

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUN 1, 2014 and ending MAY 31, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 province, country, and ZIP or foreign postal code CHICAGO, IL 60606 F Name and address of principal officer: PATRICIA BABJAK SAME AS C ABOVE	D Employer identification number 36-0724760 E Telephone number 312-899-0040 G Gross receipts \$ 40,719,077. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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	17
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	191
	6	Total number of volunteers (estimate if necessary)	6	540
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	410,102.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	15,618.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	3,446,576.
9		Program service revenue (Part VIII, line 2g)	30,987,492.	31,833,018.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,870,308.	1,901,895.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	36,304,376.	36,999,370.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	429,413.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,469,947.	15,540,117.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,624,337.	22,590,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,523,697.	38,427,937.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,219,321.	-1,428,567.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	48,425,737.	48,056,854.
	21	Total liabilities (Part X, line 26)	27,294,586.	27,402,897.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,131,151.	20,653,957.

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 03/08/16 Check if self-employed <input type="checkbox"/> 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 or note to any line 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, AND MONITOR AND MANAGE DIETETIC REGISTRATION PROCESS.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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 17? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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-E? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 50% 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b 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 or note to any line in this Part V

Form 990 (2014) with various sections (1a-14b) and columns for Yes/No. Includes a large 'DRAFT' watermark.

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 or note to any line in this Part VI X

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 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.		
	17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
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 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 any 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SONJA L. CONNER PRESIDENT	10.00 0.00	X		X				19,750.	0.	0.
(2) EVELYN F. CRAYTON PRESIDENT-ELECT	1.00 1.00	X		X				6,000.	0.	0.
(3) DR. GLENNA R. MCCOLLUM PAST PRESIDENT	1.00 0.00	X						16,000.	0.	0.
(4) DONNA S. MARTIN TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) KAY WOLF TREASURER-ELECT	1.00 0.00	X						0.	0.	0.
(6) MARY K. RUSSELL PAST TREASURER	1.00 0.00	X						0.	0.	0.
(7) ELISE A. SMITH SPEAKER	1.00 0.00	X						0.	0.	0.
(8) AIDA MILES SPEAKER-ELECT	1.00 0.00	X						0.	0.	0.
(9) NANCY LEWIS PAST SPEAKER	1.00 0.00	X						0.	0.	0.
(10) DENICE FERKO-ADAMS DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(11) CATHERINE CHRISTIE DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(12) MARGARET GARNER DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(13) TRACY BATES HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) DIANE W. HELLER HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MARCIA KYLE HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DON W. BRADLEY PUBLIC MEMBER	1.00 0.00	X						0.	0.	0.
(17) SANDRA GILL PUBLIC MEMBER	1.00 0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERRI J. RAYMOND, MA, RDN, CD, FOUNDATION CHAIR	1.00 1.00	X						0.	0.	0.
(19) PATRICIA BABJAK CEO	32.00 8.00			X				492,717.	0.	58,022.
(20) PAUL A. MIFSUD CFO	32.00 8.00			X				239,212.	0.	32,814.
(21) MARY BETH WHALEN COO	18.00 22.00			X				235,364.	0.	32,204.
(22) BARBARA VISOCAN VP, MEMBER SERVICES	40.00 0.00					X		211,578.	0.	29,421.
(23) JEANNE BLANKENSHIP VP, POLICY, INITIATIVES & ADVOCACY	40.00 0.00					X		184,050.	0.	23,833.
(24) MARY PAT RAIMONDI VP, STRATEGIC POLICY AND ADVOCACY	40.00 0.00					X		188,887.	0.	20,758.
(25) HAROLD HOLLER VP, GOVERNANCE AND PRACTICE	40.00 0.00					X		171,403.	0.	24,108.
(26) CHRISTINE REIDY EXECUTIVE DIRECTOR, CDR	40.00 0.00					X		158,550.	0.	18,157.
1b Sub-total								1,923,511.	0.	239,317.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,923,511.	0.	239,317.

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 **23**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
LANE PRESS, 87 MEADOWLAND DRIVE, SOUTH BURLINGTON, VT 05403	MAGAZINE PRODUCTION	254,799.
SEGALL BRYANT & HAMILL 10 SOUTH WACKER DRIVE, CHICAGO, IL 60606	INVESTMENT SERVICES	194,549.
BARNES & THORNBURG, ONE NORTH WACKER DRIVE SUITE 400, CHICAGO, IL 60606	LEGAL SERVICES	171,714.

