-------------|---|---|-----------|-----------------|---|----------------|
| Part VII Se | ection A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | d Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | (do box | not cl | (C Pos heck i ss per | C) itior ^{more} rson i | | one 1 an | (D) Reportable compensation | (E) Reportable compensatio | | | (F) timate | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | , | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MIS 1099-NEC) | s | fr org an | other pensa om th anizat d relat anizati | e ion ed |
| (18) WILLI | AM REISACHER, MD | 0.50 | | _ | | × | | _ | | | | | | |
| | ARD MEMBER AT LARGE | 0.00 | х | | | | | | 0. | | ٥. | | | 0. |
| | TOPHER VICKERY, MD | 0.50 | v | | | | | | 0. | | | | | 0 |
| 2022-25 807 | ARD MEMBER AT LARGE | 0.00 | x | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | \square | | | |
| | | | | | | | | | | | -+ | | | |
| | | | • | | | | | | | | -+ | | | |
| | | | | | | | | | | | | | | |
| | Il om continuation sheets to Part VI | | | | | | | | 271,336. | 33,9 | 917. | | 44, | 118. 0. |
| | dd lines 1b and 1c) | | | | | | | | 271,336. | 33,9 | | | 44, | 118. |
| 2 Total nu | mber of individuals (including but n sation from the organization | | | | | | | | eceived more than \$100, | 000 of reportable | , | | | 1 |
| | | | | | | | | | | | | | Yes | No |
| | organization list any former officer | - | | • | • | | | Ŭ | | | | | | |
| | If "Yes," complete Schedule J for s | | | | | | | | | | - | 3 | | X |
| | individual listed on line 1a, is the su ted organizations greater than \$150 | | | | | | | | | | | 4 | х | |
| | person listed on line 1a receive or a | | | | | | | | | | | | | |
| | d to the organization? If "Yes." con | plete Schedule | e J f | or sı | ich i | bers | on . | | | | | 5 | | Х |
| | Idependent Contractors | | | | | | | | | | | | | |
| - | te this table for your five highest co inization. Report compensation for | - | | | | | | | the organization's tax y | | | | | |
| | (A) Name and business , 2021 L STREET, NW SUITE | | | | | | | | (B) Description of s | ervices | Co |) ompe | ;) nsatio | n |
| WASHINGTON | | 400, | | | | | | | ACCOUNTING | | | | 106, | 380. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | mber of independent contractors (i 0 of compensation from the organi | | ot lir | nitec | to to | | se lis 1 | τed | above) who received mo | bre than | | | | |

| an | t VII | | | | | | | | | F |
|---------------------------|-----------|--|------------|---------------|-------------|---------------------|-----------------------------|--------------------------|------------------|-----------------------|
| | | Check if Schedule O | conta | ains a respo | nse | or note to any line | | (B) | (C) | |
| | | | | | | | (A) Total revenue | (P) Related or exempt | Unrelated | (D) Revenue exclue |
| | | | | | | | TotalTevenue | | business revenue | from tax und |
| | 4 - | | | 4. | | | | | | sections 512 - |
| unts | | Federated campaigns . Membership dues | | | | | | | | |
| nor | | Fundraising events | | | | | | | | |
| Ā | | Related organizations | | | | | | | | |
| ila | | Government grants (cont | | | | | | | | |
| Sin | | All other contributions, gifts, | | | | | | | | |
| her | • | similar amounts not included | - | | | 10,000. | | | | |
| ð | a | Noncash contributions included in | | | 5 | | | | | |
| and Other Similar Amounts | - | | | | | | 10,000. | | | |
| | | | | | | Business Code | | | | |
| | 2 a | EDUCATION | | | | 900099 | 710,680. | 710,680. | | |
| Ø | b | MEMBERSHIP DUES | | | | 900099 | 601,145. | 601,145. | | |
| nu | с | CORPORATE DEVELOPME | INT | | | 900099 | 330,310. | 330,310. | | |
| eve | d | FELLOW EXAM FEES | | | | 900099 | 22,445. | 22,445. | | |
| Revenue | е | MAILING LIST | | | | 900099 | 3,750. | 3,750. | | |
| | f | All other program service | reve | nue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | 1,668,330. | | | |
| | 3 | Investment income (inclue | ding | dividends, ir | ntere | est, and | | | | |
| | | | | | | ····· - | 82,157. | | | 82,1 |
| | 4 | Income from investment | | | | F | 104 141 | | 0.007 | 101 2 |
| | 5 | Royalties | ······ | 1 | | | 124,141. | | 2,827. | 121,3 |
| | _ | | | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | | | | | | | | |
| | | Less: rental expenses | 6b | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss Gross amount from sales of | 5) <u></u> | (i) Securit | | (ii) Other | | | | |
| | /а | assets other than inventory | 7a | | 02. | | | | | |
| | h | Less: cost or other basis | 14 | | •=• | | | | | |
| D | 5 | and sales expenses | 7b | | Ο. | | | | | |
| | c | Gain or (loss) | 7c | 1 | 02. | | | | | |
| | | Net gain or (loss) | | | | | 102. | | | 1 |
| D | | Gross income from fundrais | | | | | | | | |
| | | including \$ | • | | | | | | | |
| | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | - | 8a | | | | | |
| | b | Less: direct expenses | | | 8b | | | | | |
| | | Net income or (loss) from | | | it <u>s</u> | | | | | |
| | 9 a | Gross income from gamir | ng ac | tivities. See | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from | | | s <u></u> | | | | | |
| - | 10 a | Gross sales of inventory, | | | | | | | | |
| | - | and allowances | | | 10a | | | | | |
| | | Less: cost of goods sold | | | 10b | | | | | |
| - | С | Net income or (loss) from | sales | s of inventoi | у | Business Code | | | | |
| | 11 - | | | | | | | | | |
| Revenue | 11 a b | | | | | | | | | |
| ven | | | | | | | | | | |
| Se | C L | All other revenue | | | | + | | | | |
| | | | | | | 1 | | 1 | | |

