

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2012 calendar year, or tax year beginning JUN 1, 2012 and ending MAY 31, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b>  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 S. RIVERSIDE PLAZA 2000</b>  City, town, or post office, state, and ZIP code <b>CHICAGO, IL 60606</b>  <b>F Name and address of principal officer: PATRICIA BABJAK</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b>  <b>36-6150906</b>  <b>E Telephone number</b> <b>312-899-4730</b>  <b>G Gross receipts \$</b> <b>7,264,191.</b>  <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.EATRIGHT.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1966</b> <b>M State of legal domicile:</b> <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE PUBLIC HEALTH AND NUTRITION UTILIZING THE EXPERTISE OF REGISTERED DIETITANS.</b>  <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>12</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>11</b></span> <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>0</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>25</b></span> <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>3,378,984.</b> <span style="float:right"><b>Prior Year</b></span> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <span style="float:right"><b>Current Year</b></span> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>289,915.</b> <span style="float:right"><b>566,755.</b></span> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-6,144.</b> <span style="float:right"><b>-2,298.</b></span> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>3,662,755.</b> <span style="float:right"><b>4,089,911.</b></span>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>759,633.</b> <span style="float:right"><b>1,401,929.</b></span> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>674,895.</b> <span style="float:right"><b>708,122.</b></span> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>345,964.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,567,737.</b> <span style="float:right"><b>1,919,993.</b></span> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,002,265.</b> <span style="float:right"><b>4,030,044.</b></span> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>660,490.</b> <span style="float:right"><b>59,867.</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>18,485,308.</b> <span style="float:right"><b>Beginning of Current Year</b></span> <b>21</b> Total liabilities (Part X, line 26) ..... <b>70,000.</b> <span style="float:right"><b>End of Year</b></span> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>18,415,308.</b> <span style="float:right"><b>20,294,548.</b></span> <span style="float:right"><b>40,292.</b></span> <span style="float:right"><b>20,254,256.</b></span>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>PATRICIA BABJAK, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LU ANN TRAPP</b>	Preparer's signature <b>LU ANN TRAPP</b>	Date <b>02/25/14</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01506476</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN ▶ <b>38-1357951</b>		
	Firm's address ▶ <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b> <b>CHICAGO, IL 60606</b>		Phone no. <b>(312) 207-1040</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ADVANCE PUBLIC HEALTH AND NUTRITION UTILIZING THE EXPERTISE OF REGISTERED DIETITIANS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,029,399. including grants of \$ 1,401,929. ) (Revenue \$ ) THE ACADEMY OF NUTRITION AND DIETETICS FOUNDATION IS THE ONLY CHARITABLE ORGANIZATION DEVOTED EXCLUSIVELY TO NUTRITION AND DIETETICS. THE FOUNDATION'S VISION IS, WE ALL EAT RIGHT. FOCUSING IN FOUR KEY INTIATIVES; SCHOLARSHIPS, AWARDS, FOOD AND NUTRITION RESEARCH AND PUBLIC EDUCATION RELATED TO KIDS EAT RIGHT.

SCHOLARSHIPS THE FOUNDATION SERVES AS THE LARGEST PROVIDER OF DIETETICS SCHOLARSHIPS TO ASSIST DIETETICS STUDENTS AT ALL LEVELS AS THEY PURSUE THEIR GOAL OF A CAREER IN FOOD AND NUTRITION. OVER THE LAST FIVE YEARS, MORE THAN A MILLION DOLLARS HAS BEEN AWARDED AND THIS PAST YEAR ALONE, NEARLY 247 STUDENTS RECEIVED SCHOLARSHIPS TOTALING MORE THAN \$500,000.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,029,399.

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form **990** (2012)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....	11	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
<b>6</b>	Did the organization have members or stockholders? .....	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b>	Did the organization have a written whistleblower policy? .....	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b>	Other officers or key employees of the organization .....	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► IL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
PAUL MIFSUD - 312-899-4730  
120 S RIVERSIDE PLAZA, SUITE 2000, CHICAGO, IL 60606