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 **3**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	101,803.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,162,654.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			3,264,457.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	11,354,139.	11,354,139.		
	b REGISTRATION AND EXAMINATION FEES		541900	7,436,460.	7,436,460.		
	c PUBLICATIONS, SUBSCRIPTIONS AND M		541800	5,209,081.	4,798,979.	410,102.	
	d PROGRAMS AND MEETINGS		900099	4,473,816.	4,473,816.		
	e EDUCATION PROGRAMS		611710	2,054,759.	2,054,759.		
	f All other program service revenue		900099	1,304,763.	1,304,763.		
	g Total. Add lines 2a-2f			31,833,018.			
	3 Investment income (including dividends, interest, and other similar amounts)			697,750.			697,750.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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			3,719,707.			
	c Gain or (loss)			1,204,145.			
	d Net gain or (loss)			1,204,145.			1,204,145.
	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	b					
	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	b					
	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	b						
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.				36,999,370.	31,422,916.	410,102.	1,901,895.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	297,289.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	935,275.			
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	11,315,733.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	854,163.			
9 Other employee benefits	1,475,068.			
10 Payroll taxes	959,878.			
11 Fees for services (non-employees):				
a Management				
b Legal	166,303.			
c Accounting	77,508.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	193,549.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,449,877.			
12 Advertising and promotion	119,030.			
13 Office expenses	315,700.			
14 Information technology	995,401.			
15 Royalties	78,968.			
16 Occupancy	1,422,060.			
17 Travel	2,994,544.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,741,409.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,267,080.			
23 Insurance	240,916.			
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	2,473,344.			
b POSTAGE AND MAILING SER	1,155,216.			
c EXAMINATION ADMINISTRAT	734,836.			
d UBI TAXES	5,631.			
e All other expenses	2,159,159.			
25 Total functional expenses. Add lines 1 through 24e	38,427,937.			
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

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,107,368.	2	5,479,208.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,689,766.	4	1,854,827.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	892,056.	8	986,938.
	9 Prepaid expenses and deferred charges	1,732,622.	9	1,727,823.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,421,779.		
	b Less: accumulated depreciation	10b 2,980,943.	10c 4,440,836.	
	11 Investments - publicly traded securities	32,782,018.	11	33,439,167.
	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	110,898.	15	128,055.
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,425,737.	16	48,056,854.	
Liabilities	17 Accounts payable and accrued expenses	7,529,786.	17	7,271,062.
	18 Grants payable		18	
	19 Deferred revenue	16,596,930.	19	17,048,161.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	3,167,870.	25	3,083,674.
	26 Total liabilities. Add lines 17 through 25	27,294,586.	26	27,402,897.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,131,151.	27	20,653,957.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	21,131,151.	33	20,653,957.	
34 Total liabilities and net assets/fund balances	48,425,737.	34	48,056,854.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,999,370.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,427,937.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,428,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,131,151.
5	Net unrealized gains (losses) on investments	5	951,373.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,653,957.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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 (2014)

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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 its Form 990-PF, Part I, line 2, 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) (2014)

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	ABBOTT LABORATORIES 200 ABBOTT PARK ROAD ABBOTT PARK, IL 60064	\$ 273,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ABBOTT NUTRITION 3300 STELZER ROAD COLUMBUS, OH 43215	\$ 272,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION 120 SOUTH RIVERSIDE PLAZA, SUITE 2000 CHICAGO, IL 60606	\$ 101,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY 540 GAITHER ROAD ROCKVILLE, MD 20850	\$ 64,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AJINOMOTO USA 1 AJINOMOTO DRIVE EDDYVILLE, IA 52553	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAMPBELL SOUP COMPANY 1 CAMPBELL PLACE # 48K CAMDEN, NJ 08103	\$ 22,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	CANOLA COUNCIL OF CANADA 400-167 LOMBARD AVENUE WINNIPEG, CANADA R3B 0T6	\$ 21,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CLIF BAR, INC 1610 5TH STREET BERKELEY, CA 94710	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CMGRP, INC 8000 NORMAN CENTER DRIVE, SUITE 400 MINNEAPOLIS, MN 55437	\$ 40,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CONAGRA INC 6 CONAGRA DRIVE OMAHA, NE 68102	\$ 455,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	COVIDIEN 15 HAMPSHIRE STREET MANSFIELD, MA 02048	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CROPP COOPERATIVE INC 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 for noncash contributions.)