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

| Do r | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|-------|--|-----------------------|-------------------------------|-----------------------|---------------------------|
| 7b, - | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | 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 | 16,894. | | | |
| 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, | 252,000 | | | |
| | trustees, and key employees | 353,282. | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 244 544 | | | |
| 7 | Other salaries and wages | 344,741. | | | |
| B | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 20,383. | | | |
| Э | Other employee benefits | 37,774. | | | |
| D | Payroll taxes | 36,916. | | | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 14,872. | | | |
| | Accounting | 125,943. | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 7,877. | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 2 | Advertising and promotion | 12,728. | | | |
| 3 | Office expenses | 32,950. | | | |
| 4 | Information technology | 44,926. | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 128,783. | | | |
| 7 | Travel | 71,530. | | | |
| В | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 390,339. | | | |
|) | Interest | 628. | | | |
| I | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 18,413. | | | |
| 3 | Insurance | 16,594. | | | |
| • | 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 | FEES/SUBSCRIPTIONS | 129,902. | | | |
| b | BANK & CREDIT CARD FEES | 36,541. | | | |
| c | PAYROLL PROCESSING FEE | 2,847. | | | |
| d | | , | | | |
| | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,844,863. | | | |
| 3 | Joint costs. Complete this line only if the organization | | | | |
| | | | | 1 | |

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _______if following SOP 98-2 (ASC 958-720)

| Form 990 (| 2022) | AMERICAN | ACADEMY | OF | OTOLARYNGIC AL | LERGY | |
|------------|-------------------|--------------|------------|-------|-------------------------|--------|--|
| Part X | Balance Sheet | | | | | | |
| | Check if Schedule | O contains a | response o | or no | ote to any line in this | Part X | |
| | | | | | | | |
| | | | | | | | |

| | | Check il Schedule O contains a response or not | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|--|--------------|-----------------|---------------------------------|-----|------------------------|
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 945,240. | 2 | 1,260,568. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 25,799. | 4 | 220. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial conti | ributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied person | s (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in section | 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 160,720. | 9 | 78,848. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 98,970. | | | |
| | b | Less: accumulated depreciation | | 90,323. | 14,914. | 10c | 8,647. |
| | 11 | Investments - publicly traded securities | | | 4,543,935. | 11 | 203,279. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | · · · · · | 12 | 3,283,108. |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 6,664. | 15 | 188,790. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 5,697,272. | 16 | 5,023,460. |
| | 17 | Accounts payable and accrued expenses | | | 83,268. | 17 | 131,881. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 828,540. | 19 | 591,963. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| pili | | controlled entity or family member of any of thes | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | - | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | , | · | 32,137. | 25 | 231,163. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 943,945. | 26 | 955,007. |
| | | Organizations that follow FASB ASC 958, che | | X | , | | , |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 4,753,327. | 27 | 4,068,453. |
| 3ala | 28 | Net assets with donor restrictions | | | | 28 | , , |
| p | | Organizations that do not follow FASB ASC 9 | | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | |
| p | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| let, | 32 | Total net assets or fund balances | | | 4,753,327. | 32 | 4,068,453. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 5,697,272. | 33 | 5,023,460. |
| | | | | | , , , = . | | Form 990 (2022) |

52-1230095

Page **11**

| Form | 1990 (2022) AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 | | Pa | _{ae} 12 |
|------|---|------------|---------|------|------------------|
| | rt XI Reconciliation of Net Assets | | | | 2 |
| | 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 | 1, | 884, | 730. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | 844, | 863. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 39, | 867. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4, | 753, | 327. |
| 5 | Net unrealized gains (losses) on investments | 5 | - | 724, | 741. |
| 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 | 4, | 068, | 453. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X |
| | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | ona | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | F | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | ····· | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

Form **990** (2022)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

| i anic ci anc ci gamzanc | | |
|--------------------------|--|------------|
| | AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 |
| Organization type (che | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(⁶) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

| (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 OKANA Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions. |

| Schedule B (| Form 990 |) (2022) |
|--------------|----------|----------|
|--------------|----------|----------|

Name of organization

Part I

(a)

No.

1

52-1230095

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$_

10,000.

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

(b)

Name, address, and ZIP + 4

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

Employer identification number

(d)

Type of contribution

X

Page 2

| ganization | Em | ployer identification number |
|---|--|--|
| ACADEMY OF OTOLARYNGIC ALLERGY | | 52-1230095 |
| Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | ACADEMY OF OTOLARYNGIC ALLERGY Noncash Property (see instructions). Use duplicate copies of Pr (b) Description of noncash property given (c) Description of noncash property given | ACADEMY OF OTOLARYINGIC ALLERGY NonCash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (b) S (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) |

