	Ω		Return of Organization Exempt Fron	n Inco	me Tax	OMB No. 1545-0047
Forr	n <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			2012
		of the Treasury	benefit trust or private foundation) The organization may have to use a copy of this return to satisfy statisfy statisf	oto von ortin	a koa jikomonto	Open to Public
		enue Service			31, 2013	Inspection
_					-	
B C	heck if		organization EMY OF NUTRITION AND DIETETICS	DEm	ipioyer identifi	cation number
	Addr		DATION			
	Name Chan		usiness As		36-6	150906
	Initia	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tel	ephone numbe	
	]Term		S. RIVERSIDE PLAZA 2000			899-4730
	7,264,191.					
	Appli tion pend		AGO, IL 60606	H(a) ⊧	s this a group re	
	pend	<b>F</b> Name a	nd address of principal officer: PATRICIA BABJAK		or affiliates?	Yes X No
			AS C ABOVE		re all affiliates inc	luded? Yes No
		empt status:			•	list. (see instructions)
			EATRIGHT.ORG X Corporation   Trust   Association   Other > 1		Broup exemptio	
	orm o art l	f organization: Summary		rear of forma		State of legal domicile: IL
			e the organization's mission or most significant activities: TO ADVAN		ST.TC HEA	
Activities & Governance	1	Briefly describ	ON UTILIZING THE EXPERTISE OF REGISTE	ת תפאי	TETTTAN	
nar	2		x ► □ if the organization discontinued its operations or disposed of r			
ver	3		ing members of the governing body (Part VI, line 1a)		1	12
ğ	4		ependent voting members of the governing body (Part VI, line 1b)			11
8 8	5		of individuals employed in calendar year 2012 (Part V, line 2a)			0
/itie	6		of volunteers (estimate if necessary)			25
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.
◄			business taxable income from Form 990-T, line 34			0.
					or Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	3,3	378,984.	3,525,454.
enu	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		289,915.	566,755.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,144.	-2,298.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		562,755.	4,089,911.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		759,633.	1,401,929.
	14	•	to or for members (Part IX, column (A), line 4)		0. 574,895.	0. 708,122.
səsuə	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	00,122.
en:			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 345,964.		0.	0.
Expe			ng expenses (Part IX, column (D), line 25) ►345, 964 • es (Part IX, column (A), lines 11a-11d, 11f-24e)	1 1	567,737.	1,919,993.
	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		002,265.	4,030,044.
	19		expenses. Subtract line 18 from line 12		560,490.	59,867.
es		Nevenue less			of Current Year	End of Year
ets ( lanc	20	Total assets (F	Part X, line 16)		485,308.	20,294,548.
Ass JBa	21		(Part X, line 26)		70,000.	40,292.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	18,4	415,308.	20,254,256.
	art II				-	· · ·
Unde	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and sta	atements, and	d to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	barer has any	knowledge.	

OMB No. 1545-0047

Sign		Signat	ure of office	r							Date			
Here					АК, (	CHIEF	EXECU	CIVE	OFFICEF	2				
		Туре с	or print name	e and title										
	Prin	nt/Type p	reparer's na	me			Preparer's sig	nature		Date	Check		PTIN	
Paid	LΩ	ANN	I TRAP	Р			LU ANN	TRAI	PP	02/25	/14 self-em	ployed P	01506	476
Preparer		n's name		ANTE			PLLC				Firm's EIN	38	-1357	951
Use Only	Firm	n's addre	ess 💊 10	S. R	IVER	SIDE	PLAZA,	9тн	FLOOR					
			CH	ICAGO	, IL	6060	6				Phone no.	(312	) 207	-1040
May the IRS discuss this return with the preparer shown above? (see instructions)											No No			
232001 12-1	In the separate instructions. Form <b>990</b> (2012)													

	990 (2012) FOUNDATION 36-6150906 Pa
Par	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 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 SCHOLARSHI
	TO ASSIST DIETETICS STUDENTS AT ALL LEVELS AS THEY PURSUE THEIR GOAL
	A CAREER IN FOOD AND NUTRITION. OVER THE LAST FIVE YEARS, MORE THAN
	MILLION DOLLARS HAS BEEN AWARDED AND THIS PAST YEAR ALONE, NEARLY 247
	STUDENTS RECEIVED SCHOLARSHIPS TOTALING MORE THAN \$500,000.
4b	(Code:         ) (Expenses \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,029,399.
-	Form <b>990</b> (
32002	
32002 2-10-	

36-6150906 Page	<b>3</b>
-----------------	----------

	990 (2012) FOUNDATION 36-6150	906	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

FOUNDATION

Form 990 (2012)

36-	61	50	906	Page <b>4</b>

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	No. 1. Annual State of the Stat	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	51		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 23
34		34	х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		- 23	x
		35a		- 23
a	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 pactice 519(b)(12)2 if "Yes," complete Schedule P. Bart V line 2.	25L		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26	х	
27	If "Yes," complete Schedule R, Part V, line 2	36	17	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
38		20	х	
	Note. All Form 990 filers are required to complete Schedule O	38	- 11	

Form **990** (2012)

#### ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

Far	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
		~ <b></b>	Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
-	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0		
<b>h</b>		_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		х
	to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	- 7e		х
e f		7e 7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		_
a	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2012)

232005 12-10-12

Form 990 (2012)

Form	990 (2012) FOUNDATION		36-6150	906	Р	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See i	nstructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	1a	12		103	
14	If there are material differences in voting rights among members of the governing body at the end of the tax year	14				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
<b>b</b>		1b	11			
	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		х
•	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the			•		v
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	10001		anab		
	Own website Another's website X Upon request Other (explain	in Scl	nedule ()			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			d finar	ncial	
19	statements available to the public during the tax year.	milit	or interest policy, an	u iiridi	icidi	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd roo	orde of the organized	tion: ►		
20	PAUL MIFSUD - 312-899-4730	nu rec	ords of the organization	1011. <b>P</b>		
		606				
232000 12-10-		200		Form	990	(2012)

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

6

# ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

# 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 .....

X

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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more that					one	Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	direct				Ρ		organization	(W-2/1099-MISC)	from the
	related	ee or	istee			ensate		(W-2/1099-MISC)	(,	organization
	organizations	l trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	pul	lns	Offi	Key	Em	For			
(1) DIANE W. HELLER, MMSC, RD, LD	1.00			37					0	0
CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(2) BARBARA J. IVENS, MS, RD, FADA	1.00	x		x				0.	0.	0.
IMMEDIATE PAST-CHAIR OF THE BOARD (3) MARY K. RUSSELL MS RD LDN	1.00	<u> </u>		~				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	1.00			Δ				0.	•	
SECRETARY	1.00	x		x		ſ		ο.	0.	0.
(5) TERRI J. RAYMOND, MA, RD, CD	1.00									
DIRECTORS-AT-LARGE		х						0.	0.	0.
(6) JOYCE ANN GILBERT, PHD, RD, LD	1.00									
DIRECTORS-AT-LARGE		X						0.	Ο.	0.
(7) DENNIS BIER, MD	1.00									
PUBLIC MEMBER		Х						0.	0.	0.
(8) ROBERT MURRAY, MD	1.00									
PUBLIC MEMBER		Х						0.	0.	0.
(9) MARY CHRIST ERWIN	1.00								_	_
PUBLIC MEMBER		X						0.	0.	0.
(10) LAURA A. ROMIG, RD, LD	1.00									
YOUNG MEMBER		Х						0.	0.	0.
(11) PAT BABJAK	8.00									
ADA CHIEF EXECUTIVE OFFICER	32.00			X				0.	344,469.	59,915.
(12) MARY BETH WHALEN	22.00			37				100 107	00 225	22 614
EXECUTIVE DIRECTOR	18.00			X				109,187.	89,335.	32,614.
(13) PAUL MIFSUD CFO	32.00			x				0.	211,708.	34,345.
(14) SUSAN BURNS	40.00			Δ				0.	211,700.	54,545.
DIRECTOR OF MAJOR GIFTS	40.00					x		117,805.	0.	12,337.
(15) KATHRYN BROWN	40.00							117,005.	•	12,357.
NATIONAL SENIOR DIRECTOR, NUTRITION	10.00					x		120,534.	0.	24,449.
								,		,
		1								

7

232007 12-10-12

Form 990 (2012)

Form 990 (2012)

_	ACADEMY		[Т]	ION	IA	١NI	DI	DI	ETETICS			06	_ 0
Form Par	990 (2012) FOUNDATIO					J LI:	alk a			36-61	1509	00	Page <b>8</b>
<u> </u>	(A) Name and title	<b>(B)</b> Average hours per	(do box,		(C Posi neck r ss per	<b>c)</b> ition more rson i	l than is bot	one 1 an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	n	Estir amo	<b>F)</b> nated unt of
		week (list any hours for related organizations below line)	Individual trustee or director	onal trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s SC)	compe fron organ and r	her ensation n the iization related zations
	Sub-total								347,526.	645,51	12.	163	,660.
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.	645,51	0.		<u>0.</u> ,660.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	iose	liste	d at	oove	e) wł	io r	eceived more than \$100	,000 of reportabl	е		3
											_	Y	es No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual							-			3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	une organization		4	x
5	Did any person listed on line 1a receive or a					-			-			-	x
Sec	rendered to the organization? If "Yes," continue of the internation of	ipiele Schedui	eJI	or su	icn p	oers	:011 <u>.</u>					5	
1	Complete this table for your five highest co the organization. Report compensation for	-									ipensat	ion fro	m
	(A) Name and business	address							(B) Description of s	ervices	Сог	(C) mpens	ation
219	REGENTS OF THE UNIVE 5 HEARST AVE, RM 130,	BERKELI				94	472	20				211	,785.
	YWORKS EDUCATION ENER WASHINGTON ST., OAKL		۵,	160	17				INTEGRATE TH IMPLEMENTATI			170	,000.
	LTHY DIRECTIONS	MD, CA	95	±00					CONSULTATON			170	,000.
418	EAST 71ST ST. , NEW	YORK, NY	ζ 1	L O O	21	<u>L</u>			IMPLEMENTATI	ON		117	,000.
								_					
2	Total number of independent contractors ( \$100,000 of compensation from the organi	-	ot lir	nited	d to		se lis 3	stec	above) who received m	nore than			
232008	· · · · · · · · · · · · · · · · · · ·	-									Fo	orm <b>99</b>	<b>90</b> (2012)

# ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

36-6150906 Page 9

		(2012) FOUNDATION			36-6150	906 Page 9
Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response to any question	in this Part VIII		(2)	
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 470,235	•			
S, (		Fundraising events				
Gifl	d	Related organizations 1d 343,410				
ns, imi	е	Government grants (contributions) 1e				
tior ∍r S	f	All other contributions, gifts, grants, and				
the		similar amounts not included above 1f 2,675,334				
ndr D	-	Noncash contributions included in lines 1a-1f: \$				
a C	h	Total. Add lines 1a-1f	3,525,454.			
		Business Code				
ice	2 a					
Program Service Revenue	b					
n S /en	С					
graı Re∖	d					
roi	е					
		All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	408,187.			408,187.
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	400,107.			400,107.
	4 5	Royalties				
	5	(i) Real (ii) Personal				
	6 9		-			
		Gross rents	1			
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 3, 222, 225.				
	b	Less: cost or other basis				
		and sales expenses 3,063,657.				
	с	Gain or (loss) 158,568.				
	d	Net gain or (loss)	158,568.	158,568.		
e		Gross income from fundraising events (not				
Other Revenue		including \$ 36,475. of				
Seve		contributions reported on line 1c). See				
erF		Part IV, line 18 a108,325				
Oth		Less: direct expenses b110,623				
•	С	Net income or (loss) from fundraising events	-2,298.			-2,298.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
		Less: direct expenses b	-			
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
	Ŀ.	and allowances a	-			
		Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11 a					
	n a b					
	c c					
		All other revenue	1			
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	4,089,911.	158,568.	0.	405,889.
23200 12-10	9 • 12					Form <b>990</b> (2012)
5			0			, ,

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

# Form 990 (2012) FOUNDATION 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).

0000	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
Dou	not include amounts reported on lines 6b,	(Å)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	770,605.	770,605.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	605,824.	605,824.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	25,500.	25,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,186.	65,512.	21,837.	21,837.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	446,816.	268,090.	89,363.	89,363.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 4 1 4 1 1 1	0.4.000		00.004
9	Other employee benefits	141,471.	84,883.	28,294.	28,294.
10	Payroll taxes	10,649.	6,389.	2,130.	2,130.
11	Fees for services (non-employees):				
	Management	2 204		2 204	
	Legal	3,284.		3,284.	
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17	96,919.		96,919.	
f	Investment management fees	30,313.		<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,219,565.	993,945.	182,935.	42,685.
10		1,219,303.	JJJ, J=J•	102,555.	42,005.
12 13	Advertising and promotion Office expenses	53,853.	10,232.	31,235.	12,386.
13	Information technology	31,149.		31,149.	
15	Royalties				
16	Occupancy	86,160.	16,370.	49,973.	19,817.
17	Travel	119,542.	73,638.	26,419.	19,485.
18	Payments of travel or entertainment expenses	,	,	,	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,224.	19,707.	55,836.	88,681.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,758.	3,374.	10,300.	4,084.
23	Insurance	17,775.		17,775.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PUBLICATIO	28,261.	15,261.	6,500.	6,500.
b		,	,		-,
c					
d					
	All other expenses	81,503.	70,069.	732.	10,702.
25	Total functional expenses. Add lines 1 through 24e	4,030,044.	3,029,399.	654,681.	345,964.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
	0 12 10 12				Form <b>990</b> (2012)

232010 12-10-12

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

Form **990** (2012)

Form 990	(2012)	

## ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

36-6150906 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response to any	quest	ion in this Part X			
	-				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,169,481.	1	2,725,002.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	217,371.	3	132,308.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquality	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ú		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			8,021.	9	3,920.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		93,845.	66.04.0		50.005
	b	Less: accumulated depreciation		35,180.	66,813.		58,665.
	11	Investments - publicly traded securities			14,285,781.	11	16,599,999.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			737,841.	15	774,654.
	16	Total assets. Add lines 1 through 15 (must equa			<u>18,485,308.</u> 70,000.	16	20,294,548. 40,292.
	17	Accounts payable and accrued expenses		70,000.	17	40,292.	
	18	Grants payable				18	
	19 20	Deferred revenue				19 20	
		Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
Liabilities	21 22	Loans and other payables to current and former				21	
ilidi	22	key employees, highest compensated employee					
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa		T T			
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			70,000.	26	40,292.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ 🛛 🗶 and			
Se		complete lines 27 through 29, and lines 33 an					
nc.	27	Unrestricted net assets			4,610,354.	27	5,192,771.
3al <i>e</i>	28	Temporarily restricted net assets			6,083,283.	28	7,238,847.
Б	29			<u></u>	7,721,671.	29	7,822,638.
Бu		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🗌			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F		32	
Z	33	Total net assets or fund balances			18,415,308.	33	20,254,256.
	34	Total liabilities and net assets/fund balances			18,485,308.	34	20,294,548.

Form **990** (2012)

ACADEMY	OF	NUTRITION	AND	DIETETICS
FOUNDATI	ION			

36-6150906 Page 12

	1990 (2012) FOUNDATION	36-6	150	906	Pag	ge <b>12</b>
Pa	rt 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		<u>,089</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,030		
3	Revenue less expenses. Subtract line 2 from line 1	3				67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,41		
5	Net unrealized gains (losses) on investments	5	1	<u>,779</u>	9,0	81.
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	1,2	56.
Pa	rt 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:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	Γ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	<b>990</b> (	(2012)

SCHEDULE A (Form 990 or 990-EZ)       Public Charity Status and Public Support         Department of the Treasury Internal Revenue Service       Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.       ► See separate instructions.	OMB No. 1545-0047 <b>2012</b> Open to Public Inspection						
	identification number 6-6150906						
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.	0-0130300						
<ul> <li>The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the section 170(b)(1)(A)(iii).</li> </ul>	he hospital's name,						
<ul> <li>city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>	ed in						
<ul> <li>section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, ar activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization a See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the</li> </ul>	<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</li> </ul>						
<ul> <li>e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or a final supporting organization, check this box</li> <li>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</li> <li>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,</li> </ul>	section 509(a)(2).						
the governing body of the supported organization?         (ii) A family member of a person described in (i) above?         (iii) A 35% controlled entity of a person described in (i) or (ii) above?         h       Provide the following information about the supported organization(s).         (i) Name of supported organization       (ii) EIN         (iii) Type of organization (described on lines 1-9       (iv) Is the organization in col. (i) listed in your	11g(ii)						

							_		
Total									
		(see instructions))	Yes	No	Yes	No	Yes	No	
(i) Name of supported organization	(ii) EIN	above or IRC section	in col. (I) lis	organization sted in your document?	organizat	ion in col. r support?	organizatic (i) organiz U.S	on in col. ed in the .?	(vii) Amount of monetary support

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)	•		12	
13	First five years. If the Form 990 is fo	r the organization's				n 501(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2012. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶□
b	33 1/3% support test - 2011. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	his box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization	-	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explair	າ in Part IV how the	Э
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶□
18	Private foundation. If the organization						ns ►

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

2012.05030 ACADEMY OF NUTRITION AND DI 100271-1 32 of 132

## Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION

36-6150906 Page 3

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2678236.	4223058.	3448344.	3378984.	3525454.	17254076.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	541,432.	75,500.	84,000.	96,825.	108,325.	906,082.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
л	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5	3219668.	4298558.	3532344.	3475809.	3633779.	18160158.
7a	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	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	85,025.	0 5 0 /	148,069.	19,686.	62 620	324,984.
	Add lines 7a and 7b	05,025.	0,304.	140,009.	19,000.	03,020.	17835174.
	Public support (Subtract line 7c from line 6.)						<u>µ/0551/4.</u>
	ndar year (or fiscal year beginning in)	(-) 0000	(1) 0000	(=) 0010	(4) 0011	(-) 0010	(6) Tatal
		(a) 2008 3219668.	(b) 2009 4298558.	(c) 2010 3532344.	(d) 2011 3475809.	(e) 2012	(f) Total 18160158.
	Amounts from line 6	5215000.	4290350.	5552544.	5475005.	5055775.	101001301
102	dividends, payments received on securities loans, rents, royalties	392,248.	448,582.	139 538	395,480.	408,187.	2084035.
h	and income from similar sources	552,240.	440,502.	455,550.	353,400.	400,107.	2004035.
U	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	392,248.	118 582	439,538.	305 190	408,187.	2084035.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	392,240.	440,302.	439,330.	393,400.	400,107.	2004033.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital	5,000.					5,000.
13	assets (Explain in Part IV.)	3616916.	4747140.	3971882.	3871289.	4041966.	20249193.
	First five years. If the Form 990 is for						
	check this box and <b>stop here</b>	•					·
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (			column (f))		15	88.08 %
16	Public support percentage from 2011					16	87.38 %
Sec	ction D. Computation of Invest						
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	10.29 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	10.98 %
19a	33 1/3% support tests - 2012. If the	organization did r				3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	<b>b 33 1/3% support tests - 2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
23202	23 12-04-12				Sch	edule A (Form 99	0 or 990-EZ) 2012
				15			

18270225 145594 100271-1

2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

#### Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

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

36-6150906

Employer identification number

Organization	type	(check	one).
Organization	Lype		Unej.

FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 ACADEMY OF NUTRITION AND DIETETICS FOUNDATION Employer identification number

36-6150906

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

223452 12-21-12

18270225 145594 100271-1

17 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1 35 of 132

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

36-6150906

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l 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	\$ <u>146,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COCA-COLA USA P.O. DRAWER 1734 ATLANTA, GA 30301	\$118,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NESTLE PO BOX 9004 STUART, FL 34995	\$77,038.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	IOWA DEPT. OF EDUCATION 400 E. 14TH ST DES MOINES, IA 50319	\$76,495.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$ Schedule B (Form 5	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

18

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(20	12)	i
------------	-------	------	---------	------------	-----	-----	---

Name of organization

#### ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

Employer identification number

36-6150906

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Cabadula D / Farm (	00 000 E7 or 000 DE\ (2012)

223453 12-21-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2012)		Page 4
Name of org	anization		Employer identification number
ACADEM	Y OF NUTRITION AND DI	ETETICS	
FOUNDA	ATION		36-6150906
Part III	Exclusively religious, charitable, etc., in year. Complete columns (a) through (e) and the total of exclusively religious, charitable, Use duplicate copies of Part III if additid	<b>d</b> the following line entry. For organization etc., contributions of <b>\$1,000 or less</b> fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. <sub>(Enter this information once.)</sub> \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
-	Transferee's name, address,	and 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
F		(e) Transfer of git	ft
-	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 git	
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 01 gint	
-		(e) Transfer of git	
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
223454 12-21-	-12		Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
		20	

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

SCHEDULE D (Form 990)

# 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.

OMB No. 1545-0047

12

20

	ment of the Treasury I Revenue Service		990. ► See separate instructions.	<b>D.</b>	Open to Public Inspection
	e of the organization		· •	Emp	loyer identification number
	o or the organization	FOUNDATION			36-6150906
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	nts.Complete if the
	organizatior	n answered "Yes" to Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	<b>(b)</b> Func	ds and other accounts
1	Total number at en	nd of year			
2	Aggregate contribu	utions to (during year)			
3	Aggregate grants f	from (during year)			
4	Aggregate value at	t end of year			
5	-	on inform all donors and donor advisors in	-		
		n's property, subject to the organization's			Yes 📖 No
6		on inform all grantees, donors, and donor a			
		oses and not for the benefit of the donor o	· · · · ·	•	
Par	impermissible priva	ate benefit? ation Easements. Complete if the org	appization answered "Vas" to Form 000 F		Yes No
		servation easements held by the organizat	* · · · · · · · · · · · · · · · · · · ·	ant IV, line 7.	
1		of land for public use (e.g., recreation or e		torically impo	rtant land area
		f natural habitat	Preservation of a cert	, i	
		of open space			
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year				
	j				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b		ricted by conservation easements			
с		vation easements on a certified historic str			
d	Number of conserv	vation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure	
	listed in the Nation	al Register		2d	
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization	during the tax
	year 🕨	_			
4		where property subject to conservation ea			
5	-	tion have a written policy regarding the pe			
6		orcement of the conservation easements i			└── Yes └── No
6 7		r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, and	-		
8		vation easement reported on line 2(d) abo			,
0		(4)(B)(ii)?			Yes No
9		be how the organization reports conservat			
	,	le, the text of the footnote to the organiza		,	,
	conservation ease			Ũ	J. J
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Simila	ar Assets.
	Complete if	the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and bala	nce sheet works of art,
	historical treasures	s, or other similar assets held for public ex	nibition, education, or research in furthera	nce of public	service, provide, in Part XIII,
		note to its financial statements that descr			
b	-	elected, as permitted under SFAS 116 (AS			
		similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, p	rovide the following amounts
	relating to these ite			•	x.
		uded in Form 990, Part VIII, line 1			<u> </u>
0		ed in Form 990, Part X			
2	-	received or held works of art, historical tre ints required to be reported under SFAS 1		u gain, provide	5
а	-	d in Form 990, Part VIII, line 1			
		Form 990, Part X		• •	5 5
2				ΡΨ	
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	5	Schedule D (Form 990) 2012
23205 <sup>-</sup> 12-10-	1	-			. , , ,

18270225 145594 100271-1

2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

21

CADEMY O	F NU	TRITION	AND	DIETETICS

		OF NUTRIT	ION AND DI	ETETIC	5				_	
	dule D (Form 990) 2012 FOUNDAT							50906		ige <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Other	Simila	r Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a sign	ificant u	se of its	collectior	ı items	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further t	he organizati	on's exemp	t purpos	se in Parl	XIII.		
	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization's c	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered '	'Yes" to Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributior	ns or other as	sets not in	cluded				
	on Form 990, Part X?							Yes		No
	If "Yes," explain the arrangement in Part XIII a									
-			ie in ig tablet					Amount		
c	Beginning balance					1c		7 mount		
						1d				
	Additions during the year									
	Distributions during the year					1e 1f				
	Ending balance							Yes		No
	Did the organization include an amount on Fo						L	lites		<b>NO</b> 
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if									]
r ai						Three ve	ara haali	(.) Four	veerel	haali
	<i>,</i>	(a) Current year	(b) Prior year	(c) Two year			ars back	(e) Four		
	Beginning of year balance	14,811,273.	13,699,470.				2,488.		576,	
	Contributions	827,190.	704,603.		3,843.		8,419.		507,	
	Net investment earnings, gains, and losses	1,607,301.	-23,618.	1,680	0,419.	1,31	.6,556.	-1,	305,	125.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	414,518.	449,182.	800	),312.	78	1,943.	1,	096,	288.
f	Administrative expenses									
g	End of year balance	16,831,246.	13,931,273.	,	9,470.	12,00	5,520.	9,	682,	488.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	38.00	%							
b	Permanent endowment  46.00	_%								
С	Temporarily restricted endowment	<u>6.00</u> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for the	organiza	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b		
	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	umulated	k l	(d) Book	value	)
		basis (investm		(other)	• •	ciation				
<b>1</b> a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		9	3,845.	3	5,18	0.	58	3,60	65.
	Other			-,		5,10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Add lines 1a through 1e. (Column (d) must ed		X column (R) line '	10(c))				58	3,66	65.
rotal		quai i 01111 330, Fàil i	л, соштит ( <i>b)</i> , ште т				ebodula	D (Form		
						3	chequie	חווטיז) ש	່ວວດ)	2012

12-10-12

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1 40 of 132

#### ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

Schedule D	O (Form 990) 2012 FOUNDATION			36-6150906 Page <b>3</b>
	Investments - Other Securities. See			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
	ial derivatives			
	/-held equity interests		_	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related. Se (a) Description of investment type	e Form 990, Part X, line (b) Book value		at as and of year market yelve
	(a) Description of investment type	(b) BOOK Value	(c) Method of Valuation: Co	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X, line <sup>-</sup>			
Faitin		Description		(b) Book value
(1)	(a) L	beschption		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		*		
(8)				
(10)				
. ,	umn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities. See Form 990, Part X, Iii			
1.	(a) Description of liability		(b) Book value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)				
(10) (11)				
_ ` `	umn (b) must equal Form 990, Part X, col. (B) line	25)		
	(ASC 740) Footnote. In Part XIII, provide the text		organization's financial statement	e that reports the organization?
	for uncertain tax positions under FIN 48 (ASC 74			

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 FOUNDATION	36-	6150906 Page 4
-	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F		
1	Total revenue, gains, and other support per audited financial statements	1	5,868,992
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 1,779,081.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d	1	
е	Add lines 2a through 2d	2e	1,779,081
3	Subtract line 2e from line 1	3	4,089,911
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,089,911
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
1	Total expenses and losses per audited financial statements	1	4,030,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,030,044
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,030,044
	t XIII Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		
PAI	RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF IND	IVI	DUAL
FUI	NDS ESTABLISHED TO FUND SCHOLARSHIPS, GRANTS, AND AWARDS T	O D	IETETICS
STU	JDENTS IN ACCREDITED EDUCATIONAL INSTITUTIONS. ITS ENDOWME	NT	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

232054 12-10-12

18270225 145594 100271-1 2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

Schedule D (Form 990) 2012 FOUNDATION
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.

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)		Complete if the	e organization answered "Yes" to For		ates –	<b>2012</b>
Department of the Treasury Internal Revenue Service		Attach to F	Part IV, line 14b, 15, or 16. orm 990.   ▶ See separate instructio	ons.		Open to Public Inspection
Name of the organization ACADEMY OF NUTE	RITION AN	D DIETEI	ICS			tification number
FOUNDATION					36-61509	
		ctivities Ou	tside the United States. Compl	ete if the orgar	ization answered	"Yes"
to Form 990, Par <b>1 For grantmakers.</b> Does		maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
-	÷		the selection criteria used to award the		· _	Yes 🗌 No
United States.		0	procedures for monitoring the use of it		ther assistance o	utside the
			an be duplicated if additional space is			
(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	0	1	PROGRAM SERVICES	EDUCATIONAI	RESEARCH	29,951.
MIDDLE EAST AND						
NORTH AFRICA	0	1	PROGRAM SERVICES	EDUCATIONAI	RESEARCH	5,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATION AWARD	NAL NUTRITION	25,000.
3 a Sub-total	0	2				59,951.
<b>b</b> Total from continuation	0	0				0
sheets to Part I c Totals (add lines 3a and 3b)	0	2				0.