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	DAISY BRAND 12750 MERIT DRIVE, SUITE 600 DALLAS, TX 75251	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EDELMAN PUBLIC RELATIONS WORLDWIDE 200 E. RANDOLPH DR, 63RD FL CHICAGO, IL 60601	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	EGG NUTRITION CENTER 200 E. RANDOLPH STREET CHICAGO, IL 60601	\$ 10,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ELI LILLY AND COMPANY LILLY CORPORATE CENTER, DC 1843 INDIANAPOLIS, IN 46285	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	EVANS HARDY AND YOUNG INC. 829 DE LA VINA STREET SANTA BARBARA, CA 93101	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	FLEISHMAN-HILLARD 200 NORTH BROADWAY SAINT LOUIS, MO 63102	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	FOODMINDS, LLC ONE TOWER LANE, SUITE 2610 OAKBROOK TERRACE, IL 60181	\$ 46,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	GENERAL MILLS P.O. BOX 59145 MINNEAPOLIS, MN 55459	\$ 57,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	HASS AVOCADO BOARD 230 COMMERCE, SUITE 190 IRVINE, CA 92602	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	JOHNSON AND JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$ 77,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	KELLOGG USA INC ONE KELLOGG SQUARE BATTLE CREEK, MI 49017	\$ 56,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	KETCHUM INC. 6 PPG PLACE PITTSBURGH, PA 15222	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	MCCORMICK AND COMPANY 226 SCHILLING CIRCLE HUNT VALLEY, MD 21031	\$ 31,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	MEAD JOHNSON NUTRITION 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721	\$ 30,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MULLEN 36 ESSEX STREET WENHAM, MA 01984	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	NATIONAL COLLEGIATE ATHLETIC ASSOCIATION PO BOX 6222 INDIANAPOLIS, IN 46206	\$ 36,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NATIONAL DAIRY COUNCIL 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018	\$ 278,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	NATIONAL PROCESSED RASPBERRY COUNCIL 1796 FRONT STREET LYNDEN, WA 98264	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	NESTLE USA FOOD 30003 BAINBRIDGE ROAD SOLON, OH 44139	\$ 31,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	NOVO NORDISK INC 100 COLLEGE ROAD WEST PRINCETON TOWNSHIP, NJ 08540	\$ 44,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	PEPSICO 555 W. MONROE STREET, SUITE 14-15 CHICAGO, IL 60661	\$ 197,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	PHARMAVITE-NATURE MADE 8510 BALBOA BOULEVARD NORTHRIDGE, CA 91325	\$ 21,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	POLLOCK COMMUNICATIONS 665 BROADWAY, FL 12 NEW YORK, NY 10012	\$ 19,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ROCHE DIAGNOSTICS 9115 HAGUE ROAD INDIANAPOLIS, IN 46250	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	SOLAE 4300 DUNCAN AVENUE SAINT LOUIS, MO 63110	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	STERLING-RICE GROUP, INC 1801 13TH ST STE 400 BOULDER, CO 80302	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SYSCO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON, TX 77077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	THE BEVERAGE INSTITUTE P.O. BOX 1734 ATLANTA, GA 30301	\$ 92,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	THE COCA-COLA COMPANY P.O. BOX 1734 ATLANTA, GA 30301	\$ 13,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	THE GATORADE COMPANY 617 W. MAIN STREET BARRINGTON, IL 60010	\$ 82,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	UNILEVER BEST FOODS 800 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632	\$ 72,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	USDA/FNS/ACCOUNTING DIVISION 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302	\$ 29,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	AMERICAN EGG BOARD 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	AMERICAN PISTACHIO GROWERS 7030 N. FRUIT AVENUE SUITE 117 FRESNO, CA 93711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	BAXTER HEALTHCARE CORPORATION ONE BAXTERPARKWAY DEERFIELD, IL 60015	\$ 43,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	BIPRO USA 7500 FLYING CLOUD DRIVE SUITE 250B EDEN PRAIRIE, MN 55344	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	CALIFORNIA BEEF COUNCIL 551 FOSTER CITY BLVD FOSTER CITY, CA 94404-1632	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	CALIFORNIA TABLE GRAPE COMMISSION 392 W. FALLBROOK AVE SUITE 101 FRESNO, CA 93711-6150	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	DAIRY MANAGEMENT INC 10255 W HIGGINS ROAD ROSEMONT, IL 60018-5638	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	DOMINO FOODS INC 1 FEDERAL STREET YONKERS, NY 10705	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	DPG 31 DHCC 3845 VIRGINIA AVE KANSAS CITY, MO 64109-2731	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	EATING RECOVERY CENTER 8190 E 1ST AVE DENVER, CO 80230-7211	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	GAIA HERBS, INC. 101 GAIA HERBS DRIVE BREVARD, NC 28712	\$ 10,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	GLUTAMATE ASSOCIATION 1010 WISCONSIN AVE NW SUITE 350 WASHINGTON, DC 20007	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	GMRI, INC. PO BOX 593330 ORLANDO, FL 32859-3330	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	HERBALIFE 990 WEST 190 ST STE 650 TORRANCE, CA 90502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	JANSSEN PHARMACEUTICALS PO BOX 16500-6500 NEW BRUNSWICK, NJ 08906	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MCNEIL NUTRITIONALS, LLC 420 DELAWARE DRIVE MS 960 FORT WASHINGTON, PA 19034	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	MEDICAL NUTRITION USA 9900 BELWARD CAMPUS DRIVE STE 100 ROCKVILLE, MD 20850	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	MEDIFAST INC 11445 CRONHILL DRIVE OWINGS MILLS, MD 21117-2220	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	MONSANTO COMPANY 800 N. LINDBERGH BLVD SAINT LOUIS, MO 63167	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	MSL SEATTLE 7300 LONE STAR DRIVE SUITE 200 PLANO, TX 75024-5712	\$ 15,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	NATIONAL CATTLEMEN'S BEEF ASSOCIATION 9110 E NICHOLS AVE SUITE CENTENNIAL, CO 80112-3450	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	NATIONAL PEANUT BOARD 2839 PACES FERRY ROAD SE ATLANTA, GA 30339-5769	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	NEBRASKA BEEF COUNCIL 1319 CENTRAL AVE KEARNEY, NE 68848-2108	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	RED BULL AM BRUNNEN 1 MUNICH, GERMANY 85551	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	SAN MIGUEL PRODUCE INC 4444 NAVALAIR ROAD OXNARD, CA 93033-8298	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	TANDEM DIABETES CARE INC. 11045 ROSELLE STREET SUITE 200 SAN DIEGO, CA 92121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	TROVITA HEALTH SCIENCES 7825 WASHINGTON AVE. SUITE 500 MINNEAPOLIS, MN 55439	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	TZELL NEW ENGLAND INC. 1 APPLETON STREET BOSTON, MA 02116	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	<p>WALMART</p> <p>702 SW 8TH STREET</p> <p>BENTONVILLE, AR 72716-6209</p>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<p>WELLINGTON GROUP MARKETING & PR</p> <p>4105 MEDICAL PARKWAY SUITE 206</p> <p>AUSTIN, TX 78756</p>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<p>WELLS ENTERPRISES, INC.</p> <p>PO BOX 1310</p> <p>LE MARS, IA 51031-1310</p>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<p>NORTH CAROLINA SWEET POTATO COMMISSION</p> <p>320 W 13TH STREET 7TH FLOOR</p> <p>NEW YORK, NY 10014</p>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

