

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

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

A For the **2011** calendar year, or tax year beginning **JUN 1, 2011** and ending **MAY 31, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACADEMY OF NUTRITION AND DIETETICS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 S. RIVERSIDE PLAZA 2000 City or town, state or country, and ZIP + 4 CHICAGO, IL 60606	D Employer identification number 36-0724760 E Telephone number 312-899-0040 G Gross receipts \$ 38,390,750.
F Name and address of principal officer: PATRICIA BABJAK SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.EATRIGHT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1924 M State of legal domicile: IL

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: EMPOWER MEMBERS TO BE THE NATION'S FOOD AND NUTRITION LEADERS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	291,025.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	5,645.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		3,650,147.	3,979,250.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,117,171.	29,858,638.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,559,246.	868,721.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,326,564.	34,706,609.
14 Benefits paid to or for members (Part IX, column (A), line 4)		701,058.	294,660.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		12,618,833.	13,520,130.
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,393,827.	20,594,650.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,713,718.	34,409,440.
19 Revenue less expenses. Subtract line 18 from line 12	612,846.	297,169.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	44,965,636.	43,832,227.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,869,280.	25,226,611.
		19,096,356.	18,605,616.

Part II Signature Block

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

Sign Here	Signature of officer PATRICIA BABJAK, CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name LU ANN TRAPP	Preparer's signature LU ANN TRAPP	Date 01/23/13	Check <input type="checkbox"/> if self-employed PTIN P01506476
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951		Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606
Phone no. (312) 207-1040				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: EMPOWER MEMBERS TO BE THE NATION'S FOOD AND NUTRITION LEADERS.

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

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

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) PUBLIC/GOVERNMENT AFFAIRS - PROGRAM PROMOTES AWARENESS OF NUTRITION AND HEALTH INITIATIVES AS WELL AS WORKS ON FEDERAL AND STATE INITIATIVES THAT MAY IMPACT THE FIELD OF DIETETICS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) PUBLICATIONS - PROGRAM THAT PROVIDES FOR THE PUBLICATION OF THE "JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS", "FOOD & NUTRITION", AND VARIOUS OTHER EDUCATION MATERIALS BOTH TRADITIONALLY AND ELECTRONICALLY IN ORDER TO PROVIDE DIETETICS' PROFESSIONALS AND CONSUMERS WITH RESOURCES FOR GOOD NUTRITION AND HEALTH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) MEMBERSHIP - PROGRAM PROVIDES FOR THE MAINTENANCE AND MANAGEMENT OF ALL MEMBERSHIP RELATED ACTIVITIES THAT PROMOTE THE PROFESSION OF DIETETICS. THIS WOULD INCLUDE MEMBERSHIP ACTIVITIES WITHIN THE ACADEMY, DIETETIC PRACTICE GROUPS, MEMBER INTEREST GROUPS, REVIEW AND ACCREDITATION OF EDUCATIONAL PROGRAMS AND DIETETICS REGISTRATION.

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

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (c)(12), (c)(29) organizations.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
PAUL MIFSUD - 312-899-4730
120 S RIVERSIDE PLAZA, SUITE 2000, CHICAGO, IL 60606

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SYLVIA ESCOTT STUMP PRESIDENT	10.00	X		X			19,000.	0.	0.	
(2) ETHAN A BERGMAN PRESIDENT-ELECT	10.00	X		X			6,000.	0.	0.	
(3) JUDITH C. RODRIGUEZ PAST PRESIDENT	1.00	X					0.	0.	0.	
(4) MARY K RUSSELL TREASURER	1.00	X		X			0.	0.	0.	
(5) TRISHA FUHRMAN SPEAKER	1.00	X		X			0.	0.	0.	
(6) BECKY DORNER SPEAKER-ELECT	1.00	X		X			0.	0.	0.	
(7) GLENNA R MCCOLLUM PAST SPEAKER	1.00	X		X			0.	0.	0.	
(8) LUCILLE BESELER DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(9) EVELYN CRAYTON DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(10) ERSKINE R SMITH DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(11) KATHLEEN ZELMAN DIRECTOR-AT-LARGE	1.00	X					0.	0.	0.	
(12) PAMELA CHARNEY HOD DIRECTOR	1.00	X					0.	0.	0.	
(13) LINDA T FARR HOD DIRECTOR	1.00	X					0.	0.	0.	
(14) ELISE A SMITH HOD DIRECTOR	1.00	X					0.	0.	0.	
(15) JOSEPH DEROCHOWSKI PUBLIC MEMBER	1.00	X					0.	0.	0.	
(16) SANDRA L GILL PUBLIC MEMBER	1.00	X					0.	0.	0.	
(17) BARBARA IVENS CHAIR, ACADEMY FOUNDATION	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA BABJAK CEO	40.00			X				327,710.	0.	60,443.
(19) PAUL A. MIFSUD CFO	40.00			X				211,647.	0.	32,861.
(20) MARY BETH WHALEN VP EXTERNAL AFFAIRS	40.00				X			80,663.	110,394.	30,701.
(21) BARBARA VISOCAN VP MEMBER SERVICES	40.00				X			187,255.	0.	30,402.
(22) MARY PAT RAIMONDI VP STRATEGIC POLICY AND PARTNERSHIPS	40.00				X			170,208.	0.	21,863.
(23) ESTHER MYERS CHIEF SCIENCE OFFICER	40.00				X			169,374.	0.	22,106.
(24) JEANNE D BLAKENSHIP VP POLICY INITIATIVES & ADVOCACY	40.00				X			165,653.	0.	15,685.
1b Sub-total								1,337,510.	110,394.	214,061.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,337,510.	110,394.	214,061.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BARNES & THORNBURG, ONE NORTH WACKER DRIVE SUITE 400, CHICAGO, IL 60606	LEGAL SERVICES	301,933.
SEGALL BRYANT & HAMILL 10 SOUTH WACKER DRIVE, CHICAGO, IL 60606	INVESTMENT SERVICES	120,587.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	182,309.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,796,941.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,979,250.				
	Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	11346493.	11346493.		
b REGISTRATION AND EXAMI		541900	5,778,259.	5,778,259.			
c PUBLICATIONS, SUBSCRIP		541800	5,264,791.	4,973,766.	291,025.		
d PROGRAMS AND MEETINGS		900099	4,642,816.	4,642,816.			
e EDUCATION PROGRAMS		611710	1,686,365.	1,686,365.			
f All other program service revenue		900099	1,139,914.	1,139,914.			
g Total. Add lines 2a-2f			29858638.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		764,835.			764,835.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			103,886.		103,886.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			34706609.	29567613.	291,025.	868,721.	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	294,660.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,474,742.			
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	9,024,098.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	858,963.			
9 Other employee benefits	1,211,195.			
10 Payroll taxes	951,132.			
11 Fees for services (non-employees):				
a Management				
b Legal	201,250.			
c Accounting	75,585.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	138,835.			
g Other	3,501,974.			
12 Advertising and promotion	130,854.			
13 Office expenses	303,337.			
14 Information technology	770,932.			
15 Royalties	98,804.			
16 Occupancy	1,376,026.			
17 Travel	2,935,046.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,404,159.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,002,196.			
23 Insurance	219,684.			
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 O.)				
a PUBLICATIONS	2,424,539.			
b EXAMINATION ADMINISTRAT	1,057,301.			
c POSTAGE AND MAILING SER	1,003,235.			
d FEDERAL AND STATE UBI T	1,440.			
e All other expenses	1,949,453.			
25 Total functional expenses. Add lines 1 through 24e	34,409,440.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	8,533,308.	2	8,292,026.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,509,653.	4	2,168,225.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	737,705.	8	823,643.	
	9 Prepaid expenses and deferred charges	1,111,947.	9	1,377,970.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,486,990.			
	b Less: accumulated depreciation	10b 2,057,247.	3,402,501.	10c 3,429,743.	
	11 Investments - publicly traded securities	29,548,147.	11	27,615,951.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	122,375.	15	124,669.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,965,636.	16	43,832,227.		
Liabilities	17 Accounts payable and accrued expenses	5,833,181.	17	5,042,185.	
	18 Grants payable		18		
	19 Deferred revenue	15,418,957.	19	15,908,662.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,617,142.	25	4,275,764.	
	26 Total liabilities. Add lines 17 through 25	25,869,280.	26	25,226,611.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	19,096,356.	27	18,605,616.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	19,096,356.	33	18,605,616.	
34 Total liabilities and net assets/fund balances	44,965,636.	34	43,832,227.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,706,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,409,440.
3	Revenue less expenses. Subtract line 2 from line 1	3	297,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,096,356.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<787,910.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,605,615.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