**ACADEMY OF NUTRITION AND DIETETICS  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE W. HELLER, MMSC, RD, LD CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(2) BARBARA J. IVENS, MS, RD, FADA IMMEDIATE PAST-CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(3) MARY K. RUSSELL, MS, RD, LDN TREASURER	1.00	X		X				0.	0.	0.
(4) KATHLEEN W. MCCLUSKY MS, RD, FA SECRETARY	1.00	X		X				0.	0.	0.
(5) TERRI J. RAYMOND, MA, RD, CD DIRECTORS-AT-LARGE	1.00	X						0.	0.	0.
(6) JOYCE ANN GILBERT, PHD, RD, LD DIRECTORS-AT-LARGE	1.00	X						0.	0.	0.
(7) DENNIS BIER, MD PUBLIC MEMBER	1.00	X						0.	0.	0.
(8) ROBERT MURRAY, MD PUBLIC MEMBER	1.00	X						0.	0.	0.
(9) MARY CHRIST ERWIN PUBLIC MEMBER	1.00	X						0.	0.	0.
(10) LAURA A. ROMIG, RD, LD YOUNG MEMBER	1.00	X						0.	0.	0.
(11) PAT BABJAK ADA CHIEF EXECUTIVE OFFICER	8.00 32.00			X				0.	344,469.	59,915.
(12) MARY BETH WHALEN EXECUTIVE DIRECTOR	22.00 18.00			X				109,187.	89,335.	32,614.
(13) PAUL MIFSUD CFO	8.00 32.00			X				0.	211,708.	34,345.
(14) SUSAN BURNS DIRECTOR OF MAJOR GIFTS	40.00					X		117,805.	0.	12,337.
(15) KATHRYN BROWN NATIONAL SENIOR DIRECTOR, NUTRITION	40.00					X		120,534.	0.	24,449.





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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b> 470,235.				
	<b>c</b> Fundraising events .....	<b>1c</b> 36,475.				
	<b>d</b> Related organizations .....	<b>1d</b> 343,410.				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,675,334.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f .....		3,525,454.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		408,187.		408,187.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		3,063,657.		
		<b>c</b> Gain or (loss) .....		158,568.		
	<b>d</b> Net gain or (loss) .....		158,568.	158,568.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 36,475. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 108,325.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 110,623.			
<b>c</b> Net income or (loss) from fundraising events .....			-2,298.		-2,298.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....		4,089,911.	158,568.	0.	405,889.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	770,605.	770,605.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	605,824.	605,824.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	25,500.	25,500.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	109,186.	65,512.	21,837.	21,837.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	446,816.	268,090.	89,363.	89,363.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	141,471.	84,883.	28,294.	28,294.
<b>10</b> Payroll taxes	10,649.	6,389.	2,130.	2,130.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,284.		3,284.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	96,919.		96,919.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,219,565.	993,945.	182,935.	42,685.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	53,853.	10,232.	31,235.	12,386.
<b>14</b> Information technology	31,149.		31,149.	
<b>15</b> Royalties				
<b>16</b> Occupancy	86,160.	16,370.	49,973.	19,817.
<b>17</b> Travel	119,542.	73,638.	26,419.	19,485.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	164,224.	19,707.	55,836.	88,681.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	17,758.	3,374.	10,300.	4,084.
<b>23</b> Insurance	17,775.		17,775.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PRINTING AND PUBLICATIO</u>	28,261.	15,261.	6,500.	6,500.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	81,503.	70,069.	732.	10,702.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,030,044.	3,029,399.	654,681.	345,964.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,169,481.	<b>1</b>	2,725,002.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	217,371.	<b>3</b>	132,308.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	8,021.	<b>9</b>	3,920.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	93,845.			
	<b>b</b> Less: accumulated depreciation .....	35,180.			
	<b>11</b> Investments - publicly traded securities .....	66,813.	<b>10c</b>	58,665.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,285,781.	<b>11</b>	16,599,999.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	737,841.	<b>14</b>	774,654.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	18,485,308.	<b>15</b>	20,294,548.		
<b>17</b> Accounts payable and accrued expenses .....	70,000.	<b>16</b>	40,292.		
<b>18</b> Grants payable .....		<b>17</b>			
<b>19</b> Deferred revenue .....		<b>18</b>			
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>			
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>			
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>			
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	70,000.	<b>25</b>	40,292.		
<b>27</b> Unrestricted net assets .....		<b>26</b>			
<b>28</b> Temporarily restricted net assets .....	4,610,354.		5,192,771.		
<b>29</b> Permanently restricted net assets .....	6,083,283.	<b>27</b>	7,238,847.		
<b>30</b> Capital stock or trust principal, or current funds .....	7,721,671.	<b>28</b>	7,822,638.		
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>			
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>			
<b>33</b> Total net assets or fund balances .....	18,415,308.	<b>31</b>	20,254,256.		
<b>34</b> Total liabilities and net assets/fund balances .....	18,485,308.	<b>32</b>	20,294,548.		