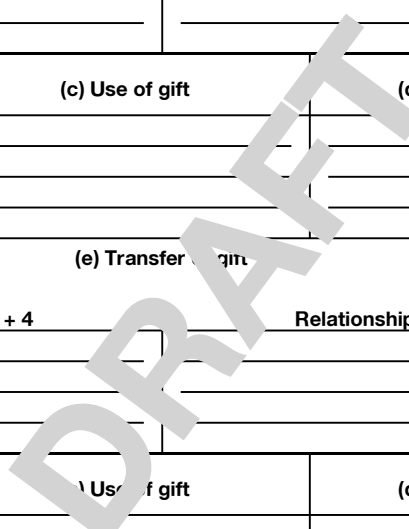
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 the amount 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.	151,500.

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

Schedule C (Form 990 or 990-EZ) 2014

LHA
432041
10-21-14

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												
1a 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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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 720 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

Schedule C (Form 990 or 990-EZ) 2014

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	9,359,618.
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	997,348.
b Carryover from last year	2b	-1,254,148.
c Total	2c	-256,800.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,310,347.
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	-1,567,147.

Part IV Supplemental Information

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

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

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

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic land, historic structure) and a table for details (2a-2d) such as total number, acreage, and certified historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets.

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 XIII.
- 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 XIII 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, for escrow or custodial amount liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 g, 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:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		894,124.	389,512.	504,612.
d Equipment		6,527,655.	2,591,431.	3,936,224.
e Other				
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				4,440,836.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	561,143.
(3) DEFERRED RENT INCENTIVE	2,522,531.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

3,083,674.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,058,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	951,373.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	108,033.	
e	Add lines 2a through 2d	2e		1,059,406.
3	Subtract line 2e from line 1	3		36,999,370.
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 XIII.)	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		36,999,370.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	38,603,548.
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 XIII.)	2d	175,611.	
e	Add lines 2a through 2d	2e		175,611.
3	Subtract line 2e from line 1	3		38,427,937.
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 XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 8.)	5		38,427,937.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF MAY 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME

Part XIII Supplemental Information *(continued)*

TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM ANDPAC 108,033.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM ANDPAC 175,611.