DRAFT

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(6) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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) (2011)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A COOKS TOUR 221 214TH AVE. NE SAMMAMISH, WA 98074	\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ABBOTT HEALTHCARE PVT LTD 200 ABBOTT PARK RD. ABBOT PARK, IL 60064	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ABBOTT LABORATORIES 200 ABBOTT PARK RD. ABBOT PARK, IL 60064	\$ 187,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ABBOTT NUTRITION 625 CLEVELAND AVENUE COLUMBUS, OH 43215	\$ 142,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION 120 S. RIVERSIDE PLAZA, STE 2000 CHICAGO, IL 60606	\$ 182,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AGRO-FARMA 669 COUNTY ROAD 25 NEW BERLIN, NY 13411	\$ 25,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AJINOMOTO USA 1 AJINOMOTO DRIVE EDDYVILLE, IA 52553	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ARAMARK CORPORATION 1101 MARKET ST. PHILADELPHIA, PA 19107	\$ 278,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BECTON DICKINSON & CO 1 BECTON DRIVE FRANKLIN LAKES, NJ 07417	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BIOSAN LABORATORIES INC 1950 TOBSAL COURT SARREN, WI 48091	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	BIOVITTORIA RUAKURA ROAD, PO BOX 9466 HAMILTON HAMILTON, NEW ZEALAND	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BMIQ 4250 VETERANS MEMORIAL HIGHWAY, SUITE 175, EAST HOLBROOK, NY 11741	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BODYMEDIA ONE GATEWAY CENTER, 420 FORT DUQUESNE BLVD PITTSBURGH, PA 15222	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
14	BUTTER BUDS 2 CUMBERLAND ST BROOKLYN, NY 11205	\$ 8,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
15	CALIFORNIA WALNUT BOARD 24490 JOSEPH AVENUE LOS MOLINOS, CA 96055	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
16	CALORIE CONTROL COUNCIL 1100 JOHNSON FERRY RD NE ATLANTA, GA 30342	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
17	CAMPBELL SOUP COMPANY 1 CAMPBELL PL CAMDEN, NJ 08103	\$ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
18	CANOLA COUNCIL OF CANADA 400-167 LOMBARD AVENUE WINNIPEG, MB, CANADA R3B 0T6	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CARGILL INCORPORATED 4340 18TH AVE SW FARGO, ND 58103	\$ 119,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CDR TRANSFER 1060 INDUSTRIAL BOULEVARD SOUTHAMPTON, PA 18966	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	CELL SCIENCE SYSTEMS CORP 852 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CMGRP, INC 919 3RD AVE NEW YORK, NY 10022	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	COCA-COLA COMPANY P.O. BOX 1734 ATLANTA, GA 30301	\$ 286,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DRIVE HYDE PARK, NY 12538	\$ 5,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CONAGRA INC 1 CONAGRA DRIVE OMAHA, NE 68102	\$ 290,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	CORN REFINERS ASSOCIATION 1701 PENNSYLVANIA AVE, SUITE 950 WASHINGTON, DC 20006	\$ 18,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	COVIDIEN 15 HAMPSHIRE STREET MANSFIELD, MA 02048	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	COYNE PUBLIC RELATIONS 5 WOOD HOLLOW ROAD PARSIPPANY, NJ 07054	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DNA DREAMFIELDS CO LLC 1600 UTICA AVE SSUITE 350 ST. LOUIS PARK , MN 55416	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	EDELMAN PUBLIC RELATIONS 200 EAST RANDOLPH STREET CHICAGO, IL 60601	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ELI LILLY AND COMPANY 1843 LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285	\$ 63,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	FLEISHMAN-HILLARD 200 NORTH BROADWAY ST. LOUIS, MO 63102	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	FOODMINDS LLC ONE TOWER LANE, SUITE 2610 OAKBROOK TERRACE, IL 60181	\$ 13,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	GENERAL MILLS NUMBER ONE GENERAL MILLS BLVD MINNEAPOLIS, MN 55440	\$ 123,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	HERSHEY FOODS CORP 100 CRYSTAL A DR. HERSHEY, PA 17033	\$ 322,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	INTEGRATED MARKETING GROUP 146 PIERPONT AVE SALT LAKE CITY, UT 84101	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JANSSEN PHARMACEUTICALS 1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	KELLOGG USA INC P.O. BOX 3599 BATTLE CREEK, MI 49016	\$ 88,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	KETCHUM INC 6 PPG PLACE PITTSBURGH, PA 15222	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	LUNDBERG FAMILY FARMS 5311 MIDWAY RICHVALE, CA 95974	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MASTERFOODS USA 800 HIGH STREET HACKETTSTOWN, NJ 07840	\$ 75,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MCNEIL NUTRITIONALS LLC 601 OFFICE CENTER DRIVE, MS 908 FORT WASHINGTON, PA 19034	\$ 52,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MCNEIL/JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	MEAD JOHNSON NUTRITION 2400 WEST LLOYD EXPRESSWAY EVANSVILLE, IN 47712	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	MEAD JOHNSON NUTRITIONALS 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721	\$ 11,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MEDIFAST INC 11445 CRONHILL DRIVE # 200 OWINGS MILLS, MD 21117	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MONSANTO COMPANY 800 N. LINDBERGH BLVD. ST. LOUIS, MO 63167	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MS&L CHICAGO 303 E WACKER DRIVE # 440 CHICAGO, IL 60601	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NATIONAL DAIRY COUNCIL 10255 W. HIGGINS RD. ROSEMONT, IL 60018	\$ 295,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	