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

Schedule F (Form 990) 2012

Schednie F (Form Sav) ZV 12	Schedu				27			232072 12-10-12
		xempt by 	recognized as tax-ex	foreign country,	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	s listed above that are r has provided a section entities	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	<ul><li>2 Enter total number of the IRS, or for which t</li><li>3 Enter total number of</li></ul>
				5				
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of non-cash assistance	<b>(g)</b> Amount of non-cash assistance	<b>(f)</b> Manner of cash disbursement	<b>(e)</b> Amount of cash grant	<b>(d)</b> Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization
any	90, Part IV, line 15, tor	l "Yes" to Form 99	ganization answered	eded.	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	anizations or Entities ( 00. Part II can be duplic	<b>er Assistance to Org</b> ; ceived more than \$5,0	Part II Grants and Oth recipient who rec
Page 2		6150906	36-61	CS	NUTRITION AND DIETETICS	IY OF NUTRIT	ACADEMY OF FOUNDATION	•

45 of 132

or (h) Method of Valuation of (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(f) Amount of assistance	1 grant of cash disbursement cash disbursement cash disbursement	(d) Amount of cash grant 25,000.	1 1	SOUTH AMERICA	Part III can be ouplicated if additional space is needed.         EDNA & ROBERT LANGHOLZ       (b) Region         INTERNATIONAL NUTRITION AWARD       SOUTH AMERICA         INTERNATIONAL SOUTH AMERICA       INTERNATIONAL SOUTH AMERICA
Page 3	V, line 16.	- 6150906 9 Form 990, Part IV	ACADEMY OF NUTRITION AND DIFITETICS F (Form 990) 2012 FOUNDATION 36 - 6150906 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.	AND DIETT	ie the United St	ACADEMY OF NUTRITION AND DIFTETICS FOUNDATION nce to Individuals Outside the United States. Complete if the organ additional space is needed	A Schedule F (Form 990) 2012 F Part III Grants and Other Assistanc
			RTTCS	AND DIETH	ITRITION	CADEMY OF NU	A

46 of 132

36-6150906	Page 4
------------	--------

Sched	lule F (Form 990) 2012 FOUNDATION	36-6150906	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see <i>Instructions for Form 8621</i> )	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

ACADEMY OF NUTRITION AND DIETETICS	26 61 50006
Schedule F (Form 990) 2012       FOUNDATION         Part V       Supplemental Information	36-6150906 Page 5
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 (account	
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation.
SCHEDULE F, PART I, LINE 2: PAYMENTS TO INDIVIDUALS FOLLOW	THE SAME
PROCEDURES/GUIDELINES WE HAVE IN PLACE IN OUR ACCOUNTS PAYA	ABLE - THE VP
OR DIRECTOR WILL REQUEST PAYMENT WHEN THE PROJECT ASSIGNED	IS COMPLETED.
NO PAYMENTS ARE PROCESSED UNLESS WE HAVE APPROVAL BY THE DI	IRECTOR OR VP.
200075 10 10 10	
30	Schedule F (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)		Supplemental Inform Fundraising or Ga					F	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	or if t	f the organization answered "Yes he organization entered more tha Attach to Form 990 or Form 990-E	n \$15,	000 oi	n Form 990-EZ, line	6a.		Open To Public Inspection
Name of the organization		OF NUTRITION AND					Employer id 36-6150	entification number )906
Part I Fundrais required to	complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written c red in Form 990, P n highest paid indi	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	🗌 Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration
LHA Paperwork Reduc	ction Act Notice	see the Instructions for Form 990	or 990	)-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2012
232081 01-07-13								

# Schedule G (Form 990 or 990-EZ) 2012 FOUNDATION 36-6150906 Pac Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

36-6150906 Page 2

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			DINNER DANCE			(add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	144,800.			144,800.
	2	Less: Contributions	36,475.			36,475.
	3	Gross income (line 1 minus line 2)	108,325.			108,325.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	110,623.			110,623.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	( 110,623,
	11	Net income summary. Combine line 3, colum	n (d), and line 10		►	-2,298.
Ра	irt	<b>Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	column d and line 7			
	0	Net garning income summary. Combine line				
9	En	ter the state(s) in which the organization opera	tes gaming activities:			
		the organization licensed to operate gaming ac		states?		Yes No
b	lf "	'No," explain:				
10-						Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:	evoked, suspended of te	minated during the tax	year?	. Yes No
J						
	_					
2320	B2 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012
						-

Schedule G (Form 990 or 990-EZ) 2012 FOUNDATION		36-6150906 Pa
11 Does the organization operate gaming activities with nonmen	bers?	
12 Is the organization a grantor, beneficiary or trustee of a trust		
to administer charitable gaming?		
3 Indicate the percentage of gaming activity operated in:		
a The organization's facility		13a
<b>b</b> An outside facility		
4 Enter the name and address of the person who prepares the		
Name 🕨		
Address 🕨		
15a Does the organization have a contract with a third party from	whom the organization receives gaming	g revenue? Yes
<b>b</b> If "Yes," enter the amount of gaming revenue received by the	organization ► \$	and the amount
of gaming revenue retained by the third party $\triangleright$ \$		
c If "Yes," enter name and address of the third party:	·	
Name		
Address 🕨		
6 Gaming manager information:		
Name		
Gaming manager compensation 🕨 💲		
Description of services provided		
	Independent contractor	
Director/officer Employee		
17 Mandatany distributions:		
<ul> <li>Mandatory distributions:</li> <li>a Is the organization required under state law to make charitab</li> </ul>	e distributions from the coming process	de to
a is the organization required under state law to make charitab retain the state gaming license?	<b>c c</b> .	
<b>b</b> Enter the amount of distributions required under state law to		
organization's own exempt activities during the tax year		
Part IV Supplemental Information. Complete this part to p		t L line 2b. columns (iii) and (v) and Parl
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicabl		
20083 01-07-13		Schedule G (Form 990 or 990 E7)
32083 01-07-13	33	Schedule G (Form 990 or 990-EZ)

				34				232101 12-18-12
Schedule I (Form 990) (2012)					tions for Form 990.	, see the Instruct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	LHA F
▼ 1.				:	1 table	s listed in the line	Enter total number of other organizations listed in the line 1 table	
► 60.					rganizations listed in th	Ind government o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Er
ABBOTT RENAL RESEARCH GRANT	АВ GR		٥.	5,000.	501 (C) (3)	86-0196696	ARIZONA STATE UNIVERSITY 500 NORTH 3RD STREET PHOENIX, AZ 85004	ARIZONA 500 NOR: PHOENIX
DCE MNT RESEARCH GRANT	8		0.	20,000.	501 (C) (3)	41-1426406	MINNEAPOLIS HEART INSTITUTE FOUNDATION - 920 E. 28TH ST, SUITE 100 - MINNEAPOLIS, MN 55407	MINNEAPOLIS FOUNDATION - 100 - MINNE2
ABBOTT RENAL RESEARCH GRANT	G AB		o	10,846.	501 (C) (3)	34-1018992	CASE WESTERN RESERVE UNIVERSITY 11318 BELLFLOWER RD CLEVELAND, OH 44106	CASE WESTE 11318 BELL CLEVELAND,
AMY JOYE RSEARCH GRANT	AM		o.	5,000.	501 (C) (3)	56-6001393	CENTER FOR HEALTH PROMOTION - 1700 MARTIN LUTHER KING JR. ), ROOM 250, CB # 7426 - CHAPEL , NC 27599	UNC CE AND - BLVD, HILL,
COLGATE RESEARCH GRANT	8		0.	10,000.	501 (C) (3)	22-1775306	GEN NJ	
GRASSROOTS MARKETING GRANT	G G R		0.	9,000.	501 (C) (3)	59-3521059	FLORIDA DIETETIC ASSOCIATION P.O. BOX 12608 TALLAHASSEE, FL 32317	FLORIDA P.O. BOJ TALLAHAS
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	<b>(c)</b> IRC section if applicable	<b>(b)</b> EIN	(a) Name and address of organization or government	1(a
line 21, for any	Yes" to Form 990, Part IV,	anization answered "	complete if the orga ded.	e United States. C ional space is neec	d Organizations in th be duplicated if addit	<b>Governments an</b> \$5,000. Part II car	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.	Part II
No	r the grants or assistance, and the selection	/ for the grants or ass	grantees' eligibility 	or assistance, the funds in the United	e amount of the grants	to substantiate th stance? ocedures for moni	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility fo criteria used to award the grants or assistance?	2 1 2 cr D
9060579-95						N Ind Assistance	FOUNDATION General Information on Grants and Assistance	Part I
Employer identification number	En			DIETETICS	AND	OF NUTRITION	Name of the organization ACADEMY C	Name of
Open to Public Inspection		t IV, line 21 or 22.	' to Form 990, Par m 990.	<ul> <li>Attach to Form 990.</li> </ul>	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Comp	Department of the Treasury Internal Revenue Service	Departmen Internal Re
OMB No. 1545-0047		es	e to Organizations in the United Stat	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Grants and Government		990)	SCHEDULE   (Form 990)

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	95-2021700	KID HEALTHY/ONEOC 1901 E 4TH ST SUITE 100 SANTA ANA, CA 92705
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	77-0169214	FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	86-0101237	MULCAHY YMCA AT KINO 2805 E AJO WAY TUCSON, AZ 85713
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	86-6000551	BOOTH-FICKETT K-8 MATH & SCIENCE MAGNET SCHOOL - 450 S MONTEGO DR - TUCSON, AZ 85710
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	27-1393590	FRIENDS OF THE TIMBERWOLVES 1500 NORTH HILL STREET NEWARK, AR 72562
RESEARCH GRANT			0.	28,000.	501 (C) (3)	62-6001636	UNIVERSITY OF TENNESSEE 210 STUDENT SERVICES BLD. KNOXVILLE, TN 37996
RESEARCH GRANT			0	50,000.	501 (C) (3)	36-0724760	ACADEMY - RESEARCH AND STRATEGIC BUSINESS DEVELOPMENT - 120 S RIVERSIDE PLAZA STE 2000 - CHICAGO, IL 60606
CDR SIMULATION GRANT			0.	114,084.	501 (C) (3)	73-6017987	OK HLTH SCIENCE 26901, SCB 228 A CITY, OK 73126
ALLENE VADEN GRANT			0.	5,000.	501 (C) (3)	42-6004224	IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011
n of <b>(h)</b> Purpose of grant ance or assistance	(g) Description of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	<b>(c)</b> IRC section if applicable	(b) EIN	(a) Name and address of organization or government
36-6150906 Page 1	art II.)	edule I (Form 990), P	nited States (Sch	DIETETICS nd Organizations in the U	ON AND DIET	OF NUTRITION LON er Assistance to Govern	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