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.**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number
36-0724760

Name of the organization
ACADEMY OF NUTRITION AND DIETETICS

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

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (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)	297,289.	0.		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 **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2014)

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

Part III Grants and Other Assistance to Domestic Individuals. 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

Part IV Supplemental Information. Provide the information required in Part I, line 29, Part I, line 30, (b), and any other additional information.

PART I, LINE 2:

RECIPIENTS PROVIDE A MID TERM AND FINAL REPORT TO THE ACADEMY OF NUTRITION

AND DIETETICS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
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 only by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" 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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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?		
b Any related organization?		
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?		
b Any related organization?		
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		
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		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2014

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 and Title	(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 in column (E) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA BABZAK CEO	(i) 428,717. (ii) 0. (iii) 239,212.	64,000. 0. 0.	0. 0. 0.	38,300. 0. 20,016.	19,722. 0. 12,798.	550,739. 0. 272,026.	0. 0. 0.
(2) PAUL A. MIFSD CFO	(i) 0. (ii) 235,364. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 19,366. 0.	0. 12,838. 0.	0. 267,568. 0.	0. 0. 0.
(3) MARY BETH WHALEN COO	(i) 0. (ii) 211,578. (iii) 0.	0. 0. 0.	0. 0. 0.	17,469. 0. 0.	11,952. 0. 0.	240,999. 0. 0.	0. 0. 0.
(4) BARBARA VISOCAN VP, MEMBER SERVICES	(i) 184,050. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	15,412. 0. 0.	8,421. 0. 0.	207,883. 0. 0.	0. 0. 0.
(5) JEANNE BLANKENSHIP VP, POLICY, INITIATIVES & ADVOCACY	(i) 188,887. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	15,264. 0. 0.	5,494. 0. 0.	209,645. 0. 0.	0. 0. 0.
(6) MARY PAT RAIMONDI VP, STRATEGIC POLICY AND ADVOCACY	(i) 171,403. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	13,932. 0. 0.	10,176. 0. 0.	195,511. 0. 0.	0. 0. 0.
(7) HAROLD HOLLER VP, GOVERNANCE AND PRACTICE	(i) 158,550. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	12,997. 0. 0.	5,160. 0. 0.	176,707. 0. 0.	0. 0. 0.
(8) CHRISTINE REIDY EXECUTIVE DIRECTOR, CDR	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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
75,000 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:

FOUR (4) 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)

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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

SEATS SHALL BE FILLED BY INDIVIDUALS 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

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

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

THE CEO REVIEWS AND DETERMINES THE COMPENSATION OF OTHER OFFICERS 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 IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES	3,779,478.
OUTSIDE SERVICES	670,399.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,449,877.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number
36-0724760

OMB No. 1545-0047
2014
Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 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, SUITE 2000, 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 V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	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	
1s	X	

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information input.

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

MAY 31, 2015

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:

OVERPAYMENT OF \$1,597. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO
THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

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 18, 2016

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

2015 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

MAY 31, 2016

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:

TOTAL ESTIMATED TAX	\$	2,360
LESS CREDIT FROM PRIOR YEAR	\$	1,597
LESS AMT ALREADY PAID ON 2015 ESTIMATE	\$	0
BALANCE DUE	\$	763

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	
NO 2	\$ 0	
NO 3	\$ 0	
NO 4	\$ 763	MAY 16, 2016

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:

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) **FORM 990-T**

2015

Department of the Treasury
Internal Revenue Service

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions		
b	Enter the tax shown on the 2014 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,343.
c	2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	2,360.
			ADJUSTED TO

		(b)	(c)	(d)
11	Installment due dates (see instructions)	11		05/16/16
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12		2,360.
13	2014 Overpayment (see instructions)	13		1,597.
14	Payment due (Subtract line 13 from line 12)	14		763.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2015)

ESTIMATED TAX	2,360.
OVERPAYMENT APPLIED	1,597.
AMOUNT DUE	763.

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

For calendar year 2014 or other tax year beginning JUN 1, 2014, and ending MAY 31, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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 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 or province, country, and ZIP or foreign postal code CHICAGO, IL 60606	D Employer identification number (Employees' trust, see instructions.) 36-0724760 E Unrelated business activity codes (See instructions.) 541800 900004
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C Book value of all assets at end of year 48,056,854.	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
1a	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		
4a	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)			
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 U)			
10	Exploited exempt activity income (Schedule I)	10	54,198.	19,120.
11	Advertising income (Schedule J)	11	355,904.	300,201.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	410,102.	319,321.