Schedule B (Form 990) (2022)

| Schedule E | 3 (Form 990) (2022) | | | Page 4 |
|---------------------------|--------------------------------|--|------------------------|---|
| Name of or | rganization | | | Employer identification number |
| AMERICAN | ACADEMY OF OTOLARYNGIC ALLERGY | | | 52-1230095 |
| Part III | | a) through (e) and the following line en charitable, etc., contributions of \$1,000 or | try. For organizations | at total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| - | | (e) Transfer of gi | ft | |
| - | Transferee's name, address, | | | nsferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| - | | (e) Transfer of gi | ft | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of tra | nsferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | ft | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of tra | nsferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| - | | (e) Transfer of gi | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of tra | nsferor to transferee |
| | | | | |

| SCHEDULE C | Po | olitical Campaign a | nd Lobbying | g Activities | | OMB No. 1545-0047 |
|--|--|--|--|--|-------------------------|---|
| (Form 990) | For Org | anizations Exempt From Income | Tax Under section 5 | 601(c) and section 52 | 27 | 2022 |
| Department of the Treasury Internal Revenue Service | | if the organization is described b o to www.irs.gov/Form990 for ins | | |)-EZ. | Open to Public Inspection |
| Section 501(c)(3) org Section 501(c) (other Section 527 organization | anizations: Com than section 50 ations: Complete | Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not comp 01(c)(3)) organizations: Complete Part Part I-A only. Form 990, Part IV, line 4, or Form | olete Part I-C. arts I-A and C below. | Do not complete Parl | : I-B. | |
| Section 501(c)(3) org Section 501(c)(3) org | anizations that I anizations that I | nave filed Form 5768 (election under nave NOT filed Form 5768 (election nave NOT filed Form 5768 (election nave NOT filed Form 5768 (election) | er section 501(h)): Con n under section 501(h) | mplete Part II-A. Do n)): Complete Part II-B. | ot comple Do not c | ete Part II-B. omplete Part II-A. |
| Tax) (See separate inst | | iana: Camplete Dart III | | | | |
| Name of organization | , or (o) organizat | ions: Complete Part III. | | | Employe | er identification number |
| 5 | AMERICAN AG | CADEMY OF OTOLARYNGIC ALLE | RGY | | | 52-1230095 |
| Part I-A Comple | ete if the org | anization is exempt under | section 501(c) o | or is a section 52 | 7 orgar | nization. |
| Provide a description Political campaign a Volunteer hours for | activity expendit | | | | | |
| Part I-B Comple | ete if the oro | anization is exempt under | section 501(c)(3 | 3)_ | | |
| | | incurred by the organization under | | ·/· | \$ | |
| | | incurred by organization managers | | | •••• • | |
| | | n 4955 tax, did it file Form 4720 fo | | | | Yes No |
| 4a Was a correction m | | | | | | Yes No |
| b If "Yes," describe in | Part IV. | | 504(-) | | 04(-)(0) | |
| | | anization is exempt under | | - | |). |
| | | by the filing organization for section | | | \$ | |
| | | ization's funds contributed to othe | 0 | | ¢ | |
| • | on expenditures | . Add lines 1 and 2. Enter here and | I on Form 1120-POL, | | | |
| | | | | | | Yes No |
| made payments. Fo contributions receiv | r each organiza ed that were pro | nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide | of all section 527 poli rom the filing organiza eparate political orga | tical organizations to ation's funds. Also en nization, such as a se | which the ter the an | nount of political |
| (a) Name | | (b) Address | (c) EIN | (d) Amount paid f filing organizatio funds. If none, ente | n's co er-0 | (e) Amount of political pontributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | AMERICAN ACADEMY | | | | .230095 Page 2 |
|---|--|--|------------------------------|---|--------------------------------|
| Part II-A Complete if the org section 501(h)). | anization is exer | npt under sectio | n 501(c)(3) and filed | d Form 5768 (el | ection under |
| | tion belongs to an affi | liated group (and list i | in Part IV each affiliated g | roup member's nam | e, address, EIN, |
| | re of excess lobbying e | | - | - | |
| B Check if the filing organiza | tion checked box A ar | nd "limited control" pr | ovisions apply. | | |
| | ts on Lobbying Expe ditures" means amou | | .) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public opinion (| arassroots lobbvina) | | | |
| b Total lobbying expenditures to influ | | | | | |
| c Total lobbying expenditures (add li | | | | | |
| d Other exempt purpose expenditure | | | | | |
| e Total exempt purpose expenditures | | | | | |
| f_Lobbying nontaxable amount. Ente | er the amount from the | | | | |
| If the amount on line 1e, column (a) o | or (b) is: The lob | bying nontaxable an | nount is: | | |
| Not over \$500,000 | 20% of | the amount on line 1e | 9. | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,00 | 00 plus 15% of the ex | cess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 \$175,00 | 00 plus 10% of the ex | cess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | 000,000 \$225,00 | 00 plus 5% of the exce | ess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000, | 000. | | | |
| | | | | | |
| g Grassroots nontaxable amount (en | ter 25% of line 1f) | | ····· | | |
| h Subtract line 1g from line 1a. If zero | o or less, enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | | | L | | |
| j If there is an amount other than zer | ro on either line 1h or | line 1i, did the organiz | zation file Form 4720 | | |
| reporting section 4911 tax for this | | | | | Yes No |
| (Some organizations th | hat made a section 5 | eraging Period Unde 01(h) election do not ate instructions for l | have to complete all of | the five columns b | elow. |
| | Lobbying Expe | nditures During 4-Ye | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | | |
| | 1 | 1 | · · · | | 1 |