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,089,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,030,044.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,415,308.
5	Net unrealized gains (losses) on investments	5	1,779,081.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,254,256.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2011 Schedule A, Part II, line 14 ..... **15** %

**16a 33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**b 33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**17a 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

**b 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶

ACADEMY OF NUTRITION AND DIETETICS

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2678236.	4223058.	3448344.	3378984.	3525454.	17254076.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	541,432.	75,500.	84,000.	96,825.	108,325.	906,082.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3219668.	4298558.	3532344.	3475809.	3633779.	18160158.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	85,025.	8,584.	148,069.	19,686.	63,620.	324,984.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	85,025.	8,584.	148,069.	19,686.	63,620.	324,984.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						17835174.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....	3219668.	4298558.	3532344.	3475809.	3633779.	18160158.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	392,248.	448,582.	439,538.	395,480.	408,187.	2084035.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	392,248.	448,582.	439,538.	395,480.	408,187.	2084035.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	5,000.					5,000.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	3616916.	4747140.	3971882.	3871289.	4041966.	20249193.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	88.08	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	87.38	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	10.29	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	10.98	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

Employer identification number

36-6150906

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization <b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b>	Employer identification number <b>36-6150906</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENERAL MILLS FOUNDATION NUMBER ONE GENERAL MILLS BLVD. C/O ELLEN GOLDBERG LUGER MS CC-01  MINNEAPOLIS, MN 55440	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	HEALTHY WEIGHT COMMITMENT FOUNDATION  PO BOX 34781  BETHESDA, MD 20827	\$ 572,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	ACADEMY OF NUTRITION AND DIETETICS  120 SOUTH RIVERSIDE PLAZA, SUITE 2000  CHICAGO, IL 60606	\$ 343,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	CONAGRA INC  ONE CONAGRA DR  OMAHA, NE 68102	\$ 294,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	METLIFE FOUNDATION 1095 AVENUE OF THE AMERICAS, 40TH FLOOR  NEW YORK, NY 10036	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	NATIONAL DAIRY COUNCIL  10255 W HIGGINS ROAD SUITE 900  ROSEMONT, IL 60018	\$ 172,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization <b>ACADEMY OF NUTRITION AND DIETETICS                  FOUNDATION</b>	Employer identification number <b>36-6150906</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KELLOGG CO ONE KELLOGG SQUARE BATTLE CREEK, MI 49017	\$ 146,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COCA-COLA USA P.O. DRAWER 1734 ATLANTA, GA 30301	\$ 118,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	NESTLE PO BOX 9004 STUART, FL 34995	\$ 77,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	IOWA DEPT. OF EDUCATION 400 E. 14TH ST DES MOINES, IA 50319	\$ 76,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

**36-6150906**

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

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

Name of organization <b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b>	Employer identification number <b>36-6150906</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

Employer identification number 36-6150906

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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



**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Schedule D (Form 990) 2012

36-6150906 Page **3**

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2012

ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

Schedule D (Form 990) 2012

36-6150906 Page 4

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	5,868,992.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments .....	<b>2a</b>	1,779,081.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,779,081.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,089,911.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	4,089,911.

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	4,030,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,030,044.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	4,030,044.

**Part XIII Supplemental Information**

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

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF INDIVIDUAL**

**FUNDS ESTABLISHED TO FUND SCHOLARSHIPS, GRANTS, AND AWARDS TO DIETETICS**

**STUDENTS IN ACCREDITED EDUCATIONAL INSTITUTIONS. ITS ENDOWMENT INCLUDES**

**BOTH PERMANENT DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY**

**THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.**

**PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER**

**501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW.**

Schedule D (Form 990) 2012



**Part XIII** Supplemental Information (continued)

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF MAY 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2009.

DRAFT

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization  
**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Employer identification number  
**36-6150906**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	0	1	PROGRAM SERVICES	EDUCATIONAL RESEARCH	29,951.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	EDUCATIONAL RESEARCH	5,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL NUTRITION AWARD	25,000.
<b>3 a</b> Sub-total .....	0	2			59,951.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			59,951.

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

Schedule F (Form 990) 2012



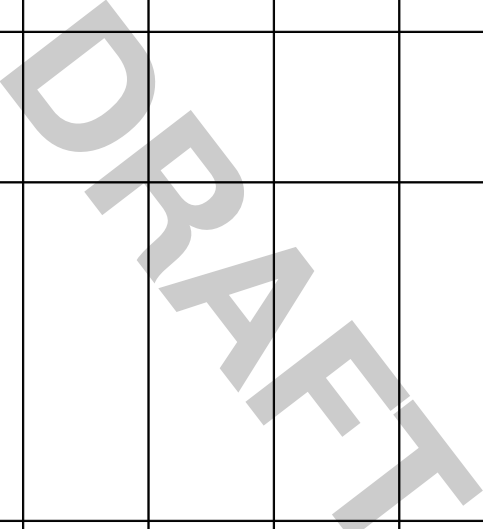
**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

36-6150906

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDNA & ROBERT LANGHOLZ INTERNATIONAL NUTRITION AWARD	SOUTH AMERICA	1	25,000	WIRE TRANSFER	0.		



ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

DRAFT

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: PAYMENTS TO INDIVIDUALS FOLLOW THE SAME  
PROCEDURES/GUIDELINES WE HAVE IN PLACE IN OUR ACCOUNTS PAYABLE - THE VP  
OR DIRECTOR WILL REQUEST PAYMENT WHEN THE PROJECT ASSIGNED IS COMPLETED.  
NO PAYMENTS ARE PROCESSED UNLESS WE HAVE APPROVAL BY THE DIRECTOR OR VP.

DRAFT



**ACADEMY OF NUTRITION AND DIETETICS**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>DINNER DANCE</b>		<b>NONE</b>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	144,800.			144,800.
	<b>2</b> Less: Contributions .....	36,475.			36,475.
	<b>3</b> Gross income (line 1 minus line 2) .....	108,325.			108,325.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	110,623.			110,623.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 110,623 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-2,298.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

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

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

OMB No. 1545-0047  
**2012**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS FOUNDATION** Employer identification number **36-6150906**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA DIETETIC ASSOCIATION P. O. BOX 12608 TALLAHASSEE, FL 32317	59-3521059	501 (C) (3)	9,000.	0.			GRASSROOTS MARKETING GRANT
UMDNJ 110 BERGEN ST NEWARK, NJ 07101	22-1775306	501 (C) (3)	10,000.	0.			COLGATE RESEARCH GRANT
UNC CENTER FOR HEALTH PROMOTION AND - 1700 MARTIN LUTHER KING JR. BLVD, ROOM 250, CB # 7426 - CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	5,000.	0.			AMY JOYE RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY 11318 BELLFLOWER RD CLEVELAND, OH 44106	34-1018992	501 (C) (3)	10,846.	0.			ABBOTT RENAL RESEARCH GRANT
MINNEAPOLIS HEART INSTITUTE FOUNDATION - 920 E. 28TH ST, SUITE 100 - MINNEAPOLIS, MN 55407	41-1426406	501 (C) (3)	20,000.	0.			DCE MNT RESEARCH GRANT
ARIZONA STATE UNIVERSITY 500 NORTH 3RD STREET PHOENIX, AZ 85004	86-0196696	501 (C) (3)	5,000.	0.			ABBOTT RENAL RESEARCH GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **60.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Schedule I (Form 990)

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	TOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	501 (C) (3)	5,000.	0.			ALLENE VADEN GRANT
	UNIV OF OK HLTH SCIENCES CTR PO BOX 26901, SCB 228 OKLAHOMA CITY, OK 73126	73-6017987	501 (C) (3)	114,084.	0.			CDR SIMULATION GRANT
	ACADEMY - RESEARCH AND STRATEGIC BUSINESS DEVELOPMENT - 120 S RIVERSIDE PLAZA STE 2000 - CHICAGO, IL 60606	36-0724760	501 (C) (3)	50,000.	0.			RESEARCH GRANT
	UNIVERSITY OF TENNESSEE 210 STUDENT SERVICES BLD. KNOXVILLE, TN 37996	62-6001636	501 (C) (3)	28,000.	0.			RESEARCH GRANT
	FRIENDS OF THE TIMBERWOLVES 1500 NORTH HILL STREET NEWARK, AR 72562	27-1393590	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
	BOOTH-FICKETT K-8 MATH & SCIENCE MAGNET SCHOOL - 450 S MONTEGO DR - TUCSON, AZ 85710	86-6000551	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
	MULCAHY YMCA AT KINO 2805 E AJO WAY TUCSON, AZ 85713	86-0101237	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
	FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
	KID HEALTHY/ONEOC 1901 E 4TH ST SUITE 100 SANTA ANA, CA 92705	95-2021700	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

Schedule I (Form 990)