Part II	Deductions Not Taken Elsewhere	21	22a	22b
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			1,502.
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)			300,201.
28	Other deductions (attach schedule)		SEE STATEMENT 2	1,000.
29	Total deductions. Add lines 14 through 28			302,703.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			16,618.
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			16,618.
33	Specific deduction (Generally \$1,000, but see line 33 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			15,618.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c 2,343.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 2,343.

Part IV Tax and Payments	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a
b Other credits (see instructions)	40b
c General business credit. Attach Form 3800	40c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d
e Total credits. Add lines 40a through 40d	40e
41 Subtract line 40e from line 39	41 2,343.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8879 <input type="checkbox"/> Other (attach schedule)	42
43 Total tax. Add lines 41 and 42	43 2,343.
44a Payments: A 2013 overpayment credited to 2014	44a 2,640.
b 2014 estimated tax payments	44b
c Tax deposited with Form 8868	44c 1,300.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d
e Backup withholding (see instructions)	44e
f Credit for small employer health insurance premiums (Attach Form 8941)	44f
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44g
45 Total payments. Add lines 44a through 44g	45 3,940.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 1,597.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 1,597. Refunded	49 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)	
1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	<input type="checkbox"/> <input type="checkbox"/>

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A	
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4a Additional section 263A costs (att. schedule)	4a
b Other costs (attach schedule)	4b
5 Total. Add lines 1 through 4b	5
6 Inventory at end of year	6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No <input type="checkbox"/> <input type="checkbox"/>

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____	CEO _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name LU ANN TRAPP	Preparer's signature LU ANN TRAPP	Date 03/08/16
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 38-1357951	Check <input type="checkbox"/> if self-employed PTIN P01506476
	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

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		

Total	0.	Total	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
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(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

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 (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	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	
(1)					
(2)					
(3)					
(4)					

Totals			0.	0.
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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	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	54,198.	35,078.	19,120.			
(3)						
(4)						
Totals	54,198.	35,078.				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)						
(2)						
(3)						
(4) STATEMENT 3						
Totals (carry to Part II, line (5))	355,904.	55,703.	300,201.	1938063.	3352621.	300,201.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	355,904.	55,703.				300,201.
Totals, Part II (lines 1-5)	355,904.	55,703.				300,201.

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 J - INCOME FROM PERIODICALS REPORTED ON A CONSOLIDATED BASIS STATEMENT 3

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
FOOD AND NUTRITION MAGAZINE	213,932.	42,786.	261,804.	677,933.
DPG NEWSLETTER	37,031.	12,917.	230,244.	417,460.
JOURNAL OF ACADEMY OF NUTRITION & DIETETICS	104,941.	0.	1,446,015.	2,257,228.
TO FM 990-T, SCH J, PART I	355,904.	55,703.	1,938,063.	3,352,621.

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LIST RENTAL EXPENSES		35,078.	
- SUBTOTAL -	1		35,078.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			35,078.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

MAY 31, 2015

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:

NO PAYMENT REQUIRED

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

ILLINOIS DEPARTMENT OF REVENUE
P.O. BOX 19009
SPRINGFIELD, IL 62794-9009

RETURN MUST BE MAILED ON OR BEFORE:

MAY 16, 2016

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

2015 ESTIMATED TAX FILING INSTRUCTIONS

ILLINOIS ESTIMATED TAX

FOR THE YEAR ENDING

MAY 31, 2016

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:

TOTAL ESTIMATED TAX	\$	1,360
LESS CREDIT FROM PRIOR YEAR	\$	1,221
LESS AMOUNT ALREADY PAID ON 2015 ESTIMATE	\$	0
BALANCE DUE	\$	139

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	SEPTEMBER 15, 2015
NO 2	\$ 0	NOVEMBER 16, 2015
NO 3	\$ 0	FEBRUARY 16, 2016
NO 4	\$ 139	MAY 16, 2016

MAKE CHECK PAYABLE TO:

ILLINOIS DEPARTMENT OF REVENUE

MAIL VOUCHER AND CHECK 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 "2015 IL-1120-ES"
ON THE REMITTANCE.

IL-505-B Automatic Extension Payment

DRAFT

449981
01-14-15

Illinois Department of Revenue

IL-505-B (R-12/14) ID: 2BX **Automatic Extension Payment for 2014**

Official use only

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 36-0724760 000 2

Tax year ending 05 15
Month Year

\$ 900.00

Amount of payment (Whole dollars only)

Make your check or money order payable to
"Illinois Department of Revenue" and return the
voucher and payment to

**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045**

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

Preparer's phone number (312) 207-1040

IL-1120-ES

2015

Step 1: Complete the estimated tax worksheet.

Complete this worksheet to compute your 2015 estimated tax. Keep this record for your files.