NATIONAL STARCH PO BOX 5932 BRIDGEWATER, NJ 08807	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	NESTLE 800 N. BRAND BLVD, 12TH FLOOR GLENDALE, CA 91203	\$ 33,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	NESTLE USA 800 N. BRAND BLVD, 12TH FLOOR GLENDALE, CA 91203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	NESTLE USA FOOD 800 N. BRAND BLVD, 12TH FLOOR GLENDALE, CA 91203	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	NUTRICIA ADVANCED MEDICAL NUTRITION P.O. BOX 11 GAITHERSBURG, MD 20884	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ORGAIN INC P.O. BOX 4918 IRVINE, CA 92616	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ORGANIC VALLEY FAMILY OF FARMS ONE ORGANIC WAY LA FARGE, WI 54639	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	PARAMOUNT FARMS, INC. 11444 WEST OLYMPIC BOULEVARD LOS ANGELES, CA 90064	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	PAULA DEEN ENTERPRISES, LLC 2391 DOWNING AVENUE SAVANNAH, GA 31404	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	PEPSICO 960 FEATHERSTONE STREET PONTIAC, MI 48342	\$ 68,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	PHARMAVITE 8510 BALBOA BLVD NORTHRIDGE, CA 91325	\$ 87,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	POLLOCK COMMUNICATIONS 665 BROADWAY NEW YORK, NY 10012	\$ 85,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	PORTER NOVELLI 200 EAST RANDOLPH, SUITE 4120 CHICAGO, IL 60601	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	PUBLICATIONS INTERNATIONAL 7373 N. CICERO AVE. LINCOLN, IL 60712	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	PUBLICIS INC 7300 LONE STAR DRIVE SUITE 200 PLANO, TX 75024	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	SAFeway INC 5918 STONRIDGE MALL RD. PLEASANTON, CA 94588	\$ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	SHARECARE, INC 3280 PEACHTREE ROAD NORTHEAST ATLANTA, GA 30305	\$ 33,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	SHASTA SALES INC 6156 ST. ANDREWS ROAD, SUITE 105 COLUMBIA, SC 29212	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	SOLAE 4300 DUNCAN AVENUE ST. LOUIS, MO 63110	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	STAFFORD COMMUNICATIONS GROUP 309 SOUTH STREET NEW PROVIDENCE, NJ 07974	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	SUNSWEET GROWERS, INC 901 NORTH WALTON AVE. YUBA CITY, CA 95993	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	SYSKO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON, TX 77077	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	TABER CREATIVE GROUP 1693 EUREKA ROAD, SUITE 200 ROSEVILLE, CA 95661	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<u>UNILEVER BEST FOODS</u> <u>800 SYLVAN AVE</u> <u>ENGLEWOOD CLIFFS, NJ 07632</u>	\$ <u>76,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<u>UNIVERSITY OF MICHIGAN</u> <u>3003 S STATE STREET</u> <u>ANN ARBOR, MI 48109</u>	\$ <u>54,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	<u>US FOOD SERVICE</u> <u>10410 SOUTH 50TH PLACE</u> <u>PHOENIX, AZ 85044</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	<u>USDA</u> <u>3101 PARK CENTER DR ROOM 700</u> <u>ALEXANDRIA, VA 22302</u>	\$ <u>49,241.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
ACADEMY OF NUTRITION AND DIETETICS	WASHINGTON, DC 20036	32-0334661	0.	51,144.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011
LHA SEE PART IV FOR CONTINUATION

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	9,533,260.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	872,263.
b Carryover from last year	2b	
c Total	2c	872,263.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,525,322.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	<653,059.>

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE

1120 CONNECTICUT AVE NW WASHINGTON, DC 20036

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		585,626.	228,332.	357,294.
d Equipment		4,901,364.	1,828,915.	3,072,449.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,429,743.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	684,699.
(3) DEFERRED RENT INCENTIVE	2,995,830.
(4) DUE TO RELATED ORGANIZATION	595,235.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	4,275,764.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,706,609.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,409,440.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	297,169.
4	Net unrealized gains (losses) on investments	4	<787,910.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<787,910.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<490,741.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	34,045,243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<787,910.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	126,544.
e	Add lines 2a through 2d	2e	<661,366.>
3	Subtract line 2e from line 1	3	34,706,609.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	34,706,609.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	34,490,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	81,199.
e	Add lines 2a through 2d	2e	81,199.
3	Subtract line 2e from line 1	3	34,409,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,409,440.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION'S APPLICATION OF GAAPUS A REGARDING

UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS

MANAGEMENT BELIEVES THE ORGANIZATION HAS NO MATERIAL UNRECOGNIZED INCOME

TAX BENEFITS. THE ORGANIZATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR

PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME

TAX BENEFITS AS INCOME TAX EXPENSE. THE ORGANIZATION IS NO LONGER SUBJECT

TO EXAMINATION BY TAX AUTHORITIES FOR FEDERAL, STATE OR LOCAL INCOME TAXES

FOR PERIODS BEFORE 2008.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM ANDPAC 126,544.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM ANDPAC 81,199.