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Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable					
(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
PEOPLE FOR PARKS 1330 W 12TH STREET LOS ANGELES, CA 90015	95-4219646	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
ROSA PARKS ELEMENTARY SCHOOL 4510 LANDIS ST SAN DIEGO, CA 92105	95-6002781	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
SCOTT VALLEY UNIFIED SCHOOL DISTRICT - 11918 MAIN STREET - FORT JONES, CA 96032	56-2652246	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
THINK TOGETHER 2100 E FOURTH STREET SANTA ANA, CA 92705	33-0781751	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
YOLO COUNTY DEPARTMENT OF PUBLIC HEALTH - 137 NORTH COTTONWOOD STREET - WOODLAND, CA 95695	94-6000548	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
MOUNTAIN ROOTS FOOD PROJECT 721 A GOTHIC AVE CRESTED BUTTE, CO 81224	45-3815587	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
SHARE OUR STRENGTH 2727 BRYANT STREET, SUITE 300 DENVER, CO 80211	52-1367583	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
PALM BEACH AREA TENNIS PATRONS INC 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406	65-0400164	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
LOVINGGOOD MIDDLE SCHOOL 3825 LUTHER WARD ROAD POWDER SPRINGS, GA 30135	58-6000214	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

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Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOXXLAND DISTRICT HEALTH DEPARTMENT - 1014 NEBRASKA STREET - SIOUX CITY, IA 51105	42-6005221	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
CENTERS FOR NEW HORIZONS INC 4150 S KING DR CHICAGO, IL 60653	36-2729721	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
ORPHEUM CHILDREN'S SCIENCE MUSEUM 346 N NEIL CHAMPAIGN, IL 61820	37-1282129	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
DARROUGH CHAPEL EARLY LEARNING CENTER - 900 SOUTH GOYER RD - KOKOMO, IN 46901	35-6002549	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
INDIANAPOLIS PUBLIC SCHOOLS 2020 DAWSON STREET INDIANAPOLIS, IN 46203	35-6002486	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER STREET, SUITE 800 NEW ORLEANS, LA 70112	23-7122403	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
WEST FELICIANA PARISH SCHOOLS 9794 BAINS ROAD, BOX 2820 ST FRANCISVILLE, LA 70775	72-6001491	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CENTRAL MASSACHUSETTS - ONE SALEM SQUARE - WORCESTER, MA 01608	04-2105873	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
NEW LENS 1601 GULLFORD AVE. 2 SOUTH BALTIMORE, MD 21202	52-2148413	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

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Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENOBSCOT NATION HEALTH DEPT 23 WABANAKI WAY INDIAN ISLAND, ME 04666	01-0327623	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
CRIM FITNESS FOUNDATION 452 S SAGINAW STREET, SUITE 1 FLINT, MI 48502	38-2595169	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION - 18917 JOY ROAD - DETROIT, MI 48228	38-3622930	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
THINK DETROIT POLICE ATHLETIC LEAGUE INC - 111 W WILLIS - DETROIT, MI 48201	38-3314318	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
MINNEAPOLIS HEART INSTITUTE FOUNDATION - 920 E 28TH STREET, SUITE 100 - MINNEAPOLIS, MN 55407	41-1426406	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
SAJAI FOUNDATION 6458 VAGABOND LANE NORTH MAPLE GROVE, MN 55311	20-5210433	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
ACTION FOR HEALTHY KIDS 2400 CENTRAL AVENUE GREAT FALLS, MT 59401	47-0902020	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
INNER-FAITH FOOD SHUTTLE 1001 BLAIR DR RALEIGH, NC 27603	56-1753180	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
MARTIN COUNTY SCHOOL 400 WEST BLVD. WILLIAMSTON, NC 27892	56-6000652	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

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Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON COUNTY PUBLIC SCHOOLS 117 N TARBORO STREET WILSON, NC 27893	56-6001134	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
TEACH A KID TO FISH 3140 N STREET LINCOLN, NE 68510	11-1234567	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
HARRISON AVENUE ELEMENTARY SCHOOL 76 HARRISON AVENUE SOUTH GLENS FALLS, NY 12803	14-6001706	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 WEST LANE AVENUE - COLUMBUS, OH 43221	31-1145986	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
VAN WERT CITY SCHOOLS 10992 STATE ROUTE 118 SOUTH VAN WERT, OH 45891	34-6401505	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
BENSON HIGH SCHOOL 546 NE 12TH AVE PORTLAND, OR 97232	93-6000083	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
MOLALLA ELEMENTARY SCHOOL 910 FORTIYAR ROAD MOLALLA, OR 97038	93-6000235	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WIKES-BARRE, PA 18703	23-1653093	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
FULTON ELEMENTARY SCHOOL 600 ROCKLAND STREET LANCASTER, PA 17602	23-1726414	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS  
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Part II (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR MARTIN LUTHER KING JR COMMUNITY CENTER - 20 DR MARCUS F WHEATLAND BLVD. - NEWPORT, RI 02840	05-0271882	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
THE COALITION FOR KIDS INC 2308 WATAUGA ROAD JOHNSON CITY, TN 37601	62-1765487	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
CAN DO HOUSTON 2617C W HOLCOMBE HOUSTON, TX 77025	26-3554461	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
DOGAN ELEMENTARY 3300 RUSSELL HOUSTON, TX 77029	74-6001255	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
UNIVERSITY OF HOUSTON BOUNCE PROGRAM - 491 FARRISH HALL - HOUSTON, TX 77204	74-6001399	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
WELLS BRANCH ELEMENTARY 14650 MERRIFTON DRIVE AUSTIN, TX 78728	74-2428857	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
YOUTH IMPACT INC 2305 GRANT AVENUE OGDEN, UT 84101	20-5228230	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
HUNGER TASK FORCE 201 S HAMLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	39-1726212	501 (C) (3)	10,000.	0.			CHAMPIONS FOR HEALTHY KIDS GRANT