1 Enter the amount of Illinois net income expected in 2015.	1 <u>17,120.</u>
2 Multiply Line 1 by 7.75% (.0775) and enter the result.	2 <u>1,327.</u>
3 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2015. See the Form IL-1120, Step 8, Line 52 instructions for more information.	3 _____
4 Add Lines 2 and 3 and enter the result.	4 <u>1,327.</u>
5 Enter the amount of Illinois tax credits expected in 2015.	5 _____
6 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2015 on any Schedule K-1-P or Schedule K-1-T you receive.	6 _____
7 Add Lines 5 and 6 and enter the result.	7 _____
8 Subtract Line 7 from Line 4 and enter the result. This is the amount of unpaid estimated tax for 2015. If \$400 or less, stop . You do not have to make estimated tax payments more than \$400, continue to Line 9.	8 <u>1,327.</u>
9 Divide Line 8 by 4. This is the amount of each of your estimated tax payments.	9 <u>340.</u>

Note If your income changes during the year, complete the amended worksheet in the instructions. **ADJUSTED TO:** 1,360.
340.

Note If you made the election to credit a prior year overpayment to 2015 and:

- the election was made **on or before** the extended due date of that prior year return, use the credit to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.
- the election was made **after** the extended due date of that prior year return, the credit will be treated as paid on the date you submitted the election. If that payment date is on or before an estimated payment due date, you may use the credit to reduce that estimated tax payment and any subsequent tax payments until the entire credit is used.

OVERPAYMENT APPLIED 1,221.

Step 2: Complete the estimated tax voucher. (Fiscal year filers see "When are estimated payments due?")

- 1 Enter your federal employer identification number (FEIN) and tax year ending.
- 2 Enter your name and address.
- 3 Enter the amount you are paying from Step 1, Line 9, or Step 4, Line 13 or Line 15, if you amended your original estimated tax.
- 4 • 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 for your records.

Step 3: Record your estimated tax payments.

Voucher amount	Voucher date	Check or money order number
Total		

ESTIMATE INSTALLMENT DUE DATES:

09/15/15
11/16/15
02/16/16
05/16/16 139.

IL-1120-ES

2015

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

- 1 Enter the amount of Illinois net income expected in 2015. 1 _____
- 2 Multiply Line 1 by 7.75% (.0775) and enter the result. 2 _____
- 3 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2015. See the Form IL-1120, Step 8, Line 52 instructions for more information. 3 _____
- 4 Add Lines 2 and 3 and enter the result. 4 _____
- 5 Enter the amount of Illinois tax credits expected in 2015. 5 _____
- 6 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2015 on any Schedule K-1-P or Schedule K-1-T you receive. 6 _____
- 7 Add Lines 5 and 6 and enter the result. 7 _____
- 8 Subtract Line 7 from Line 4 and enter the result. This is the amount of unpaid estimated tax for 2015. If \$400 or less, **stop**. You do not have to make estimated tax payments. If more than \$400, continue to Line 9. 8 _____
- 9 Divide Line 8 by 4. 9 _____
- 10 Enter the amount of estimated tax payments made with 2015 Forms IL-1120-ES, including any prior year overpayments applied to tax year 2015. 10 _____
- 11 Multiply Line 9 by the number of previously due estimated payments. 11 _____
- 12 Subtract Line 10 from Line 11 and enter the result. This amount may be negative. 12 _____
- 13 Add Lines 9 and 12 and enter 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 13 is negative, continue to Line 14. Otherwise, stop here. 13 _____
- 14 If Line 13 is negative, enter that amount as a positive number. 14 _____
- 15 Subtract Line 14 from Line 9 and enter the result. This is the amount due on the following due date. 15 _____

DRAFT

DRAFT

449421
01-23-15

Illinois Department of Revenue
IL-1120-ES (R-12/14)

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

Official use only

ID: 2BX

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

FEIN: 36-0724760 000 2

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 16
Month Year

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

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

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

Preparer's phone number (312) 207-1040

112060516 4 360724760 000 2

DRAFT

449421
01-23-15

Illinois Department of Revenue
IL-1120-ES (R-12/14)

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

Official use only

ID: 2BX

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

FEIN: 36-0724760 000 2

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 16
Month Year

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

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

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

Preparer's phone number (312) 207-1040

112060516 4 360724760 000 2

DRAFT

449421
01-23-15

Illinois Department of Revenue
IL-1120-ES (R-12/14)

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

Official use only

ID: 2BX

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

FEIN: 36-0724760 000 2

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 16
Month Year

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

\$

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Tax year ending 5 16
Month Year

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

\$ 139.00

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

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

Preparer's phone number (312) 207-1040

112060516 4 360724760 000 2

Illinois Department of Revenue

2014 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 2014, enter your fiscal tax year here. Tax year beginning <u>JUN 1</u> , 20 <u>14</u> , ending <u>MAY 31</u> 20 <u>15</u> <small>month day year month day year</small> For tax years ending on or after December 31, 2014. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
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Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.