Schedule C (Form 990) 2022

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

| For ea | For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | |) | (b) | |
|-----------|--|------------|-----------|------|-------|
| of the | lobbying activity. | Yes | No | Amo | ount |
| | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | n 501(c)(5 |), or sec | tion | |
| | 30 ((0)(0). | | | Yes | No |
| 4 | Mare substantially all (00% as mare) dues received pendedustible by members? | | | 103 | X |
| | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | x | |
| | | | | 21 | x |
| 3 Part | Did the organization agree to carry over lobbying and political campaign activity expenditures from th III-B Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5 |) or sec | tion | Δ |
| i ait | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes." | | | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | | | |
| с | Total | | | | |
| | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | | | | |
| | expenditures next year? | | . 4 | | |
| | Taxable amount of lobbying and political expenditures. See instructions | | | | |
| Part | | | | | |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| | HEDULE D | Supplementa | | | | ON | | 047 |
|-------|--|--|---------------------------|------------------------|---------------|----------------|---------------------------|--------|
| (Forn | (Form 990) 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | ZUZZ | / _ |
| | | | | | | | Open to Pub Inspection | olic |
| | Revenue Service | | of the functions and | the latest informatio | | nployer ident | • | mbor |
| Name | e or the organizat | AMERICAN ACADEMY OF OTOLARY | NGIC ALLERGY | | -" | | 230095 | inder |
| Par | t I Organiz | ations Maintaining Donor Advised | Funds or Other | Similar Funds o | r Accou | nts. Comp | lete if the | |
| | | on answered "Yes" on Form 990, Part IV, line | | | | | | |
| | | | (a) Donor advi | sed funds | (b) Fu | nds and othe | er accounts | |
| 1 | Total number at e | nd of year | | | | | | |
| 2 | | of contributions to (during year) | | | | | | |
| 3 | | of grants from (during year) | | | | | | |
| 4 | | it end of year | | | | | | |
| 5 | | on inform all donors and donor advisors in w | vriting that the assets I | neld in donor advised | funds | | | |
| | - | on's property, subject to the organization's e | - | | | | Yes | No |
| 6 | | on inform all grantees, donors, and donor ac | | | | | | |
| | | poses and not for the benefit of the donor or | | | | | | |
| | impermissible priv | vate benefit? | | | | | Yes | No |
| Par | t II Conserv | ration Easements. Complete if the org | anization answered "Y | es" on Form 990, Pa | rt IV, line 7 | 7. | | |
| 1 | | servation easements held by the organizatio | | | | | | |
| | Preservation | n of land for public use (for example, recreat | ion or education) | Preservation of a | historicall | y important la | and area | |
| | Protection of | of natural habitat | | Preservation of a | certified h | istoric struct | ure | |
| | Preservation | n of open space | | | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualifi | ed conservation contri | bution in the form of | a conserv | ation easeme | ent on the las | st |
| | day of the tax yea | r. | | | | Held at the | End of the Ta | k Year |
| а | Total number of c | onservation easements | | | 2a | | | |
| b | | | | | | | | |
| с | Number of conser | vation easements on a certified historic stru | cture included in (a) | | 2c | | | |
| d | Number of conser | vation easements included in (c) acquired a | fter July 25,2006, and | not on a | | | | |
| | historic structure | listed in the National Register | | | 2d | | | |
| 3 | | vation easements modified, transferred, rele | | | | n during the t | ax | |
| | year | | | | | | | |
| 4 | Number of states | where property subject to conservation ease | ement is located | | | | | |
| 5 | Does the organiza | tion have a written policy regarding the peri | odic monitoring, inspe | ction, handling of | | | | |
| | violations, and en | forcement of the conservation easements it | holds? | | | | Yes | No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, h | nandling of violations, | and enforcing conser | vation eas | ements durin | ng the year | |
| | | | | | | | | |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, handl | ing of violations, and e | enforcing conservatio | n easeme | nts during the | e year | |
| | | | | | | | | |
| 8 | Does each conser | vation easement reported on line 2(d) above | e satisfy the requireme | nts of section 170(h)(| 4)(B)(i) | | | _ |
| | and section 170(h | | | | | | Yes | _ No |
| 9 | In Part XIII, descri | be how the organization reports conservatio | n easements in its rev | enue and expense st | atement a | nd | | |
| | balance sheet, an | d include, if applicable, the text of the footne | ote to the organization | 's financial statement | ts that des | scribes the | | |
| Der | | counting for conservation easements. | | | o v Oineil | A a a a ta | | |
| Par | _ | ations Maintaining Collections of | | easures, or Othe | er Simila | ar Assets. | | |
| | Complete | f the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | • | elected, as permitted under FASB ASC 958 | • | | | | | |
| | | easures, or other similar assets held for pub | | | nerance of | public | | |
| | | Part XIII the text of the footnote to its finan | | | | | | |
| b | - | elected, as permitted under FASB ASC 958 | | | | | | |
| | | sures, or other similar assets held for public | exhibition, education, | or research in further | ance of p | ublic service, | | |
| | - | ing amounts relating to these items: | | | | | | |
| | (i) Revenue inclu | ided on Form 990, Part VIII, line 1 | | | | \$ | | |
| | . , | | | | | \$ | | |
| 2 | If the organization | received or held works of art, historical trea | sures, or other similar | assets for financial g | ain, provid | le | | |