ω σ

232241 05-01-12

53 of 132

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT			•	10,000.	501 (C) (3)	58-6000214	LOVINGGOOD MIDDLE SCHOOL 3825 LUTHER WARD ROAD POWDER SPRINGS, GA 30135
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	65-0400164	PALM BEACH AREA TENNIS PATRONS INC 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	52-1367583	SHARE OUR STRENGTH 2727 BRYANT STREET, SUITE 300 DENVER, CO 80211
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	45-3815587	MOUNTAIN ROOTS FOOD PROJECT 721 A GOTHIC AVE CRESTED BUTTE, CO 81224
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	94-6000548	YOLO COUNTY DEPARTMENT OF PUBLIC HEALTH - 137 NORTH COTTONWOOD STREET - WOODLAND, CA 95695
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	33-0781751	THINK TOGETHER 2100 E FOUTH STREET SANTA ANA, CA 92705
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	56-2652246	SCOTT VALLEY UNIFIED SCHOOL DISTRICT - 11918 MAIN STREET - FORT JONES, CA 96032
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	95-6002781	ROSA PARKS ELEMENTARY SCHOOL 4510 LANDIS ST SAN DIEGO, CA 92105
CHAMPIONS FOR HEALTHY KIDS GRANT			o	10,000.	501 (C) (3)	95-4219646	PEOPLE FOR PARKS 1330 W 12TH STREET LOS ANGELS, CA 90015
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	(c) IRC section if applicable	<b>(b)</b> EIN	(a) Name and address of organization or government
36-6150906 Page 1		adule I (Form 990), Pa	nited States (Sche	DIETETICS nd Organizations in the U	ON AND DIET	F NUTRITION N Assistance to Govern	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

05-01-12

54 of 132

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT	7 0		•	10,000.	501 (C) (3)	52-2148413	NEW LENS 1601 GUILFORD AVE. 2 SOUTH BALTIMORE, MD 21202
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	04-2105873	YOUNG WOMEN'S CHIRISTIAN ASSOCIATION OF CENTRAL MASSACHUSETTS - ONE SALEM AQUARE - WORCESTER, MA 01608
CHAMPIONS FOR HEALTHY KIDS GRANT	× 0		٥.	10,000.	501 (C) (3)	72-6001491	WEST FELICIANA PARISH SCHOOLS 9794 BAINS ROAD, BOX 2820 ST FRANCISVILLE, LA 70775
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	23-7122403	NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER STREET, SUITE 800 NEW ORLEANS, LA 70112
CHAMPIONS FOR HEALTHY KIDS GRANT	2 0		0.	10,000.	501 (C) (3)	35-6002486	INDIANAPOLIS PUBLIC SCHOOLS 2020 DAWSON STREET INDIANAPOLIS, IN 46203
CHAMPIONS FOR HEALTHY KIDS GRANT	2 0		0.	10,000.	501 (C) (3)	35-6002549	DARROUGH CHAPEL EARLY LEARNING CENTER - 900 SOUTH GOYER RD - KOKOMO, IN 46901
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	37-1282129	ORPHEUM CHILDREN'S SCIENCE MUSEUM 346 N NEIL CHAMPAIGN, IL 61820
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	36-2729721	CENTERS FOR NEW HORIZONS INC 4150 S KING DR CHICAGO, IL 60653
CHAMPIONS FOR HEALTHY KIDS GRANT	24 0		0.	10,000.	501 (C) (3)	42-6005221	SIOUXLAND DISTRICT HEALTH DEPARTMENT - 1014 NEBRASKA STREET - SIOUX CITY, IA 51105
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	(c) IRC section If applicable	(b) EIN	(a) Name and address of organization or government
5-6150906 Page 1	art II.) 36 -	adule I (Form 990), Pa	nited States (Sche	DIETETICS nd Organizations in the U	ON AND DIET	OF NUTRITION CON er Assistance to Govern	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

05-01-12

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT			°.	10,000.	501 (C) (3)	56-6000652	MARTIN COUNTY SCHOOL 400 WEST BLVD. WILLIAMSTON, NC 27892
CHAMPIONS FOR HEALTHY KIDS GRANT	3 0		°.	10,000.	501 (C) (3)	56-1753180	INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR RALEIGH, NC 27603
CHAMPIONS FOR HEALTHY KIDS GRANT	3 0		°.	10,000.	501 (C) (3)	47-0902020	ACTION FOR HEALTHY KIDS 2400 CENTRAL AVENUE GREAT FALLS, MT 59401
CHAMPIONS FOR HEALTHY KIDS GRANT	20			10,000.	501 (C) (3)	20-5210433	SAJAI FOUNDATION 6458 VAGABOND LANE NORTH MAPLE GROVE, MN 55311
CHAMPIONS FOR HEALTHY KIDS GRANT			<del>.</del>	10,000.	501 (C) (3)	41-1426406	MINNEAPOLIS HEART INSTITUTE FOUNDATION - 920 E 28TH STREET, SUITE 100 - MINNEAPOLIS, MN 55407
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	38-3314318	THINK DETROIT POLICE ATHLETIC LEAGUE INC - 111 W WILLIS - DETROIT, MI 48201
CHAMPIONS FOR HEALTHY KIDS GRANT	20		o.	10,000:	501 (C) (3)	38-3622930	JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION - 18917 JOY ROAD - DETROIT, MI 48228
CHAMPIONS FOR HEALTHY KIDS GRANT			.°	10,000.	501 (C) (3)	38-2595169	CRIM FITNESS FOUNDATION 452 S SAGINAW STREET, SUITE 1 FLINT, MI 48502
CHAMPIONS FOR HEALTHY KIDS GRANT			°.	10,000.	501 (C) (3)	01-0327623	PENOBSCOT NATION HEALTH DEPT 23 WABANAKI WAY INDIAN ISLAND, ME 04666
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	( <b>c)</b> IRC section if applicable	<b>(b)</b> EIN	(a) Name and address of organization or government
36-6150906 Page 1		dule I (Form 990), Pa	nited States (Sche	DIETETICS Id Organizations in the U	ON AND DIET	OF NUTRITION CON er Assistance to Govern	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

ω 8

232241 05-01-12

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	23-1726414	FULTON ELEMENTARY SCHOOL 600 ROCKLAND STREET LANCASTER, PA 17602
CHAMPIONS FOR HEALTHY KIDS GRANT			°.	10,000.	501 (C) (3)	23-1653093	COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WIKES-BARRE, PA 18703
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	93-6000235	MOLALLA ELEMENTARY SCHOOL 910 TOLIVAR ROAD MOLALLA, OR 97038
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	93-600083	BENSON HIGH SCHOOL 546 NE 12TH AVE PORTLAND, OR 97232
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	34-6401505	VAN WERT CITY SCHOOLS 10992 STATE ROUTE 118 SOUTH VAN WERT, OH 45891
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	31-1145986	THE OHIO STATE UNIVERSITY FOUNDATION - 1480 WEST LANE AVENUE - COLUMBUS, OH 43221
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	14-6001706	HARRISON AVENUE ELEMENTARY SCHOOL 76 HARRISON AVENUE SOUTH GLENS FALLS, NY 12803
CHAMPIONS FOR HEALTHY KIDS GRANT			0	10,000.	501 (C) (3)	11-1234567	TEACH À KID TO FISH 3140 N STREET LINCOLN, NE 68510
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	56-6001134	WILSON COUNTY PUBLIC SCHOOLS 117 N TARBORO STREET WILSON, NC 27893
<b>(h)</b> Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	<b>(c)</b> IRC section if applicable	(b) EIN	(a) Name and address of organization or government
30-0130900 Page 1		edule I (Form 990), Pa	nited States (Sche	nizations in the Ur	vernments and Orga	IN Assistance to Go	Schedule I (Form 990) FOUNDATIADN Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
2 I II O O O A	5			DIETETICS	AND	F NUTRITION	

39 9

232241 05-01-12

Schedule I (Form 990)							
CHAMPIONS FOR HEALTHY KIDS GRANT	7 0		0.	10,000.	501 (C) (3)	39-1726212	MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAKEE, WI 53233
CHAMPIONS FOR HEALTHY KIDS GRANT	* 0		°.	10,000.	501 (C) (3)	39-1345847	HUNGER TASK FORCE 201 S HAWLEY COURT MILWAKEE, WI 53214
CHAMPIONS FOR HEALTHY KIDS GRANT	20		0.	10,000.	501 (C) (3)	20-5228230	YOUTH IMPACT INC 2305 GRANT AVENUE OGDEN, UT 81101
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	74-2428857	WELLS BRANCH ELEMENTARY 14650 MERRILTON DRIVE AUSTIN, TX 78728
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	74-6001399	UNIVERSITY OF HOUSTON BOUNCE PROGRAM - 491 FARISH HALL - HOUSTON, TX 77204
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	74-6001255	DOGAN ELEMENTARY 3300 RUSSELL HOUSTON, TX 77029
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	26-3554461	CAN DO HOUSTON 2617C W HOLCOMBE HOUSTON, TX 77025
CHAMPIONS FOR HEALTHY KIDS GRANT	7 0		0.	10,000.	501 (C) (3)	62-1765487	THE COALITION FOR KIDS INC 2308 WATAUGA ROAD JOHNSON CITY, TN 37601
CHAMPIONS FOR HEALTHY KIDS GRANT			0.	10,000.	501 (C) (3)	05-0271882	DR MARTIN LUTHER KING JR COMMUNITY CENTER - 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 02840
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(e)</b> Amount of non-cash assistance	<b>(d)</b> Amount of cash grant	<b>(c)</b> IRC section if applicable	(b) EIN	(a) Name and address of organization or government
36-6150906 Page 1		dule I (Form 990), Pa	nited States (Sche	DIETETICS nd Organizations in the U	ON AND DIET	F NUTRITION N Assistance to Govern	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