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

**Employer identification number
36-0724760**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 120 S. RIVERSIDE PLAZA, STE 2000 - CHICAGO, IL 60606	36-6150906	501(C)(3)	294,660.	0.	FMV		SCHOLARSHIP PROGRAM AND GENERAL SUPPORT

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

DRAFT

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: RECIPIENTS PROVIDE A MID TERM AND FINAL REPORT
TO THE ACADEMY OF NUTRITION AND DIETETICS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	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, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a	Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
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:		
a	The organization?	5a	
b	Any related organization?	5b	
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:		
a	The organization?	6a	
b	Any related organization?	6b	
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	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICIA BABJAK	(i)	327,710.	0.	0.	43,221.	17,222.	388,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAUL A. MIFSUD	(i)	211,647.	0.	0.	21,839.	11,022.	244,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARY BETH WHALEN	(i)	80,663.	0.	0.	8,321.	4,641.	93,625.	0.
	(ii)	110,394.	0.	0.	11,388.	6,351.	128,133.	0.
4 BARBARA VISOCAN	(i)	187,255.	0.	0.	19,418.	10,984.	217,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MARY PAT RAIMONDI	(i)	170,208.	0.	0.	17,161.	4,702.	192,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ESTHER MYERS	(i)	169,374.	0.	0.	16,944.	5,162.	191,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JEANNE D BLAKENSHIP	(i)	165,653.	0.	0.	10,329.	5,356.	181,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH - PROGRAM PROVIDES FOR THE DEVELOPMENT OF RESEARCH EFFORTS TO
SUPPORT PUBLIC AWARENESS OF GOOD NUTRITION AND HEALTH STANDARDS.

MEETINGS AND EDUCATION - PROGRAM PROVIDES MEMBERS WITH VARIOUS
EDUCATIONAL OPPORTUNITIES TO INCREASE THEIR KNOWLEDGE AND EARN
CONTINUING PROFESSIONAL EDUCATION TO MAINTAIN CERTIFICATION.

GOVERNANCE - PROGRAM PROVIDES FOR THE OVERSIGHT BY THE VOLUNTEER
LEADERSHIP OF THE ACADEMY'S STRATEGIC DIRECTION.

FORM 990, PART VI, SECTION A, LINE 6: THE ACADEMY OF NUTRITION AND
DIETETICS IS FUNDED TO BENEFIT MORE THAN 73,000 MEMBERS. THE HOD SHALL
EXIST TO GOVERN THE PROFESSION BY PROVIDING A FORUM FOR MEMBERSHIP AND
PROFESSIONAL ISSUES AND TO ESTABLISH AND MAINTAIN PROFESSIONAL STANDARDS OF
THE MEMBERSHIP. CORE ROLE OF THE HOD WILL INCLUDE BUT NOT LIMITED TO
ADAPTING AND MAINTAINING A CODE OF ETHICS IN CONJUNCTION WITH THE CDR,
DEVELOPING POSITION STATEMENTS AND OTHER PROFESSIONAL PAPERS ESTABLISHING
QUALIFICATIONS AND DUES OF MEMBERS, AND THE FORMULA FOR DUES PAYMENTS TO
AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 7A: FIVE (5) SEATS ON THE BOARD OF
DIRECTORS SHALL BE FILLED BY INDIVIDUALS HOLDING DULY ELECTED OFFICES OF
THE ACADEMY; THREE (3) SEATS SHALL BE FILLED BY APPOINTMENT; THREE (3)
SEATS SHALL BE FILLED BY INDIVIDUALS ELECTED FROM THE MEMBERSHIP OF THE
ACADEMY("AT-LARGE DIRECTORS"); SIX (6) SEATS SHALL BE FILLED BY INDIVIDUALS

Name of the organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
--	--

FROM THE HOD ("HOD DIRECTORS"); AND TWO (2) SEATS SHALL BE FILLED BY INDIVIDUALS ELECTED BY THE BOARD OF DIRECTORS ("PUBLIC MEMBERS").

FORM 990, PART VI, SECTION A, LINE 7B: THE HOD SHALL HAVE THE AUTHORITY TO ESTABLISH COMMITTEES AND RULES AND POLICIES OF HOD ORGANIZATION AND GOVERNANCE, INCLUDING ITS OWN COMPOSITION AND SIZE. EACH MEMBER ELIGIBLE TO VOTE SHALL BE ENTITLED TO ONE VOTE ON EACH MAILER SUBMITTED TO A VOTE OF THE MEMBERS. HONORARY MEMBERS MAY SERVE AS MEMBERS OF COMMITTEES AND ATTEND MEETINGS, BUT SHALL NOT BE ENTITLED TO VOTE OR ELIGIBLE TO HOLD ELECTED OFFICE.

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 FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

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. HUMAN RESOURCES AND CFO MONITOR AND COLLECT EACH YEAR AND THROUGHOUT THE YEAR IF NEEDED IN BOARD OF DIRECTORS MEETINGS.

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

Name of the organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
--	--

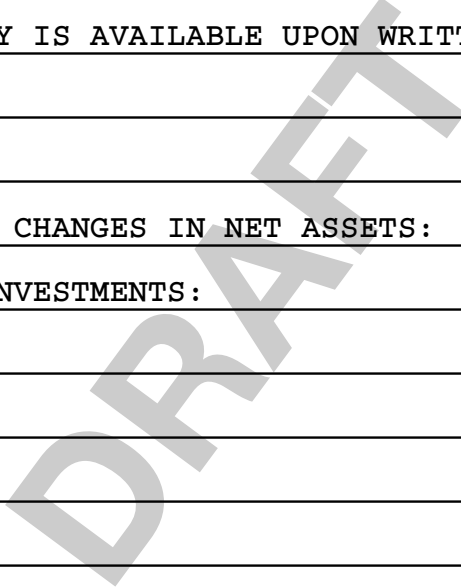
ORGANIZATION'S CEO AND EXECUTIVE DIRECTORS. THE FINAL APPROVAL OF THE CEO COMPENSATION IS DONE BY THE BOARD OF DIRECTORS.

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 THE APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -787,910.



Related Organizations and Unrelated Partnerships

▶ 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.