| ~ | | 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 | \$_ |
| | b Assets included in Form 990, Part X | \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Configurations accurations accuration, accuration, accurate accurate any of the following that make significant use of its a Debits exhibition d Loan or exchange program b Scholarly research e Other c Previde a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII. Solumg the yar, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. Solumg the yar, did the organization solections and explain how they further the organization's exempt purpose in Part XIII. No Part IV Escrow and Custoclial Arrangements. Complete if the organization answered "Yes" on Form 900, Part XI. No 1a Is the organization angent, trustee. custoclian or other intermediaty for contributions or other assets not included on form 900, Part XI. No No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 14 c Enginning balance 14 14 14 14 c Enginning balance 16 16 17 17 Yes No Part V Endowment Funds. Compiter If the organization answered "Yes" on Form 900, Part | Sche | | ADEMY OF OTOLARY | | | | | | 52-123 | | Pa | ige 2 |
|---|------|---|-------------------------------|----------------|--------------|---|-------------|---------------------|--------------|-----------|---------|--------------|
| collection lame (check all that apply): Collection lame (check all that apply): Scholarly research Collection lame Collection lame | Par | t III Organizations Maintaining C | ollections of Art, | Histo | rical Tre | easures, or | r Other | Similar | Assets | (continu | ued) | |
| a Public exhibition d Cano or exchange program b Scholary research e Otter | 3 | Using the organization's acquisition, accession | on, and other records, | check a | any of the f | following that | make sig | gnificant u | ise of its | | | |
| b Scholarly research e Other c Preview additor for future generations's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, dd the organization solicit or receive donations of art, historical ressures, or other similar assets to be wold to raise funds rainfaired as part of the organization's collection? Yee No Part V Escrow and Custodial Arrangements. Complete if the organization solection? Yee No b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e c Beginning balance 1e 1e 1e 1e d Additions during the year 1e | | collection items (check all that apply): | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, cutodial arrangements. Compute if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent, trustee, cutodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 Determine the arrangement in Part XIII and complete the following table: 1 Determine the arrangement in Part XIII and complete the following table: 2 Deving the year | а | Public exhibition | d | L | oan or exc | hange progra | am | | | | | |
| Provide a description of the organization's collections and explain how they furthe the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donalitions of at, historical treasures, or other similar assets to be add to raise funds rather than to be manitable as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2, Is the organization angenet. In Part XIII and complete the tollowing table: Candidinos during the year Eding balance Beginning balance Beginning balance Bit "types," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Board but erganization include an amount on Form 990, Part X, line 21. Dist thustors Bit "types," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Board but erganization include an amount on Form 990, Part X, line 21. Distributions Bit "types," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Board but erganization and provides on Part XIII Board but erganization and prove the explanation has been provided on Part XIII Board but erganization and prove the second trans wered "Yes" on Form 900, Part X, line 21. Distributions Board designated or quasi-additive expenses Board designated percentages on lines 28, 29, and 22 should equal 100%. Second but the organization answered "Yes" on Form 900, Part X, line 10. Dure table designated or quasi-endowment _9% Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: Orther expenditures for fact | b | Scholarly research | е | o | ther | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It Amount It It Amount It It Amount It It <td>с</td> <td>Preservation for future generations</td> <td></td> | с | Preservation for future generations | | | | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It Amount It It Amount It It Amount It It <td>4</td> <td>Provide a description of the organization's co</td> <td>llections and explain</td> <td>how the</td> <td>y further th</td> <td>ne organizatio</td> <td>n's exem</td> <td>pt purpos</td> <td>se in Part</td> <td>XIII.</td> <td></td> <td></td> | 4 | Provide a description of the organization's co | llections and explain | how the | y further th | ne organizatio | n's exem | pt purpos | se in Part | XIII. | | |
| to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No Part IV Excorve and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The second and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. The second part of the organization and the part XIII and complete the following table: Amount Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount To | 5 | | | | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X will and complete the following table: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 | | | | | | | | | | Yes | | No |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete Compl | Par | | | | | | | | , Part IV, I | ine 9, or | | |
| on Form 990, Part X2 | | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1a f Ending balance 1g 2a Distributions during the year 1g f Ending balance 1g 2a Distributions during the year 1g b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the company the year is a part of the organization answered "Yes" on Form 990, Part IV, line 10. Fat W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back a Grants or scholarships (a) Current year (b) Prior year a for thivestment earnings, gains, and losses (e) Two years back (e) Four years back a Grants or scholarships (b) Current year end balance | 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for co | ontribution | s or other ass | sets not ir | ncluded | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1a f Ending balance 1g 2a Distributions during the year 1g f Ending balance 1g 2a Distributions during the year 1g b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the company the year is a part of the organization answered "Yes" on Form 990, Part IV, line 10. Fat W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back a Grants or scholarships (a) Current year (b) Prior year a for thivestment earnings, gains, and losses (e) Two years back (e) Four years back a Grants or scholarships (b) Current year end balance | | on Form 990, Part X? | | | | | | | 🗆 | Yes | | No |
| c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b If 'yes' explain the arrangement in Part XIII. Check here organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 1b Gordines for facilities (b) Prior year (c) Two years back (e) Four years back 1b Grants or scholarships (c) Two years back (e) Four years back (e) Four years back 1c Administrative expenses (c) Two years back (e) Four years back (e) Four years back 1c Are designated or quasi-endowmen | b | | | | | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1a 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 9 End of year balance (b) Prior year (c) Two years back (e) Four years back 9 End of year balance (c) Two years back (e) Four years back 9 End of year balance (c) Two years back (e) Four years 9 End of year balance (c) Two years back (e) Four years 9 End of year balance (f) Administrative expendent (f) Administrative expendent (f) Ad | | | | | | | | | | Amount | | |