40

58 of 132

232241 05-01-12

					ACADEMY OF NUTRITION AND DIETETICS 120 S RIVERSIDE PLAZA STE 2000 CHICAGO, IL 60606 36-	(a) Name and address of organization or government	Schedule I (Form 990) FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ACADEMY OF NUTRITION AND DIETETICS
					36-0724760 5	( <b>b</b> ) EIN	tance to Gov	UTRITIC
					501 (C) (6)	<b>(c)</b> IRC section if applicable	ernments and Organ	ON AND DIET
			9		160,395.	<b>(d)</b> Amount of cash grant	nizations in the Ur	ETICS
					0.	<b>(e)</b> Amount of non-cash assistance	nited States (Sche	
						(f) Method of valuation (book, FMV, appraisal, other)	edule I (Form 990), Par	
						(g) Description of non-cash assistance		
Schedule I (Form 990)					RESEARCH GRANT	(h) Purpose of grant or assistance	36-6150906 Page 1	

ACADEMY OF NUTF Schedule I (Form 990) (2012) FOUNDATION	NUTRITION AND	D DIETETICS	ũ		36-6150906 Page 2
<b>r Assist</b> plicated	ited States. Com	plete if the organiza	ation answered "Yes	" to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CDR DOCTORAL SCHOLARSHIP	20	100,000.	•		
CDR DIVERSITY SCHOLARSHIP	20	100,000.	•		
SUSAN T BORRA AWARD IN NUTRITION COMMUNICATION FUND	4	5,000.	0		
ANN SELKOWITZ LITT MEMORIAL FUND	4	5,000.	•		
GRACE L OSTENSO NUTRITION AND PUBLIC POLICY FELLOWSHIP	ω	22,500.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS PROVIDE A MID TERM	de the information re	TS PROVIDE	A MID TERM	in (b), and any other additional information.	formation.
REPORT TO THE ACADEMY OF NUTRITION	AND	DIETETICS FOU	FOUNDATION.		
232102 12-18-12		42			Schedule I (Form 990) (2012)

Schedule I (Form 990)					
			9		
		0.	5,000.	۲ •	E. NEIGE TODHUNTER MEMORIAL DOCTORAL FELLOWSHIP
		0.	15,000.	з.	DR MARIE E KNICKREHM SCHOLARSHIP
		0.	5,000.	1.	COLGATE PALMOLIVE
(f) Description of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	<b>(c)</b> Amount of cash grant	<b>(b)</b> Number of recipients	(a) Type of grant or assistance
	l.)	I (Form 990), Part II	d States (Schedule	luals in the Unite	on of Grants an
36-6150906 Page 2		Ŋ	D DIETETIC:	ITION AN	ACADEMY OF NUTRITION AND DIETETICS Schedule I (Form 990) FOUNDATION

43

232242 05-01-12

sc	HEDULE J Compensation Information	OMB No.	1545-00	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	112	)
	Compensated Employees Complete if the organization answered "Yes" to Form 990,		12	•
	tment of the Treasury Part IV, line 23.	Open t		
_	Attach to Form 990. See separate instructions.	•	ection	
inan	-	nployer identificat 36-61509(		mber
Dr	FOUNDATION  rt I Questions Regarding Compensation	30-013090	0	
ГС			Vee	
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990	0	Yes	No
Id	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	J,		
	First-class or charter travel Housing allowance or residence for personal			
	Travel for companions Payments for business use of personal resid			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account	f)		
		.,		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	n's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations	Imittee		
4	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:			v
a	Receive a severance payment or change-of-control payment?			X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		Х
	Any related organization?			X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6а		X
b	Any related organization?			X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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	7	<b> </b>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<u></u>
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?		1	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	) 2012

Schedule J (Form 990) 2012	Schedu			45			232112 12-12-12
							(ii)
							(i)
							(1)
							(1)
							(1)
							(ii)
							(1)
							(1)
							(ii)
							(1)
							(ii)
							(1)
							(ii)
							(1)
							()
							(1)
	- I*	· ·	- I·			· ·	
0.	246,053.	12,179.	22,166.	0.	0.	211,708.	
0	0.	- I-	- I-	0.	0.	· ·	
0	• •	5,469.	• •	0.	0	• •	CUTIVE
0		סן	11.253.	0.	0.		MARY BETH WHALEN
0	404.384.	18.415.	41.500.	0.	50.000.	294.469.	CHIEF EXECUTIVE OFFICER
0	0.	0.	0.	0.	0.	0.	(1) PAT BABJAK
in prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	SC compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of V	
lividual.	E) amounts for that ind	able column (D) and (B	ection A, line 1a, applic	orm 990, Part VII, Se	he total amount of F	dividual must equal t	Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual
ructions, on row (ii).	<ul><li>(i) and from related organizations, described in the instructions, on row (ii).</li></ul>	n related organizations	ation on row (i) and fron	on from the organiza	, report compensation	990, Part VII.	For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row Do not list any individuals that are not listed on Form 990, Part VII.
		pace is needed.	te copies if additional s	oyees. Use duplicat	Compensated Empl	yees, and Highest (	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
Page 2		906	36-6150906				Schedule J (Form 990) 2012 FOUNDATION
				DIETETICS	NUTRITION AND DI		ACADEMY OF

	<sup>222113</sup> 12-10-12 <b>4</b> 6	12
990) 2012	Schedule J (Form 990) 2012	
		I
		I
	SALARY DATA.	ارە
	THE CEO REVIEWS AND DETERMINES THE CFO'S COMPENSATION USING COMPARABLE	ы
		ı
	FINAL APPROVAL OF THE CEO COMPENSATION IS DONE BY THE BOARD OF DIRECTORS.	l Hart
	THE POSITIONS INCLUDING THE ORGANIZATION'S CEO AND EXECUTIVE DIRECTORS. THE	ы
	CONDITIONS EVERY FIVE YEARS BY AN OUTSIDE ORGANIZATION, THEY EVALUATE ALL	
	BENCH-MARKED AGAINST COMPARABLE DATA. HUMAN RESOURCES COMPARES TO MARKET	ш
	PROCESS FOR DETERMINING COMPENSATION: ALL MANAGEMENT SALARIES ARE	1 म्ल
	ACADEMY OF NUTRITION AND DIETETICS.	1:12
	COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION THE	
	PART I, LINE 3:	l Hel
	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.	ျမွာဂ
	ormation	
Page <b>3</b>	ACADEMY OF NUTRITION AND DIETETICS Schedule J (Form 990) 2012 FOUNDATION 36-6150906	S

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.



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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>				
Name of the organization ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	Employer identification number 36-6150906				
KIDS EAT RIGHT IS A CONSUMER WEBSITE, WWW.KIDSEATRIGHT.OR	G, WHICH IS				
FILLED WITH AGE-APPROPRIATE, ACADEMY-APPROVED TIPS, ARTIC	LES, 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 T	HEY NEED FROM				
REGISTERED DIETITIANS. KIDS EAT RIGHT POSITIONS ACADEMY	MEMBERS AS THE				
NUTRITION MESSENGER TO BOTH CONSUMER AND PROFESSIONAL AUD	IENCES 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 PROV	EN PROGRAMS IN				
THEIR COMMUNITIES BY BECOMING CAMPAIGN MEMBERS. TESTIMON	IALS AND				
INITIAL DATA COLLECTED FROM PARENTS AND CHILDREN ENROLLED	IN KIDS EAT				
RIGHT ACTIVITIES SUPPORT THAT ACADEMY MEMBERS ARE REACHIN	G 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.

	15A:	LINE	В,	SECTION	VI,	PART	990,	FORM
Schedule O (Form 990 or 990-EZ) (2012)								232212 01-04-13
	48							

Schedule O (Form 990 or 9	990-EZ) (2012)			Page <b>2</b>
Name of the organization	ACADEMY OF FOUNDATION	 AND	DIETETICS	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.