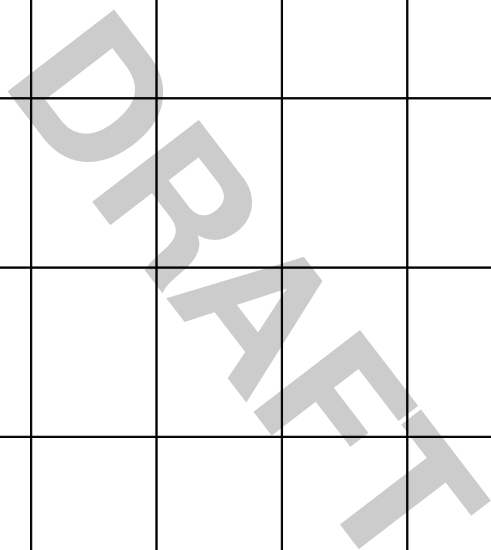
Schedule I (Form 990)

232241  
05-01-12



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF NUTRITION AND DIETETICS 120 S RIVERSIDE PLAZA STE 2000 CHICAGO, IL 60606	36-0724760	501 (C) (6)	160,395.	0.			RESEARCH GRANT





ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLGATE PALMOLIVE	1.	5,000.	0.		
DR MARIE E KNICKREHM SCHOLARSHIP	3.	15,000.	0.		
E. NEIGE TODHUNTER MEMORIAL DOCTORAL FELLOWSHIP	1.	5,000.	0.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Employer identification number

**36-6150906**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2012



ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

36-6150906

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION THE  
ACADEMY OF NUTRITION AND DIETETICS.

PROCESS FOR DETERMINING COMPENSATION: ALL MANAGEMENT SALARIES ARE  
BENCH-MARKED AGAINST COMPARABLE DATA. HUMAN RESOURCES COMPARES TO MARKET  
CONDITIONS EVERY FIVE YEARS BY AN OUTSIDE ORGANIZATION, THEY EVALUATE ALL  
THE POSITIONS INCLUDING THE ORGANIZATION'S CEO AND EXECUTIVE DIRECTORS. THE  
FINAL APPROVAL OF THE CEO COMPENSATION IS DONE BY THE BOARD OF DIRECTORS.

THE CEO REVIEWS AND DETERMINES THE CFO'S COMPENSATION USING COMPARABLE  
SALARY DATA.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION

Employer identification number  
36-6150906

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**AWARDS**

THE FOUNDATION PROVIDES FUNDING TO REGISTERED DIETITIANS TO FURTHER  
THEIR CAREERS THROUGH ITS AWARDS PROGRAM. IN ADDITION, THE FOUNDATION  
RECOGNIZES THE OUTSTANDING ACHIEVEMENTS OF ACADEMY MEMBERS IN THE AREA  
OF FOOD AND NUTRITION. THE FOUNDATION PROVIDES UP TO \$113,000 EACH  
YEAR IN THE FORM OF PUBLIC EDUCATION GRANTS, EDUCATION STIPENDS,  
RECOGNITION AND LEADERSHIP AWARDS.

**RESEARCH**

FUNDING RESEARCH ELEVATES THE REGISTERED DIETITIAN'S PROFILE TO THE  
PUBLIC BY CONTINUING TO POSITION THE ACADEMY AND ITS MEMBERS AS THE  
NUTRITION EXPERTS. UP TO \$779,000 IS MADE AVAILABLE ANNUALLY THROUGH  
THE FOUNDATION'S RESEARCH EFFORTS. FUNDS RAISED FOR RESEARCH,  
ESPECIALLY THOSE RELATED TO CHILDHOOD OBESITY HAVE A DIRECT IMPACT ON  
CONSUMERS BY PROVIDING THEM WITH THE MOST RELEVANT AND ACCURATE FOOD  
AND NUTRITION INFORMATION. THE FOUNDATION PROVIDES SEED MONEY TO  
ACADEMY MEMBERS TO CONDUCT PILOT STUDIES AND COLLECT INITIAL DATA THAT  
CAN BE USED TO SECURE ADDITIONAL GRANTS.