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS** Employer identification number **36-0724760**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 36-6150906, 120 S. RIVERSIDE PLAZA, CHICAGO, IL 60606	TO IMPROVE THE NUTRITIONAL HEALTH OF THE PUBLIC	ILLINOIS	501(C)(3)	509(A)(2)			X
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE, 1120 CONNECTICUT AVE NW, WASHINGTON, DC 20036	POLITICAL ACTION DEDICATED TO FOOD, NUTRITION & HEALTH ISSUES	DISTRICT OF COLUMBIA	527				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i	X	
1j		X
1k	X	
1l		X
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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2012 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

MAY 31, 2013

Prepared for	PAUL MIFSUD ACADEMY OF NUTRITION AND DIETETICS 120 S. RIVERSIDE PLAZA NO. 2000 CHICAGO, IL 60606																											
Prepared by	PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>880</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2012 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>880</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 2</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 3</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 4</td><td>\$ 880</td><td>MAY 15, 2013</td></tr></tbody></table>	Total Estimated Tax	\$	880	Less credit from prior year	\$	0	Less amount already paid on 2012 estimate	\$	0	Balance due	\$	880	Installment	Amount	Due Date	No. 1	\$ NONE REQUIRED		No. 2	\$ NONE REQUIRED		No. 3	\$ NONE REQUIRED		No. 4	\$ 880	MAY 15, 2013
Total Estimated Tax	\$	880																										
Less credit from prior year	\$	0																										
Less amount already paid on 2012 estimate	\$	0																										
Balance due	\$	880																										
Installment	Amount	Due Date																										
No. 1	\$ NONE REQUIRED																											
No. 2	\$ NONE REQUIRED																											
No. 3	\$ NONE REQUIRED																											
No. 4	\$ 880	MAY 15, 2013																										
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).																											
Mail voucher and check (if applicable) to	NOT APPLICABLE																											
Special Instructions																												

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
..... MAY 31, 2012

Prepared for	PAUL MIFSUD ACADEMY OF NUTRITION AND DIETETICS 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	BALANCE DUE OF \$868
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	APRIL 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) ACADEMY OF NUTRITION AND DIETETICS Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, NO. 2000 City or town, state, and ZIP code CHICAGO, IL 60606	D Employer identification number (Employees' trust, see instructions.) 36-0724760 E Unrelated business activity codes (See instructions.) 541800 900004
C Book value of all assets at end of year 43,832,227.	F Group exemption number (See instructions.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **PAUL MIFSUD** Telephone number **312-899-4730**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10	70,204.	40,430.
11 Advertising income (Schedule J)	11	220,821.	64,739.
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	291,025.	105,169.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)				
15 Salaries and wages				
16 Repairs and maintenance				
17 Bad debts				
18 Interest (attach schedule)				
19 Taxes and licenses				593.
20 Charitable contributions (See instructions for limitation rules.)				
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion				
24 Contributions to deferred compensation plans				
25 Employee benefit programs				
26 Excess exempt expenses (Schedule I)				
27 Excess readership costs (Schedule J)				156,082.
28 Other deductions (attach schedule) SEE STATEMENT 2				1,000.
29 Total deductions. Add lines 14 through 28				157,675.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				28,181.
31 Net operating loss deduction (limited to the amount on line 30)				21,536.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				6,645.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)				1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				5,645.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39). Total amount is 847.

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49). Total tax due is 868.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions 1, 2, and 3 regarding foreign accounts and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5). Cost of goods sold (7) is calculated from line 6.

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

Sign Here: Signature of officer, Date, CEO Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes checked.

Paid Preparer Use Only: Print/Type preparer's name (LU ANN TRAPP), Preparer's signature, Date (01/23/13), Check self-employed, PTIN (P01506476), Firm's name (PLANTE & MORAN, PLLC), Firm's EIN (38-1357951), Firm's address (10 S. RIVERSIDE PLAZA, 9TH FLOOR, CHICAGO, IL 60606), Phone no. ((312) 207-1040).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property
2. Rent received or accrued
(a) From personal property... (b) From real and personal property...
3(a) Deductions directly connected with the income...
(c) Total income... (b) Total deductions...

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property
2. Gross income from or allocable to debt-financed property
3. Deductions directly connected with or allocable to debt-financed property
(a) Straight line depreciation... (b) Other deductions...
4. Amount of average acquisition debt... 5. Average adjusted basis... 6. Column 4 divided by column 5
7. Gross income reportable... 8. Allocable deductions...
Totals... Total dividends-received deductions included in column 8...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization
2. Employer identification number
3. Net unrelated income (loss)
4. Total of specified payments made
5. Part of column 4 that is included in the controlling organization's gross income
6. Deductions directly connected with income in column 5
7. Taxable Income
8. Net unrelated income (loss)
9. Total of specified payments made
10. Part of column 9 that is included in the controlling organization's gross income
11. Deductions directly connected with income in column 10
Totals...

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	STMT 3 3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) MAILING LIST						
(2) RENTAL	70,204.	40,430.	29,774.			
(3)						
(4)						
Totals	70,204.	40,430.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) AND - TIMES	142,775.	49,201.		322,525.	564,422.	
(2) DPG NEWSLETTER	78,046.	15,538.		124,734.	295,225.	
(3)						
(4)						
Totals (carry to Part II, line (5))	220,821.	64,739.	156,082.	447,259.	859,647.	156,082.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	220,821.	64,739.				156,082.
Totals, Part II (lines 1-5)	220,821.	64,739.				156,082.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

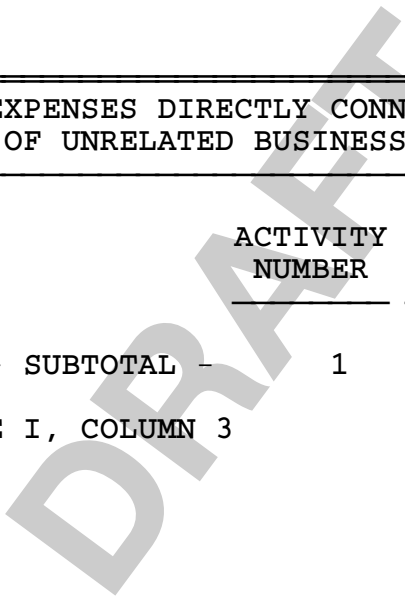
TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION FEE	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LIST RENTAL EXPENSES		40,430.	
- SUBTOTAL -	1		40,430.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			40,430.



Application for Extension of Time To File an Exempt Organization Return

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

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

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

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile 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 print	Name of exempt organization or other filer, see instructions. ACADEMY OF NUTRITION AND DIETETICS	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-0724760
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, NO. 2000	Social security number (SSN) <input type="checkbox"/>
	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) 01

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

PAUL MIFSUD

- The books are in the care of ▶ **120 S RIVERSIDE PLAZA, SUITE 2000 - CHICAGO, IL 60606**
 Telephone No. ▶ **312-899-4730** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**.