232212 01-04-13

Complete it the organization answered "Yes" to Farm 900 Part V, line 33, diš, 36, or 37.           Into         ACADEMY OP NUTRITION AND DIFFETTICS         Ens easteration inverted in the organization answered "Yes" to Form 900 Part V, line 33.           Into of Dieganded Entities (Complete if the organization answered "Yes" to Form 900 Part V, line 33.         Ine 33.         Ine 33.           Into of Dieganded Entities (Complete if the organization answered "Yes" to Form 900 Part V, line 33.         Ine 33.         Ine 34.					CC1 10 03			
See separate instructions.         ND DIETETICS         ND       DIETETICS         ND       DIETETICS         Ion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.         (a)       (a) <th(a)< th="">       (a)       (a)</th(a)<>					50			232161 12-10-12 LHA
Image: Complete trips organization answerd "Vet" to Form 990, Part IV, line 332, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 35, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 36, 36, or 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 36, 36, 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 33, 43, 36, 36, 36, 37.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 34, because it had one or more related tax-even rous ching the bay year.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 34, because it had one or more related tax-even rous ching the bay year.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 34, because it had one or more related tax-even rous ching the bay year.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 34, because it had one or more related tax-even rous ching the bay.         Image: Complete it is organization answerd "Vet" to Form 990, Part IV, line 34, because it had one or more related tax-even rous ching the bay.         Image: Complete it is organization answerd	ule R (Form 990) 2012	Sched				s for Form 990.	ion Act Notice, see the Instruction	or Paperwork Reduction
Item       ACADEMY OF NUTRITION AND DIFFETICS       Employer identifies         item       ACADEMY OF NUTRITION AND DIFFETICS       Employer identifies         (a)       (b)       (c)       (c) <th< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th<>								
Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 46, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 46, 36, or 37.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax even ons during the tax, year.       Image: Complete if the organization answer	×			11(C)(6)		ta ta	CHICAGO,	36-0724760, 120 S. IL 60606
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.     ACADEMY OF NUTRITION AND DIETETICS FOUNDATION     (o)     (a)     (b)     (b)     (c)     (c)     (c)     (c)     (d)     (e)     forsigarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33,     (d)     (e)     (for the organization answered "Yes" to Form 990, Part IV, line 33,     (o)     (c)     (for the organization answered "Yes" to Form 990, Part IV, line 33,     (d)     (e)     (for the organization answered "Yes" to Form 990, Part IV, line 33,     (for the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more the tax ware'		(f) Direct control entity				<b>(b)</b> Primary activity	(a) address, and EIN ated organization	Name, of rela
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.     ACADEMY OF NUTRITION AND DIETETICS     FOUNDATION     (o)     (a)     (f applicable)     f disregarded entity     f disregarded entity     (if applicable)     (if	ax-exempt	nore related ta	use it had one or n	art IV, line 34 becau	inswered "Yes" to Form 990, P	tions (Complete if the organization a	of Related Tax-Exempt Organization during the tax year.)	Part II Identification
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.                  tion ACADEMY OF NUTRITION AND DIETETICS                  foregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)                 (a)								
<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</li> <li>See separate instructions.</li> <li>Ition of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)</li> <li>(a)         <ul> <li>(b)</li></ul></li></ul>								
<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>ACADEMY OF NUTRITION AND DIETETICS FOUNDATION</li> <li>See separate instructions.</li> <li>See separate instructions.</li> <li>See separate instructions.</li> <li>See separate instructions.</li> <li>In a CADEMY OF NUTRITION AND DIETETICS</li> <li>In of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)</li> <li>(a)         <ul> <li>(a)                  (b)</li></ul></li></ul>								
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.         ACADEMY OF NUTRITION AND DIETETICS         FOUNDATION         tion of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)         (a)       (b)         (b)       (c)         (c)       (d)         (c)       (c)         (c)       (c) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.     ACADEMY OF NUTRITION AND DIETETICS     FOUNDATION tion of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	(f) )irect controlling entity		<b>(e)</b> End-of-year as:	(d) Total income	<b>(c)</b> Legal domicile (state or foreign country)	<b>(b)</b> Primary activity	<b>(a)</b> ss, and EIN (if applicable) sregarded entity	Name, addres of dis
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▲ Attach to Form 990. ▲ See separate instructions. ■ ACADEMY OF NUTRITION AND DIETETICS FOUNDATION					to Form 990, Part IV, line 33.)	if the organization answered "Yes"	n of Disregarded Entities (Complete	Part I Identification
<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> <li>See separate instructions.</li> </ul>	dentification number 150906	Employer ic 36-61			CS		ACADEMY OF FOUNDATION	Name of the organization
Related Organizations and Unrelated Partnerships	OMB No. 1545-0047 2012 Open to Public Inspection		37.	nerships 33, 34, 35, 36, or 3 ions.	and Unrelated Part 'es" to Form 990, Part IV, line ▶ See separate instruct	Related Organizations the organization answered "Y ▶ Attach to Form 990.	► Comple	SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

990) 2012	Schedule R (Form 990) 2012	Schedu					51				232162 12-10-12
				+							
512(b)(13) controlled entity? Yes No	Percentage ownership	Share of P end-of-year c assets		rp, Share of total income	Type of entity (C corp, S corp, or trust)	Direct controlling entity	Legal domicile Direct (state or foreign country)	Primary activity	Prim	Ž	Name, address, and EIN of related organization
(i) Section					(e)		(c)	(a)			(a)
) related	one or more	ed "Yes" to Form 990, Part IV, line 34 because it had one or more related	art IV, line 34	Form 990, Pa	wered "Yes" to	inization ansv	mplete if the orga	oration or Trust (Co year.)	has a Corpo ing the tax	janizations Taxable poration or trust dur	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer organizations treated as a corporation or trust during the tax year.)
							2				
							>				
()) (K) General or Percentage managing ownership partner? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) Disproportion- ate allocations? Yes No	(g) Share of end-of-year assets	1e	ស	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	( <b>d)</b> Direct controlling entity	(C) Legal domicile (state or foreign country)	<b>(b)</b> Primary activity	(a) Name, address, and EIN of related organization
									tax year.)	tnership during the	organizations treated as a partnership during the tax year)
	ore related	õ	34 because i	). Part IV. line		nswered "Ye	the organization a	ership (Complete if t	as a Partn	anizations Taxable	e
Page 2	6150906	36-61					TICS	AND DIETETICS	NUTRITION	ACADEMY OF NUTI FOUNDATION	ACADI Schedule R (Form 990) 2012 FOUNI
							     	j			

990) 2012	Schedule R (Form 990) 2012		52	232163 12-10-12
				(6)
				(5)
				(4)
	FMV	343,410.	C	(3) ACADEMY OF NUTRITION AND DIETETICS
	FMV	639,539.	0	(2) ACADEMY OF NUTRITION AND DIETETICS
	FMV	160,395.	œ	(1) ACADEMY OF NUTRITION AND DIETETICS
	<b>(d)</b> Method of determining amount involved	<b>(c)</b> Amount involved	<b>(b)</b> Transaction type (a-s)	(a) Name of other organization
	covered relationships and transaction thresholds.	nis line, including covered	ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including
X				s Other transfer of cash or property from related organization(s)
X	1			r Other transfer of cash or property to related organization(s)
×	1q			<b>q</b> Reimbursement paid by related organization(s) for expenses
	1p			p Reimbursement paid to related organization(s) for expenses
X				
×			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	1m			m Performance of services or membership or fundraising solicitations by related organization(s)
Х	1			I Performance of services or membership or fundraising solicitations for related organization(s)
Х	1			<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)
×	1			j Lease of facilities, equipment, or other assets to related organization(s)
X	1			i Exchange of assets with related organization(s)
×	1h			h Purchase of assets from related organization(s)
×	1g			ŝ
×	<b>1</b> f			f Dividends from related organization(s)
×	1e			e Loans or loan guarantees by related organization(s)
×	1d			d Loans or loan guarantees to or for related organization(s)
┢	<u>1c</u>			<b>c</b> Gift, grant, or capital contribution from related organization(s)
	16			<b>b</b> Gift, grant, or capital contribution to related organization(s)
×	1a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	ns listed in Parts II-IV?	lated organizations listed	s with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizatio
Yes No				Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.
	or 36.)	990, Part IV, line 34, 35b, or 36.)	vered "Yes" to Form	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line
Page <b>3</b>	36-6150906		TETICS	ACADEMY OF NUTRITION AND DIETETICS Schedule R (Form 990) 2012 FOUNDATION

			ION	FOUNDATION	Schedule R (Form 990) 2012
DIETETICS	AND	NUTRITION AND DIETETICS	0F	ACADEMY	

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

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

Marrine defenses of other interviewed inter	Schedule D (Earm 000) 2012		Cohodulo							
Areal Depted Supply       (f) total income       (g) and of end-of-year assets         Ves No       Income       and-of-year assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       Income         Ves No       Income       assets         Income       Income       Income         In										
(e) Areal southers set orgs?       (f) total income       (g) and of end-of-year assets         Ves No       Income       and-of-year assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       Income         Ves No       Income       assets         Ves No       Income       Income         Income       Income       Income										
(e) Areal southers set orgs?       (f) total income       (g) and of end-of-year assets         Ves No       income       and-of-year assets         Ves No       income       assets         Ves No       income       income         Ves No       income       assets         Ves No       income       income         Ves No       income       income         Ves No       income       assets         Ves No       income       income         Ves No       incom       incom										
(e) Areal Share of softionsse.       (f) Share of end-of-year         Ves No       income         ves No       assets         ves No <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
(e) Areal Share of southersse. res No       (f) Share of end-of-year assets         Ves No       income         ves No       assets         ves No										
(e) Areal pottersse. (ngs)?       (f) Share of total income       (g) end-of-year assets         Ves No       income       assets         Image: No       Image: No       Image: No         Ves No       Image: No       Image: No         Ves No       Image: No       Image: No         Ves No       Image: No       Image: No         Image: No       Image: No       Image: No										
(e) Areal pottersise. rongs?       (f) total income       (g) and of year assets         Ves No       income       and of year assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       assets         Ves No       Income       Income         Ves No       Income       assets         Income       Income       Income										
(e) Areal polytorsec ongs?     (f) Share of total income     (g) and of year assets       Ves No     income     assets										
(e) Areal spatnesse: orgs?     (f) total income     (g) and of end-of-year assets       Ves No     income     assets										
(e) Areal potterse: crgs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal spatnesse: orgs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal pottersise. rongs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal solutions orgs?     (f) Share of total income     (g) end-of-year assets       ves No     income     assets										
(e) Areal Spatnerse: orgs?     (f) Share of total income     (g) end-of-year assets       Ves     No     income     assets										
(e) Areal Spatnesses orgs?     (f) Share of total income     (g) end-of-year assets       Ves     No     income     assets										
(e) Areal polytorsec ongs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal Spattersise: orgs?     (f) Share of total income     (g) end-of-year assets       ves No     income     assets										
(e) Areal State orgs     (f) Share of total income     (g) end-of-year assets       ves No     income     assets										
(e) Areal Substressed orgs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal State orgs?     (f) Share of total income     (g) end-of-year assets       ves No     income     assets										
(e) Areal bittlesse: orgs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal battlets softion orgs?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal Mathematical Subtractions orgs,?     (f) Share of total income     (g) end-of-year assets       Ves No     income     assets										
(e) Areal Solutions     (f) (g) Share of total income     (g) Share of end-of-year assets       Ves No     income     assets										
(e) Areal Solutions     (f) (g) Share of total income     (g) Share of end-of-year assets       Ves No     income     assets										
(e) Areal Solutions     (f) (g) Share of total income     (g) Share of end-of-year assets       Ves     No										
(e) Areal Solutions     (f) (g) Share of total income     (g) Share of end-of-year assets       Ves     No										
(e) Areal Solutions     (f) Share of total income     (g) Share of end-of-year assets       Ves     No										
(e) Atealing Softensise: ves No     (f) Share of total income     (g) Share of end-of-year assets										
(e) Atealing Softie(ISSE: S										
(e) Arealt Soft(orgs)?     (f) Share of total income     (g) Share of end-of-year assets										
(e) Ate all softensiste: ves No         (f) Share of total income         (g) Share of end-of-year assets										
(e) Are all soft(s) orgs/v3(f) (g)(g) (g)YesNoShare of total incomeShare of end-of-year assets										
(e) Are all partners sec. op1(p)(3)(f) total(g) Share of end-of-year assetsYes Noincomeassets										
(e) Are all partners sec. out(s)(f) (g)(g)Share of out(s)Share of total incomeShare of end-of-year assets										
(e) Are all patnesser.(f) (g)(g)Are all patnesser. out(c),2)Share of total incomeShare of end-of-yearYes Noincomeassets										
(e) Are all partners sec.(f) (g)(g)Are all partners sec.Share of totalShare of end-of-yearYesNoincomeassets										
(e) (f) (g) har Ate all partners sec. Share of Share of 501(o)(3) total end-of-year		Yes No	(Form 1065)	Yes No		Yes No	under section 512-514			
(e) (f) (g) Ateal partnersse. Share of Share of Share of Share of	ownersnip	partner?	of Schedule K-1	allocations?	eriu-oi-year	orgs?	excluded from tax	(state or loreign		
(e) (f) (g)	Percentage	managing	amount in box 20	tionate	Share of	partners sec. 501(c)(3)	(related, unrelated,	Legal domicile	Primary activity	Name, address, and EIN
	(2)				(9)	Are all	(u)		(a)	(a)
		3		121	(-)	2	(-N	121	(1-1)	