Name: ACADEMY OF NUTRITION AND DIETETICS

B Enter your mailing address.
 If you have an address change or this is a first return, check this box.

C/O: _____

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

City: CHICAGO State: IL ZIP: 60606

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. mm dd yyyy)

D Enter 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 this box if you attached Illinois Schedule D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, 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	15,618 .00
2 Illinois income and replacement tax and surcharge deducted in computing Line 1.	2	1,502 .00
3 Base income or loss. Add Lines 1 and 2.	3	17,120 .00

STOP	A If the amount on Line 3 is derived inside Illinois only or is derived from an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete this section. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/>	
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. <input type="checkbox"/>	

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

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	_____
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 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	17,120 .00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	428 .00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	428 .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, enter "0."	17	428 .00

Attach your payment and Form IL-990-T-V here.

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

18	Net income or loss from Line 12.	18	17,120 .00
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19	1,074 .00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	1,074 .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, enter "0."	23	1,074 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	428 .00
25	Net income tax from Line 23.	25	1,074 .00
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	.00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	1,502 .00
28	Payments		
	a Credit from prior year overpayments.	28a	1,517 .00
	b Total estimated payments.	28b	306 .00
	c Form IL-505-B (extension) payment.		900 .00
	d Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	28d	.00
	e Gambling withholding. Attach Form(s) W-2G.	28e	.00
29	Total payments. Add Lines 28a through 28e.	29	2,723 .00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	1,221 .00
31	Amount to be credited to a subsequent period. See instructions.	31	1,221 .00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	.00

33 **Complete to direct deposit your refund**

Routing Number _____ Checking or Savings

Account Number _____

34 **Tax Due.** If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe. 34 _____ .00

▶ If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Enter 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 _____	Check this box if the Department may discuss this return with the preparer shown in this step. <input checked="" type="checkbox"/>
Signature of preparer _____	Date 03/08/16	P01506476	Preparer's Social Security number or firm's FEIN		
PLANTE & MORAN, PLLC		CHICAGO, IL 60606	Address	(312) 207-1040	Phone
Preparer's firm name (or yours, if self-employed)					

▶ 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

498022 01-16-15

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

ID: 2BX
IL-990-T Page 2 of 2 (R-12/14)

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT 1
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PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM IL-990-T, PAGE 1

IL-990-T	BLENDED OR APPORTIONED INCOME TAX RATE	STATEMENT 2
1	NUMBER OF DAYS IN TAX YEAR BEFORE 01/01/2015 / TOTAL NUMBER OF DAYS IN THE TAX YEAR CORPORATIONS * 7.0% (.07) (ROUND TO SIX DECIMAL PLACES) TRUSTS * 5.0% (.05) (ROUND TO SIX DECIMAL PLACES)=	.041041
2	NUMBER OF DAYS IN TAX YEAR AFTER 12/31/2014 / TOTAL NUMBER OF DAYS IN THE TAX YEAR CORPORATIONS * 5.25% (.0525) (ROUND TO SIX DECIMAL PLACES) TRUSTS * 3.75% (.0375) (ROUND TO SIX DECIMAL PLACES)=	.021719
3	ADD LINES 1 AND 2. THIS IS YOUR BLENDED INCOME TAX RATE.	.062760

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

For calendar year 2014 or other tax year beginning **JUN 1, 2014**, and ending **MAY 31, 2015**

2014

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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 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 or province, country, and ZIP or foreign postal code CHICAGO, IL 60606	D Employer identification number (Employees' trust, see instructions.) 36-0724760 E Unrelated business activity codes (See instructions.) 541800 900004
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C Book value of all assets at end of year 48,056,854.	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
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H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 3**

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
1a	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		
4a	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)			
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 U)			
10	Exploited exempt activity income (Schedule I)	10	54,198.	19,120.
11	Advertising income (Schedule J)	11	355,904.	300,201.
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	410,102.	319,321.

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.)	21	22a	22b
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		1,502.
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		300,201.
28	Other deductions (attach schedule)	28	SEE STATEMENT 4	1,000.
29	Total deductions. Add lines 14 through 28	29		302,703.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		16,618.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		16,618.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		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	34		15,618.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 3
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PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
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DESCRIPTION	AMOUNT
TAX PREPARATION FEE	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,000.

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