| d Additions during the year 1d e Distributions during the year 1a 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 9 End of year balance (b) Prior year (c) Two years back (e) Four years back 9 End of year balance (c) Two years back (e) Four years back 9 End of year balance (c) Two years back (e) Four years 9 End of year balance (c) Two years back (e) Four years 9 End of year balance (f) Administrative expendent (f) Administrative expendent (f) Ad | с | Beginning balance | | | | | | 1c | | | | |
| e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the provided part XIII into 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: the provided part XIII into 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and rowent the earnings, gains, and losses image: the provide the stimate for scholarships image: the provide the stimate for scholarships image: the provide the stimate for scholarships e Other expenditures for facilities image: the provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: aboard designated or quasiendowment % f Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: aboard designated or quasiendowment % f Permane endowment % for the readowment funds. Yes No gaint jmade: provide the estimated | d | | | | | | | | | | | |
| f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ft "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Image: State | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII (e) Four years back fe four years back fe four years back fe four years back fe four years back < | f | | | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Control year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Two years back (d) Two years back e Other expenditures for facilities (c) Two years back (d) Two years back (d) Two years back g End of year balance (c) Two years back (d) Two years back (d) Two years back g Portod year balance (c) Two years back (d) Two years back (d) Two years back g End Organization (f) Two years back (f) Two years back (f) Two years back g Ford organization (f) Two years back (f) Two years b | 2a | | | | | | | y? | | Yes | | No |
| 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Nether State (c) Two years back (d) Three years back (e) Four years back c Nether State (c) Two years back (c) Two years back (e) Four years back c Nether State (c) Two years back (e) Four years back (e) Four years back c Nether State (c) Hor year state (c) Hor year state (c) Four years back (e) Four years back c Ferm endowment % % % % % | b | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | lanation | has been | provided on I | Part XIII | | | | |] |
| 1a Beginning of year balance | Par | t V Endowment Funds. Complete in | f the organization ans | wered "` | Yes" on Fo | orm 990, Part | IV, line 1 | 0. | | | | |
| b Contributions | | | (a) Current year | (b) Pri | or year | (c) Two year | rs back 🛛 (| (d) Three y | ears back | (e) Four | years t | back |
| b Contributions | 1a | Beginning of year balance | | | | | | | | | | |
| c Net investment earnings, gains, and losses Image: Constraint of the system of t | b | | | | | | | | | | | |
| d Grants or scholarships | с | ſ | | | | | | | | | | |
| e Other expenditures for facilities and programs | d | | | | | | | | | | | |
| and programs | е | | | | | | | | | | | |
| f Administrative expenses | | - | | | | | | | | | | |
| g End of year balance | f | | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% c Term endowment% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | | | | | | | | | | | | |
| a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | | | ent vear end balance | (line 1a. | column (a |)) held as: | | | | | | |
| b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization are the related organization's endowment funds. 24 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (e) Easehold improvements (c) Leasehold improvements (c) Accumulated (d) Equipment (e) Other (f) Houst equal Form 990, Part X, column (B), line 10c, lin | a | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Inrelated organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Equipment (d) Equipment (e) Other (f) must equal Form 990, Part X, column (B), line 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, | b | | | _, _ | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (iv) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (f) Book value (g) (g) (g) (g) (g) (g) (g) (g) (g) (g) | c | | /· - % | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings | - | | - | | | | | | | | | |
| organization by: Yes No (i) Unrelated organizations 3a(i) | 3a | | | ion that | are held ar | nd administer | ed for the | 2 | | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 c Leasehold improvements 98,970. d Equipment 98,970. e Other 90,323. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,647. | 04 | | solori or the organizati | | | | | | | <u>٦</u> | Yes | No |
| (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land | | 5 , | | | | | | | | 3a(i) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 98,970. 90,323. 8,647. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 98,970. d Equipment 98,970. 90, 323. 8,647. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,647. | b | | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land b Buildings (d) Book value c Leasehold improvements 98,970. 90,323. d Equipment 98,970. 90,323. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 8,647. | 4 | | | | | | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | Par | | 0 | | 100. | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | | | | Part IV, | line 11a. S | See Form 990 | , Part X, I | ine 10. | | | | |
| basis (investment) basis (other) depreciation 1a Land | | Description of property | (a) Cost or oth | her | (b) Cost | or other | (c) Ac | cumulate | bd | (d) Book | value | <u>,</u> |
| b Buildings | | | | | ., | | • • | | | (4) 2001 | value | |
| b Buildings | 1a | Land | | | | . , | | | | | | |
| c Leasehold improvements Image: Constraint of the constraint of | | | | | | | | | | | | |
| d Equipment 98,970. 90,323. 8,647. e Other 70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 8,647. | | | | | | | | | | | | |
| e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,647. | | | | | | 98,970, | | 90 | 323. | | 8 6 | 547. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | , | | | - | | , | |
| | | | | colum | (B) line 1 | 0c) | | | | | 8.6 | 547. |
| | | | <u>quari unii 330, Fail X</u> | COULTIE | ן שווו גערי | <u>vo</u> ,/ | | | | D (Form | | |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| 2) Closely held equity interests | | |
| 3) Other | | |
| (A) SHORT-TERM INVEST-GR ADM | 349,727. | COST |
| (B) TOT INTL BOND LX ADMIRAL | 367,722. | COST |
| (C) TOT INTL STOCK IX ADMIRAL | 808,382. | COST |
| (D) TOTAL BOND MKT INDEX ADM | 441,614. | COST |
| (E) TOTAL STOCK MKT IDX INST | 1,315,663. | COST |
| (F) | | |
| (G) | | |
| (H) | | |
| Total (Col. (b) must equal Form 990 Part X, col. (B) line 12.) | 3,283,108. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (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.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY 231,163. (2) (3) (4) (5) (6) (7)(8) (9) 231,163.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