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

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

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

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 **X**
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 print	Name of exempt organization or other filer, see instructions. ACADEMY OF NUTRITION AND DIETETICS	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-0724760
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, NO. 2000	Social security number (SSN) <input type="checkbox"/>
	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) 07

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

PAUL MIFSUD

- The books are in the care of ▶ **120 S RIVERSIDE PLAZA, SUITE 2000 - CHICAGO, IL 60606**
 Telephone No. ▶ **312-899-4730** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**.

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

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

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

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions ACADEMY OF NUTRITION AND DIETETICS	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-0724760
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, NO. 2000	Social security number (SSN) <input type="checkbox"/>
	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) **01**

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

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

PAUL MIFSUD

• The books are in the care of **120 S RIVERSIDE PLAZA, SUITE 2000 - CHICAGO, IL 60606**

Telephone No. **312-899-4730**

FAX No.

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

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

4 I request an additional 3-month extension of time until **APRIL 15, 2013**

5 For calendar year _____, or other tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature

Title **ENROLLED AGENT**

Date

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

DRAFT

2012 ESTIMATED TAX FILING INSTRUCTIONS

ILLINOIS ESTIMATED TAX

FOR THE YEAR ENDING

MAY 31, 2013

Prepared for	PAUL MIFSUD ACADEMY OF NUTRITION AND DIETETICS 120 S. RIVERSIDE PLAZA NO. 2000 CHICAGO, IL 60606																											
Prepared by	PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>720</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2012 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>720</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 2</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 3</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 4</td><td>\$ 720</td><td>MAY 15, 2013</td></tr></tbody></table>	Total Estimated Tax	\$	720	Less credit from prior year	\$	0	Less amount already paid on 2012 estimate	\$	0	Balance due	\$	720	Installment	Amount	Due Date	No. 1	\$ NOT APPLICABLE		No. 2	\$ NOT APPLICABLE		No. 3	\$ NOT APPLICABLE		No. 4	\$ 720	MAY 15, 2013
Total Estimated Tax	\$	720																										
Less credit from prior year	\$	0																										
Less amount already paid on 2012 estimate	\$	0																										
Balance due	\$	720																										
Installment	Amount	Due Date																										
No. 1	\$ NOT APPLICABLE																											
No. 2	\$ NOT APPLICABLE																											
No. 3	\$ NOT APPLICABLE																											
No. 4	\$ 720	MAY 15, 2013																										
Make check payable to	ILLINOIS DEPARTMENT OF REVENUE																											
Mail voucher and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19045 SPRINGFIELD, IL 62794-9045																											
Special Instructions	MAIL EACH INSTALLMENT ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE A CHECK FOR THE SPECIFIED AMOUNT. INCLUDE THE ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER AND "2012 IL-1120-ES" ON THE REMITTANCE.																											

IL-1120-ES

Estimated Income and Replacement Tax Payments for Corporations 2012

Step 1: Complete the estimated tax worksheet.

Complete this worksheet to compute your 2012 estimated tax. Keep this record for your files.

- | | | |
|--|---|------|
| 1 Write the amount of Illinois net income expected in 2012. | 1 | |
| 2 Multiply Line 1 by 9.5% (.095) and write the result. | 2 | |
| 3 Write the amount of Illinois tax credits and pass-through entity payments expected in 2012. | 3 | |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2011. If \$400 or less, stop. You do not have to make estimated tax payments. If more than \$400, continue to Line 5. | 4 | 720. |
| <i>Note</i> If your income changes during the year, complete the Amended Estimated Tax Worksheet in the instructions. | | |
| 5 Divide Line 4 by 4. This is the amount of each of your estimated tax payments. | 5 | 720. |
- Note* Your 2011 overpayment credited to 2012 should be used to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.

Step 2: Complete the estimated tax voucher.

- 1 Complete the voucher. Fiscal year filers see "When should I file and pay?"
- 2 Verify your federal employer identification number (FEIN) and tax year ending.
- 3 Verify your name and address.
- 4 Write the amount you are paying from Step 1, Line 5, or Step 4, Line 9 or Line 11, if you amended your original estimated tax.
- 5
 - Detach the voucher and enclose a check or money order for the amount you are paying.
 - Write your FEIN, tax year, and "IL-1120-ES" on your payment.
 - Mail your completed voucher and payment to the address shown on the voucher.
 - Complete Step 3 below.

Step 3: Record your estimated tax payments.

ESTIMATE INSTALLMENT DUE DATES:

Voucher amount	Voucher date	Check or money order number
Total		

09/17/12
 11/15/12
 02/15/13
 05/15/13 720.

Step 4: Complete the amended worksheet if a change occurs in your original estimated tax.

- | | | |
|---|----|--|
| 1 Write the amount of Illinois net income expected in 2012. | 1 | |
| 2 Multiply Line 1 by 9.5% (.095) and write the result. | 2 | |
| 3 Write the amount of Illinois tax credits and pass-through entity payments expected in 2012. | 3 | |
| 4 Subtract Line 3 from Line 2 and write the result. This is the amount of unpaid estimated tax for 2012. If \$400 or less, stop. You do not have to make estimated tax payments. If more than \$400, continue to Line 5. | 4 | |
| 5 Divide Line 4 by 4. | 5 | |
| 6 Write the amount of estimated tax payments made with 2012 Forms IL-1120-ES, including any 2011 overpayment credited to 2012 tax that was used to reduce your estimated tax payment. | 6 | |
| 7 Multiply Line 5 by the number of previously due estimated payments. | 7 | |
| 8 Subtract Line 6 from Line 7 and write the result. This amount may be negative. | 8 | |
| 9 Add Lines 5 and 8 and write the result. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 9 is negative, continue to Line 10. Otherwise, stop here. | 9 | |
| 10 If Line 9 is negative, write that amount as a positive number. | 10 | |
| 11 Subtract Line 10 from Line 5 and write the result. This is the amount due on the following due date. | 11 | |

DRAFT

149421
08-12-11

Illinois Department of Revenue
IL-1120-ES

ID: 2BX

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₹

Print your payment amount on this line.

Return this voucher with check or money order payable to "Illinois Department of Revenue."

Official use only

DRAFT

149421
08-12-11

Illinois Department of Revenue
IL-1120-ES

ID: 2BX

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₹

Print your payment amount on this line.

Return this voucher with check or money order payable to "Illinois Department of Revenue."

Official use only

DRAFT

149421
08-12-11

Illinois Department of Revenue
IL-1120-ES

ID: 2BX

**Estimated Income and Replacement
Tax Payment for Corporations**

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Official use only

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending

Month Year

₪

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

Official use only

DRAFT

149421
08-12-11

Illinois Department of Revenue
IL-1120-ES

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

36-0724760 000 2

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045.