ъ ω

71 of 132

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	36-6150906 Page 5
Part VII	Supplemental Info	ormation	
	Complete this part to pr	ovide additional information for responses to questions on Schedule R (see ins	structions).

Schedule R (Form 990) 2012

18270225 145594 100271-1

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

File a separate application for each reach re	eturn.
---	--------

► X

0 1

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	
---	--

• 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 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.

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

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

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	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
<ul> <li>PAUL MIFSUD</li> <li>The books are in the care of ► 120 S RIVERSIDE Telephone No. ► 312-899-4730</li> <li>If the organization does not have an office or place of business</li> <li>If this is for a Group Return, enter the organization's four digit (box ►</li></ul>	s in the Ur Group Exe and atta required f t organiza	FAX No. ►	s is for nemb	the whole group, clears the extension is	heck this
<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	,	, <b>,</b>	3a	\$	0.
<ul> <li>If this application is for Form 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overp</li> </ul>			3b	\$	0.
<ul> <li>Balance due. Subtract line 3b from line 3a. Include your part</li> </ul>			00	Ψ	
by using EFTPS (Electronic Federal Tax Payment System).	•	, , ,	3c	\$	0.
<b>Caution.</b> If you are going to make an electronic fund withdrawal v				Ŧ	
LHA For Privacy Act and Paperwork Reduction Act Notice,			50751	Form <b>8868</b> (Re	
223841 01-21-13		55			

2012.05030 ACADEMY OF NUTRITION AND DI 100271-1

Page 2

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. • If s . **A**uta natic 3-Month Exter alata ..... Dort I ( 1)

● If y Par	bu are filing for an Automatic 3-Month Extension, complet II Additional (Not Automatic) 3-Month E			al (no co	onies neer	led)
			· · ·	•	•	ee instructions
Type print	Name of exempt organization or other filer, see instru ACADEMY OF NUTRITION AND DI			-	r identificatio	n number (EIN) o
File by	he FOUNDATION				36-61	50906
due da filing yo return.	<sup>ur</sup> 120 C DIVERCIDE DIAGA NO		tions.	Social se	curity numbe	er (SSN)
instruc	<sup>ons.</sup> City, town or post office, state, and ZIP code. For a f CHICAGO, IL 60606	oreign add	Iress, see instructions.			
Enter	the Return code for the return that this application is for (fil	e a separa	te application for each return)			01
Appli	cation	Return	Application			Return
ls Fo		Code	Is For			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	<u>Do not complete Part II if you were not already granted</u> PAUL MIFSUD	d an autor	natic 3-month extension on a prev	riously file	ed Form 886	8.
Te If 1 If 1 box 4 5 6 7	I request an additional 3-month extension of time until For calendar year, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, of Change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE.	s in the Ur Group Exe <u>and atta</u> APRI JUN 1 check reas	FAX No. ▶         nited States, check this box         emption Number (GEN)         a list with the names and EINs or         L       15, 2014         , 2012       , and endin         on:       □         Initial return       □	f this is fo f all memb g <b>MAY</b> Final r	r the whole g pers the exter 31, 2 return	roup, check this ision is for.
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0
	nonrefundable credits. See instructions.			<u>8a</u>	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				
	tax payments made. Include any prior year overpayment a	lowed as a	a credit and any amount paid	8b	\$	0.
с	previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by usina		Ψ	0.
	EFTPS (Electronic Federal Tax Payment System). See instr	-		8c	\$	0.
			st be completed for Part II			
	penalties of perjury, I declare that I have examined this form, incluc e, correct, and complete, and that I am authorized to prepare this f	ling accomp	-	-	of my knowledg	e and belief,
Signat	ure 🕨 Title 🅨	ENROL	LED AGENT	Date		

Form 8868 (Rev. 1-2013)

223842 01-21-13

	IRS $e_{-file}$ Signature Authorization		OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization           For calendar year 2012, or fiscal year beginning JUN 1 , 2012, and ending MAY 31	,20 13	2012
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records.		2012
Name of exempt organization		Employer	identification number
ACADEMY OF NU FOUNDATION	TRITION AND DIETETICS	36-6	150906
Name and title of officer			
PATRICIA BABJ CHIEF EXECUTI			
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, f <b>a</b> , below, and the amount on that line for the return being filed with this form was blank lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applical	, then leave	line 1b, 2b, 3b, 4b, or 5b
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	408991
2a Form 990-EZ check he		2b	
3a Form 1120-POL check	c here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check he			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	tion and Signature Authorization of Officer		
1-888-353-4537 no later th processing of the electron payment. I have selected	stitution to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financia ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	l institutions nd resolve is	involved in the sues related to the
X Lauthorize PL	ANTE & MORAN, PLLC	to enter m	v PIN 50906
	ERO firm name		Enter five numbers, do not enter all zero
is being filed wit	on the organization's tax year 2012 electronically filed return. If I have indicated within h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2012 this return that a copy of the return is being filed with a state agency(ies) regulating cha nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨 📩 * *	*** THIS IS NOT A FILEABLE COPY *** Date		
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
	your five-digit self-selected PIN. 1557026060 do not enter all zeros		
-	meric entry is my PIN, which is my signature on the 2012 electronically filed return for th ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (Me ss 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 D	o So	
LHA For Paperwork Rec	Juction Act Notice, see instructions.		Form <b>8879-EO</b> (2012
11-05-12 270225 145594	57 100271-1 2012.05030 ACADEMY OF NUTRITI	ON ANI	DI 100271-:

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

### FOR THE YEAR ENDING

MAY 31, 2013

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

For Offi		linois			Form AG990-IL Revised 3/05
	Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	lph	co		1-004584
AMT	Report for the Fiscal Period:		X		all items attached: of IRS Return
AIVIT		Make Checks	X		d Financial Statements
	Beginning 06/01/2012	Payable to			of Form IFC
INIT		the Illinois Charity			) Annual Report Filing Fee
		Bureau Fund		\$100.0	00 Late Report Filing Fee
		ganization was (	oronto	4.	MO DAY YR 01/01/1996
Are co		Year-end	lieale	J. 	01/01/1990
	NAME FOUNDATION	amounts			
	MAIL	A) ASSETS		A) \$	20,294,548.
	DRESS 120 S. RIVERSIDE PLAZA, NO. 2000	B) LIABILITIE		B) \$	40,292.
	STATE CHICAGO, IL CODE 60606	C) NET ASSET	5	C) \$	20,254,256.
	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTA	GE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	75.31		D) \$	3,163,544.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	11.19		E) \$	470,235.
	F) OTHER REVENUES	13.49	2%	F) \$	566,755.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	10	0 %	G) \$	4,200,534.
<b>.</b>	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	10	U 70	α) φ	4,200,334.
	H) OPERATING CHARITABLE PROGRAM EXPENSE	41.97	6%	H) \$	1,738,093.
	I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	41.97	6%	J) \$	1,738,093.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):       \$				
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	33.85	8%	К) \$	1,401,929.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	75.83	<b>4</b> %	L) \$	3,140,022.
	M) MANAGEMENT AND GENERAL EXPENSE	15.81	1%	M)\$	654,681.
	N) FUNDRAISING EXPENSE	8.35	5%	N) \$	345,964.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	10	0 %	0) \$	4,140,667.
ш. :	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)				
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	10	0 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	0.
IV.	IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:				
	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.
	SODE DIFIERDINES				on back side of instructions CODE
1 05-0	W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUB X) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS	эгтс		W)# X)#	012 200
298091 05-01-12	Y) DESCRIPTION:			<pre>^) # Y) #</pre>	200

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
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?	2.		X
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?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
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?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	NORTHERN TRUST BANK, 50 S. LASALLE ST., CHICAGO, IL 60603			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PAUL MIFSUD - 312-899-4730			

### 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:	PATRICIA BABJAK		
<ol> <li>REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.</li> <li>FOR FEES DUE SEE INSTRUCTIONS.</li> <li>FOR FEES DUE SEE INSTRUCTIONS.</li> </ol>	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
• · · · · · · · · · · · · · · · · · · ·	LU ANN TRAPP		
298101 05-01-12	PREPARER (PRINT NAME)	SIGNATURE	DATE