| Sche | AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 | Page 4 |
|------|---|------------|------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,152,112. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a741. | | |
| b | Donated services and use of facilities 2b | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) 2d | | |
| е | Add lines 2a through 2d | 2e | -724,741. |
| 3 | Subtract line 2e from line 1 | 3 | 1,876,853. |
| 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 | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 7,877. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,884,730. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,836,986. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses 2c | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 1,836,986. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,877. | | |
| b | Other (Describe in Part XIII.) 4b | | |
| С | Add lines 4a and 4b | 4c | 7,877. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,844,863. |
| Pa | rt XIII Supplemental Information. | | |

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

PART X, LINE 2:

THE ACADEMY IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT

ACTIVITIES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE.

MANAGEMENT HAS CONCLUDED THAT THE ACADEMY AND THE FOUNDATION HAVE

MAINTAINED THEIR EXEMPT STATUS AND THAT THERE ARE NO MATERIAL UNCERTAIN

TAX POSITIONS AS OF DECEMBER 31, 2022.

| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | |
|--|--|-------------------------------|------------------------------------|-------------------------------------|--|---|---------------------------------------|---------------------------------------|
| Department of the Treasury Internal Revenue Service | | | Go to www.irs | Attach to Forn s.gov/Form990 for | | ation. | | Open to Public Inspection |
| Name of the organizati | on | | - | 5 | | | | Employer identification number |
| Part I General In | AMERICAN ACADI | | NGIC ALLERGY | | | | | 52-1230095 |
| 1 Does the organiz criteria used to a | nformation on Grants and zation maintain records t ward the grants or assist IV the organization's pro- | o substantiate the stance? | | | | • | | |
| | d Other Assistance to I hat received more than \$ | - | | | | anization answered "Y | ′es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and ad | Idress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash 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

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

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

Schedule I (Form 990) 2022

Page 2

Part III 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.

| (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 |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| TRAVEL GRANT | 1 | 225. | 0. | | |
| | | | | | |
| HONORARIUM | 17 | 16,565. | 0. | | |
| | | | | | |
| STIPEND | 1 | 104. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AAOA REQUIRES PROGRESS REPORTS ANNUALLY ON ANY RESEARCH IT FUNDS. AT THE

COMPLETION OF THE RESEARCH PROJECT, INVESTIGATORS ARE REQUIRED TO PRESENT

THEIR FINDINGS AND SUBMIT A PAPER FOR PUBLICATION.

| sc | CHEDULE J Compensation Information | | | | | | 47 | |
|------|------------------------------------|---|-----------|-------------|-----------|------------|--------|--|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highes | | , | 20 | 22 |) | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line | 23. | | 20 | _ _ | - | |
| Depa | tment of the Treasury | Attach to Form 990. | | 0 | pen to | | ic | |
| - | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information | 1 | lavan idand | | ection | | |
| Nan | e of the organizatior | | Emp | loyer ident | | on nu | nber | |
| Da | rt I Question | AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY S Regarding Compensation | | 52-1230 | 095 | | | |
| 10 | | s negariting compensation | | | | Vee | No | |
| 10 | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on F | orm 000 | | | Yes | No | |
| Id | | line 1a. Complete Part III to provide any relevant information regarding these items. | Jiii 990, | | | | | |
| | First-class or c | | ersonalus | ē | | | | |
| | Travel for com | ° | | | | | | |
| | | ation and gross-up payments I Health or social club dues or initiation | | | | | | |
| | | pending account | | ef) | | | | |
| | | | , | 1 | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| | reimbursement or p | rovision of all of the expenses described above? If "No," complete Part III to explain | | | 1b | | | |
| 2 | | require substantiation prior to reimbursing or allowing expenses incurred by all director | | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | | 2 | | | |
| | | | | | | | | |
| 3 | Indicate which, if an | y, of the following the organization used to establish the compensation of the organizat | on's | | | | | |
| | CEO/Executive Dire | ctor. Check all that apply. Do not check any boxes for methods used by a related organ | zation to | | | | | |
| | establish compensa | tion of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | Compensation | committee Written employment contract | | | | | | |
| | Independent c | ompensation consultant Compensation survey or study | | | | | | |
| | Form 990 of of | her organizations | on commit | ttee | | | | |
| | | | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | |
| | organization or a re | | | | | | v | |
| | | e payment or change-of-control payment? | | | 4a | | X X | |
| b | • | eive payment from a supplemental nonqualified retirement plan? | | | 4b | | X | |
| С | • | eive payment from an equity-based compensation arrangement? | | | <u>4c</u> | | | |
| | If "Yes" to any of lin | es 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 | | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen | sation | | | | | |
| 5 | contingent on the re | | | | | | | |
| а | • | | | | 5a | | | |
| b | Any related organiz | ation? | | | 5b | | | |
| | | r 5b, describe in Part III. | | | | | | |
| 6 | For persons listed o | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen | ation | | | | | |
| | contingent on the n | et earnings of: | | | | | | |
| а | a The organization? | | | | | | | |
| | b Any related organization? | | | | | | | |
| | If "Yes" on line 6a c | r 6b, describe in Part III. | | | | | | |
| 7 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym | ents | | | | | |
| | not described on lin | es 5 and 6? If "Yes," describe in Part III | | | 7 | | | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III \dots | | | 8 | | | |
| 9 | If "Yes" on line 8, di | d the organization also follow the rebuttable presumption procedure described in | | | | | | |
| | Regulations section | | | | 9 | | | |
| LHA | For Paperwork Re | eduction Act Notice, see the Instructions for Form 990. | 1 | Schedule . | J (Forr | n 990 |) 2022 | |

Schedule J (Form 990) 2022

52-1230095

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------------|-------------|--------------------------|---|--|--------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JAMI LUCAS | (i) | 271,336. | 0. | 0. | 24,400. | 18,293. | 314,029. | 0 |
| AAOA/FOUNDATION ED & CEO | (ii) | 33,917. | 0. | 0. | 3,050. | 2,287. | 39,254. | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | <u>(ii)</u> | | | | | | | |
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| | (ii) (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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



Employer identification number 52–1230095

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S VOTING MEMBERS INCLUDE FELLOW AND ASSOCIATE MEMBERS.