**PUBLIC EDUCATION THROUGH KIDS EAT RIGHT**

THE FOUNDATION IS COMMITTED TO PROMOTING A HEALTHY TODAY AND TOMORROW  
FOR OUR CHILDREN. THE KIDS EAT RIGHT CAMPAIGN WAS LAUNCHED TO SUPPORT  
PUBLIC EDUCATION PROJECTS AND PROGRAMS THAT ADDRESS THE NATIONAL HEALTH  
CONCERN OF OBESITY AMONG OUR CHILDREN. ONE OF THE GREAT FEATURES OF

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Employer identification number  
**36-6150906**

KIDS EAT RIGHT IS A CONSUMER WEBSITE, WWW.KIDSEATRIGHT.ORG, WHICH IS FILLED WITH AGE-APPROPRIATE, ACADEMY-APPROVED TIPS, ARTICLES, RECIPES, AND VIDEOS TO HELP FAMILIES SHOP SMART, COOK HEALTHY AND EAT RIGHT. SINCE THE SITE WAS LAUNCHED IN NOVEMBER 2010, MORE THAN 1.3 MILLION VISITORS HAVE TURNED TO THE SITE TO GET THE INFORMATION THEY NEED FROM REGISTERED DIETITIANS. KIDS EAT RIGHT POSITIONS ACADEMY MEMBERS AS THE NUTRITION MESSENGER TO BOTH CONSUMER AND PROFESSIONAL AUDIENCES AND GIVES ACADEMY MEMBERS THE OPPORTUNITY TO DIRECTLY IMPACT THE HEALTH OF CHILDREN TODAY. THE CAMPAIGN ENCOMPASSES MANY ELEMENTS THAT PROVIDE GRANT OPPORTUNITIES FOR ACADEMY MEMBERS TO IMPLEMENT PROVEN PROGRAMS IN THEIR COMMUNITIES BY BECOMING CAMPAIGN MEMBERS. TESTIMONIALS AND INITIAL DATA COLLECTED FROM PARENTS AND CHILDREN ENROLLED IN KIDS EAT RIGHT ACTIVITIES SUPPORT THAT ACADEMY MEMBERS ARE REACHING TARGET AUDIENCES AND CREATING HEALTHIER LIFESTYLES.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILNG.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD. HUMAN RESOURCES AND THE CFO MONITOR AND COLLECT EACH YEAR AND THROUGHOUT THE YEAR IF NEEDED IN BOARD OF DIRECTORS MEETINGS.

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

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)



Name of the organization **ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Employer identification number  
**36-6150906**

COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION THE  
ACADEMY OF NUTRITION AND DIETETICS.

PROCESS FOR DETERMINING COMPENSATION: ALL MANAGEMENT SALARIES ARE  
BENCH-MARKED AGAINST COMPARABLE DATA. HUMAN RESOURCES COMPARES TO MARKET  
CONDITIONS EVERY FIVE YEARS BY AN OUTSIDE ORGANIZATION, THEY EVALUATE ALL  
THE POSITIONS INCLUDING THE ORGANIZATION'S CEO AND EXECUTIVE DIRECTORS. THE  
FINAL APPROVAL OF THE CEO COMPENSATION IS DONE BY THE BOARD OF DIRECTORS.

THE CEO REVIEWS AND DETERMINES THE CFO'S COMPENSATION USING COMPARABLE  
SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE  
CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE  
ORGANIZATION.

COMPENSATION REPORTED FOR MARY BETH WHALEN (EXECUTIVE DIRECTOR),  
KATHRYN BROWN (NATIONAL SENIOR DIRECTOR, NUTRITION) AND SUSAN BURNS  
(DIRECTOR OF MAJOR GIFTS) HAS BEEN PAID BY A RELATED ORGANIZATION AND  
COMMON PAYMASTER, ACADEMY OF NUTRITION AND DIETETICS EIN# 36-0724760.  
SINCE MOST SERVICES PERFORMED BY THESE INDIVIDUALS WERE FOR ACADEMY OF  
NUTRITION AND DIETETIC FOUNDATION, THE COMPENSATION HAS BEEN REPORTED IN  
COLUMN D AS IF PAID BY THE ORGANIZATION. ACADEMY OF NUTRITION AND  
DIETETICS HAS COMPLIED WITH PAYROLL FILING REQUIREMENTS.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 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?
  - a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes		No	
					1r	1s	1k	1l
(1)	ACADEMY OF NUTRITION AND DIETETICS	B	160,395.FMV			X		X
(2)	ACADEMY OF NUTRITION AND DIETETICS	O	639,539.FMV			X		X
(3)	ACADEMY OF NUTRITION AND DIETETICS	C	343,410.FMV			X		X
(4)								
(5)								
(6)			52					