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 5 13
Month Year

ACADEMY OF NUTRITION AND DIETETICS
120 S. RIVERSIDE PLAZA, NO. 2000
CHICAGO, IL 60606

\$ 720.00

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

Official use only

[Empty box for official use]

IL-1120-ES (R-12/11)

112060513 1 360724760 000 2

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

MAY 31, 2012

Prepared for	PAUL MIFSUD ACADEMY OF NUTRITION AND DIETETICS 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	BALANCE DUE OF \$593
Make check payable to	ILLINOIS DEPARTMENT OF REVENUE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19053 SPRINGFIELD, IL 62794-9053
Return must be mailed on or before	MAY 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. INCLUDE THE ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER AND "2011 FORM IL-990-T" ON THE REMITTANCE. ALSO ENCLOSE ILLINOIS FORM IL-990-T-V, PAYMENT VOUCHER, WITH THE RETURN.

DRAFT

198031
12-17-11

Illinois Department of Revenue

IL-990-T-V

IL-990-T-V (R-09/11) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

2011

Mail to Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

FEIN 36-0724760 000 2

Make sure the Business Name, FEIN,
and Payment amount are correct.

ACADEMY OF NUTRITION AND DIETETICS
120 S. RIVERSIDE PLAZA, NO. 2000
CHICAGO, IL 60606

Tax year ending	
05	12
Month	Year

WRITE YOUR FEIN ON YOUR CHECK

\$ 593.00

Preparer's Phone Number (312) 207-1040

Print your payment amount on this line.

990200512 & 360724760 000 2 00000059300



2011 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2011, write your fiscal tax year here.

Tax year beginning JUN 1, 2011 2011, ending MAY 31 2012
month day month day year

Write the amount you are paying.
 \$ 593.

Step 1: Identify your exempt organization

A Write your complete legal business name.

If you have a name change check this box.

Name: ACADEMY OF NUTRITION AND DIETETICS

B If you have an address change or this is a first return, check this box and complete the following information.

C/O: _____

Mailing address: 120 S. RIVERSIDE PLAZA, NO. 200

City: CHICAGO State: IL ZIP: 60606

C Check the box if one of the following apply.

first return final return (If final, write the date. mm dd yyyy)

D Write your federal employer identification no. (FEIN).
36-0724760

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Write your North American Industry Classification System Code (NAICS), if applicable. See instructions.
541800 900004

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 5,645.00

2 Illinois income and replacement tax deducted in arriving at Line 1.

2 593.00

3 **Base income or loss.** Add Lines 1 and 2.

3 6,238.00

STOP If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

Step 3: Figure your income allocable to Illinois

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.

4 _____ .00

5 Business income or loss. Subtract Line 4 from Line 3.

5 _____ .00

6 Total sales everywhere. This amount cannot be negative.

6 _____ N/A

7 Total sales inside Illinois. This amount cannot be negative.

7 _____

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).

8 _____

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 _____ .00

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.

10 _____ .00

11 **Net income or loss allocable to Illinois.** Add Lines 9 and 10.

11 _____ .00

Step 4: Figure your net replacement tax

12 Base income or net loss from Line 3 or Line 11.

12 6,238.00

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).

13 156.00

14 Recapture of investment credits. **Attach** Schedule 4255.

14 _____ .00

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 156.00

16 Investment credits. **Attach** Form IL-477.

16 _____ .00

17 **Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, write "0."

17 156.00

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	6,238 .00
19	Income Tax.		
	Corporations: multiply Line 18 by 7% (.07).		
	Trusts: multiply Line 18 by 5% (.05).	19	437 .00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	437 .00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	437 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	156 .00
25	Net income tax from Line 23.	25	437 .00
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	593 .00
27	Payments		
	a Credit from 2010 overpayment.	27a	.00
	b Total estimated payments.	27b	.00
	c Form IL-505-B (extension) payment.	27c	.00
	d Gambling withholding. Attach Form(s) W-2G.	27d	.00
28	Total payments. Add Lines 27a through 27d.	28	.00
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	.00
30	Amount to be credited to 2012.	30	.00
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	.00
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	593 .00

▶ **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀
Special Note → **Write the amount of your payment on the top of Page 1 in the space provided.**

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	Date	CEO	Title	Phone
	01/23/13		P01506476	
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
PLANTE & MORAN, PLLC	CHICAGO, IL	60606	(312) 207-1040	
Preparer firm's name (or yours, if self-employed)	Address	Phone		

- ▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**
- ▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**



FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 1

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM IL-990-T, PAGE 1

DRAFT

Illinois Department of Revenue
IL-2220 Computation of Penalties for Businesses
 Attach to your Forms IL-1120, IL-1120-ST, IL-1065, IL-1041, IL-1023-C, or IL-990-T

2011

IL Attachment No. 19

Read this information first - For original returns only. Do not use this form with any amended return filed after the extended due date of the return. We encourage you to let us figure your penalties and send you a bill, instead of completing this form yourself.

We will waive the late payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent (rather than 150 percent, as previously published) of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2220, this form reflects that waiver.

Step 1: Provide the following information

- 1 This form is for 2011 calendar year or for fiscal year beginning JUNE 1, 2011, and ending MAY 31, 2012
- 2 Write your FEIN as it appears on your annual return. 2 36-0724760
- 3 Write your name as it appears on your annual return. 3 ACADEMY OF NUTRITION AND DIETETICS
- 4 If your prior year return was filed under a different FEIN than the one shown on Line 2, write that number here. 4

Step 2: Figure your required installments - Form IL-1120 filers only

			A This year	B Last year
5 Write the total net income and replacement tax from Form IL-1120. See instructions. N/A If prior year's tax was zero or you filed a short year return, write "N/A" in Column B.	5		.00	.00
6 Multiply Column A, Line 5, by 90% (.9).	6		.00	
7 If Column A, Line 5, is \$400 or less, write "0" and go to Step 3. Otherwise, write the lesser of Column A, Line 6, or Column B, Line 5. See instructions.	7		.00	
8 Divide the amount on Line 7 by four. This is the amount of each required installment. (If you used the annualized income installment method, see instructions.)	8		.00	
9 Write in Quarters 1 through 4, the installment date that corresponds with the 15th day of the 4th, 6th, 9th, and 12th month of your tax year.	9	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>
10 Write the required installment. See instructions.	10	.00	.00	.00
11 Write the amount of credit carried forward from the prior year, any pass-through entity payment, and any gambling withholding shown on Form W-2G. See instructions.	11	.00	.00	.00
12 Subtract Line 11 from Line 10. If the amount is negative, use brackets.	12	.00	.00	.00
13 If the amount on Line 14 of the previous quarter is negative, write that amount as a positive here. Otherwise, write "0."	13	Skip this line for Quarter 1.	.00	.00
14 Subtract Line 13 from Line 12. If the amount is negative, use brackets.	14		.00	.00