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE BOARD OF DIRECTORS AND AUDIT COMMITTEE AT THE ANNUAL

MEETING.

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

THE ORGANIZATION'S REVIEW OF TAX FORMS IS EXTENSIVE FOR THE FORM 990. A TAX

PROFESSIONAL (A CPA) FROM THE OUTSOURCED ACCOUNTING SERVICES CONSULTANTS

PREPARES A DRAFT OF THE FORM. ANY CHANGES OR CONCERNS ARE BROUGHT TO THE

ATTENTION OF MANAGEMENT AND NECESSARY MODIFICATIONS ARE MADE PRIOR TO

SUBMISSION. THE FINAL 990 IS CIRCULATED ELECTRONICALLY TO THE ELECTED

LEADERSHIP PRIOR TO FILING.

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

BOTH IN WRITING AND VERBALLY AT ANY BOARD OF DIRECTORS MEETINGS, ALL

CONFLICTS OF INTEREST MUST BE DISCLOSED AND NOTED IF AN ISSUE ARISES.

WHEREIN THERE IS PERCEIVED CONFLICT, THAT DIRECTOR REFRAINS FROM VOTING ON

THE MATTER AT HAND.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO IS ESTABLISHED VIA WRITTEN

CONTRACT WHICH IS SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

| lame of the organization | Employer identification number |
|---|--------------------------------|
| AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | 52-1230095 |
| | |
| HE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | |
| | |
| | |

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS REMAINED UNCHANGED FROM PRIOR YEARS.

| SCH | EDULE R | |
|-----|---------|--|
| | | |

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

52-1230095

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

Name of the organization

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | 3) o12(b)(13) olled ity? |
|---|--------------------------------|---|-------------------------------|---|--|-------|--|
| | | | | 501(c)(3)) | | Yes | No |
| AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY | | | | | AMERICAN ACADEMY | | |
| FOUNDATION, INC 22-2480270, 11130 SUNRISE | | | | | OF OTOLARYNGIC | | |
| VALLEY DRIVE SUITE 100, RESTON, VA 20191 | RESEARCH GRANT MAKING | VIRGINIA | 501(C)(3) | LINE 12A, I | ALLERGY | х | |
| | - | | | | | | |
| | | | | | | | |
| | - | | | | | | |

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | | , year | | | | | | | | | |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-------------------|----------------------|---------------------------------|-----------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disprop alloca | ortionate itions? | amount in box 20 of Schedule | manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | lo |
| ARS-AAOA JOURNAL VENTURE LLC | | | | | | | | | | | |
| - 45-2980010, 11130 SUNRISE | | | | | | | | | | | |
| VALLEY DRIVE, # 100, RESTON, | JOURNAL | | | | | | | | | | |
| VA 20191 | PUBLISHING | DE | AAOA | EXCLUDED | 58,966. | 0. | | x | 2,827. | x | 50.00% |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i Sec 512(t contr ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|-------------------------------------|---|--|---|---------------------------------------|------------------------------------|---|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No | | | |
|--|---|---------|-----|----|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | 165 | NU | | | |
| ' | | 10 | | x | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X | | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | X | | | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | | | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X | | | |
| е | Loans or loan guarantees by related organization(s) | 1e | | X | | | |
| | | | | | | | |
| f | Dividends from related organization(s) | 1f | | X | | | |
| g | Sale of assets to related organization(s) | 1g | | X | | | |
| h | Purchase of assets from related organization(s) | 1h | | X | | | |
| i | Exchange of assets with related organization(s) | 1i | | X | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | Х | | | |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | Х | | | |
| Т | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х | | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Х | | | | |
| | Sharing of paid employees with related organization(s) | 10 | Х | | | | |
| | | | | | | | |
| a | Reimbursement paid to related organization(s) for expenses | 1p | х | | | | |
| a | Reimbursement paid by related organization(s) for expenses | 1q | Х | | | | |
| 4 | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | х | | | | |
| | Other transfer of cash or property from related organization(s) | " 1s | | x | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | | | | |
| | | | | | | | |

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------|-------------------------------------|---|-------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| <u>(3)</u> | | | | |
| <u>(4)</u> | | | | |
| <u>(5)</u> | | | | |
| _(6) | | | | |

Schedule R (Form 990) 2022 AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (0) | <u> </u> | C | (d) | 1- | | (f) | (a) | | • | (1) | (i) | (14) | |
|-------------------------------------|------------------|-------------------------------------|--|--|-----------------|----------------|------------------------|-----|---------------|--|----------|------|--|
| (a) | (b) | (c) | (d) | (e Are partners 501(c orgs | all | (f) | (g) Share of | | ר) החסיי- | (i) Code V UBI | (j) | (k) | |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partner: 501(c | s sec. ;)(3) | Share of total | end-of-year | tio | opor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | | |
| of entity | | country) | excluded from tax under | orgs | | income | assets | | tions? | of Schedule K-1 | partner? | | |
| | | country) | sections 512-514) | Yes | No | Income | asseis | Yes | No | (Form 1065) | Yes No | · | |
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Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 AMERIC Part VII Supplemental Information AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY 52-1230095 Page 5 Provide additional information for responses to questions on Schedule R. See instructions.