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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b>	Employer identification number (EIN) or <b>36-6150906</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>120 S. RIVERSIDE PLAZA, NO. 2000</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60606</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PAUL MIFSUD**

• The books are in the care of ▶ **120 S RIVERSIDE PLAZA, SUITE 2000 - CHICAGO, IL 60606**  
 Telephone No. ▶ **312-899-4730** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUN 1, 2012**, and ending **MAY 31, 2013**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Enter filer's identifying number, see instructions</b>	
<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions <b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b>
	Employer identification number (EIN) or <b>36-6150906</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>120 S. RIVERSIDE PLAZA, NO. 2000</b>
	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60606</b>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**PAUL MIFSUD**

• The books are in the care of **▶ 120 S RIVERSIDE PLAZA, SUITE 2000 - CHICAGO, IL 60606**  
 Telephone No. **▶ 312-899-4730** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **▶ APRIL 15, 2014**.

**5** For calendar year **▶**, or other tax year beginning **▶ JUN 1, 2012**, and ending **▶ MAY 31, 2013**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ ENROLLED AGENT** Date **▶**



Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUN 1, 2012, and ending MAY 31, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

**ACADEMY OF NUTRITION AND DIETETICS  
FOUNDATION**

Employer identification number

**36-6150906**

Name and title of officer

**PATRICIA BABJAK  
CHIEF EXECUTIVE OFFICER**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4089911</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PLANTE & MORAN, PLLC to enter my PIN 50906  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**15570260606**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 02/25/14

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

MAY 31, 2013

<b>Prepared for</b>	PAUL MIFSUD, ACADEMY OF NUTRITION AND DIETETICS FOUNDATION 120 S. RIVERSIDE PLAZA NO. 2000 CHICAGO, IL 60606
<b>Prepared by</b>	PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
<b>Return must be mailed on or before</b>	APRIL 15, 2014
<b>Special Instructions</b>	FORM AG990-IL SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S).

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
Charitable Trust Bureau, 100 West Randolph  
11th Floor, Chicago, Illinois 60601

**CO # 01-004584**

**Report for the Fiscal Period:**

**Beginning** 06/01/2012

**& Ending** 05/31/2013

MO DAY YR

**Check all items attached:**

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

**Make Checks Payable to the Illinois Charity Bureau Fund**

Federal ID # 36-6150906

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 01/01/1996

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	<b>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</b> 120 S. RIVERSIDE PLAZA, NO. 2000 CHICAGO, IL 60606	Year-end amounts	
		A) ASSETS	A) \$ 20,294,548.
		B) LIABILITIES	B) \$ 40,292.
		C) NET ASSETS	C) \$ 20,254,256.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		75.313%	D) \$ 3,163,544.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		11.195%	E) \$ 470,235.
F) OTHER REVENUES		13.492%	F) \$ 566,755.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 4,200,534.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>			
H) OPERATING CHARITABLE PROGRAM EXPENSE		41.976%	H) \$ 1,738,093.
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		41.976%	J) \$ 1,738,093.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		33.858%	K) \$ 1,401,929.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		75.834%	L) \$ 3,140,022.
M) MANAGEMENT AND GENERAL EXPENSE		15.811%	M) \$ 654,681.
N) FUNDRAISING EXPENSE		8.355%	N) \$ 345,964.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 4,140,667.
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
<b>PROFESSIONAL FUNDRAISERS:</b>			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ 0.
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>			
T) NAME, TITLE: MARY BETH WHALEN, EXECUTIVE DIRECTOR			T) \$ 109,187.
U) NAME, TITLE: SUSAN BURNS, DIRECTOR OF MAJOR GIFTS			U) \$ 117,805.
V) NAME, TITLE: KATHRYN BROWN, NATIONAL SENIOR DIRECTOR			V) \$ 120,534.
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC		W) #	012
X) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS		X) #	200
Y) DESCRIPTION:		Y) #	

298091 05-01-12

<b>IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:</b>		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <b>NORTHERN TRUST BANK, 50 S. LASALLE ST., CHICAGO, IL 60603</b>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>PAUL MIFSUD - 312-899-4730</b>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**PATRICIA BABJAK**

\_\_\_\_\_  
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**LU ANN TRAPP**

\_\_\_\_\_  
PREPARER (PRINT NAME) SIGNATURE DATE