FROM FORM IL-990-T, STEP 6, LINE 26

Step 3: Figure your unpaid tax - all taxpayers

- 15 Write your total net income and replacement tax. See instructions. 15 593.00
- 16 a Write the total amount of all payments made on or before the original due date of your tax return. Include your credit carryforward from the prior year, total estimated payments made this year, 505-B payments, any pass-through entity payments made on your behalf, annual payments made with your tax return or "V" vouchers, electronic payments and any gambling withholding shown on Form W-2G. 16a .00
- b Form IL-1120 filers only: Write the total of all Columns, Line 10. All others, write zero. Write the greater of Line 16a or Line 16b here. 16b 0.00
- 17 Subtract Line 16 from Line 15. If this amount is -positive, write that amount here. Continue to Step 4 and write this amount in Penalty Worksheet 2, Line 21, Column C. 17 593.00
- zero or negative, write that amount here and, if negative, use brackets.



Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.

Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

Note → You must follow the instructions in order to properly complete the penalty worksheets.

18 Write the amount and the date of each payment you made. See instructions.

Amount	Date paid	Amount	Date paid	Amount	Date paid
a _____	_____	e _____	_____	i _____	_____
b _____	_____	f _____	_____	j _____	_____
c _____	_____	g _____	_____	k _____	_____
d _____	_____	h _____	_____	l _____	_____

Penalty rates	Number of days late	Penalty rate
	1 - 3002
	31 or more10

Penalty Worksheet 1 - Late-payment penalty for underpayment of estimated tax N/A

Note → If you paid the required amount from Line 14 by the payment due date on Line 9 for each quarter, do not complete this worksheet.

19 Write the unpaid amounts from Line 14, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	No. of days late	Penalty rate (see above)	Penalty
Qtr. 1	_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
Qtr. 2	_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
Qtr. 3	_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
Qtr. 4	_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____

20 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.

Write the total amount here and on Form IL-1120, Step 8, Line 53. 20 _____

Note → You may apply any remaining overpayment from the 4th quarter, in Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.

Penalty Worksheet 2 - Late-payment penalty for unpaid tax

21 Write any positive amount from Line 17 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	No. of days late	Penalty rate (see above)	Penalty
_____	_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____

22 Add Column I. This is your late-payment penalty for unpaid tax.

Write the total amount here and on Step 5, Line 26. 22 _____ 0.



Step 5: Figure your late-filing penalty and your total penalties



Note → Complete Lines 23 through 25 to figure your late-filing penalty only if

- you are filing your return after the extended due date; and
- your tax was not paid by your original due date.

23	Write the amount of your tax due from your annual return. See instructions.	23	593.00
24	Multiply the amount on Line 23 by 2% (.02).	24	.00
25	Write the lesser of Line 24 or \$250. This is your late-filing penalty .	25	.00
26	Write your late-payment penalty for unpaid tax from Line 22.	26	.00
27	If you have an overpayment on your tax return*, write that amount as a <negative number>. If you have an amount due on your tax return*, write that amount here.	27	593.00
*Note → See instructions for the correct line references for all tax returns.			
28	Add Lines 25, 26, and 27. If the result is positive, this is the total amount you owe. If the result is negative, this is the amount you are overpaid (before any amount applied to next year's estimated payment).	28	593.00

Note → This amount may not match your overpayment or tax due on your original tax form. Pay the amount on Line 28 if you wish to pay your penalties at this time. Otherwise, we will send you a bill.

Step 6: Complete the annualization worksheet for Step 2, Line 10 N/A

Note → Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Beginning with Column A, complete Lines 29 through 45 of each column.

	A	B First 3 months	C First 6 months	D First 9 months
29 Write your Illinois net income for each period.	29	For Column A only: Go directly to Line 32	.00	.00
30 Annualization factors	30	4	2	1.33333
31 Multiply Line 29 by Line 30.	31	.00	.00	.00
		↓		
		First 3 months	First 5 months	First 8 months
32 Write your Illinois net income for each period.	32	.00	.00	.00
33 Annualization factors	33	4	2.4	1.5
34 Multiply Line 32 by Line 33.	34	.00	.00	.00
35 In Column A, write the amount from Line 34, Column A. In Columns B, C, and D, write the lesser of Line 31 or 34 for each period.	35	.00	.00	.00
36 Net income and replacement tax for the period. See instructions.	36	.00	.00	.00
37 Applicable percentage	37	22.5% (.225)	45% (.45)	67.5% (.675)
38 Multiply Line 36 by Line 37. This is your annualized installment.	38	.00	.00	.00
39 Add the amounts on Line 45 of each of the preceding columns and write the total here.	39	Do not write on this line.	.00	.00
40 Subtract Line 39 from Line 38. If less than zero, write "0."	40	.00	.00	.00
41 See instructions.	41	.00	.00	.00
42 Write the amount from Line 44 of the preceding column.	42	Do not write on this line.	.00	.00
43 Add Lines 41 and 42.	43	.00	.00	.00
44 If Line 43 is greater than Line 40, subtract Line 40 from Line 43. Otherwise, write "0."	44	.00	.00	.00
45 Write the lesser of Line 40 or 43 here and on Step 2, Line 10. This is your required installment.	45	.00	.00	.00
		Go to Column B, Line 29	Go to Column C, Line 29	Go to Column D, Line 29

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning JUN 1, 2011, and ending MAY 31, 2012

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (ACADEMY OF NUTRITION AND DIETETICS), address (120 S. RIVERSIDE PLAZA, NO. 2000 CHICAGO, IL 60606), and identification numbers.

Section C: Book value of all assets at end of year (43,832,227) and Section F: Group exemption number and organization type (501(c) corporation).

H Describe the organization's primary unrelated business activity. SEE STATEMENT 2

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of PAUL MIFSUD Telephone number 312-899-4730

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing total income of 291,025 and total expenses of 105,169.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing total deductions of 157,675 and final unrelated business taxable income of 5,645.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	2
------------	---	-----------	---

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
TAX PREPARATION FEE	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

DRAFT