Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. TIIN 1 2014 and ending MAY 31

AF	or the	2014 calendar year, or tax year beginning U	JN I, ZUI4 and	a enaing 🔣	IAI SI, ZU	тэ	
B c	heck if	C Name of organization			D Employer ide	ntifica	tion number
	Addre	ACADEMY OF NUTRITION AN	D DIETETICS				
	Name chang	Doing business as			36	-07	24760
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite			
	Final return.	120 S. RIVERSIDE PLAZA		2000	31	2-8	99-0040
	termin ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$		40,719,077.
	Amen	CHICAGO, IL 00000			H(a) Is this a gro		
	Applic tion pendii	Finame and address of principal officer: FAIF	RICIA BABJAK				Yes X No
		SAME AS C ABOVE	. —		H(b) Are all subordin		
			◀ (insert no.) 4947(a)(1)	or 527	7		st. (see instructions)
		e: WWW.EATRIGHT.ORG			H(c) Group exen		
		organization;	sociation Other	L Year	of formation: 192	4 M	State of legal domicile: II
Pa	rt I	Summary					
φ		Briefly describe the organization's mission or most s		WER ME	MBERS TO	BE '	<u>l'he</u>
Activities & Governance		NATION'S FOOD AND NUTRITIO		$ \wedge$			
ern		Check this box if the organization discont				1 1	
Š		Number of voting members of the governing body (F				3	17
ø	I	Number of independent voting members of the gove				4	17
es		Total number of individuals employed in calendar ye				5	191
Ϊ		Total number of volunteers (estimate if necessary)				6	540
Act	I	Total unrelated business revenue from Part VIII, colu				7a	410,102.
	b	Net unrelated business taxable income from Form 9	990-1, line 34			7b	15,618.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 3,446,57	6	Current Year 3,264,457.
e	8			·····			
Revenue	9				30,987,49 1,870,30		31,833,018. 1,901,895.
	10	Investment income (Part VIII, column (A), lines 3, 4, a		·····	1,0/0,30	0.	1,901,693.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			36,304,37		36,999,370.
		Total revenue - add lines 8 through 11 (must equal F			429,41		297,289.
		Grants and similar amounts paid (Part IX, column (A	(in = 4)			0.	0.
	4-	Benefits paid to or for members (Part IX, column (A), Salaries, other compensation, employee benefits (Pa			15,469,94	_	15,540,117.
Expenses	15	Professional fundraising fees (Part IX, column (A), lin				0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line		0.		•	•
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,	-		21,624,33	7.	22,590,531.
	l ''	Total expenses. Add lines 13-17 (must equal Part IX		l l	37,523,69		38,427,937.
		Revenue less expenses. Subtract line 18 from line 1			-1,219,32	1.	-1,428,567.
es es		revenue less expenses. Oubtract line to from line t	<u> </u>		ginning of Current Y		End of Year
ets (20 21 22	Total assets (Part X, line 16)			48,425,73		48,056,854.
Ass I Ba	21	Total liabilities (Part X, line 26)			27,294,58		27,402,897.
Net	22	Net assets or fund balances. Subtract line 21 from li	ine 20		21,131,15		20,653,957.
Pa	rt II	Signature Block			-	•	
Unde	er pena	Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and stateme	ents, and to the best	of my ki	nowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.		
Sigr	n	Signature of officer			Date		
Her	е	PATRICIA BABJAK, CEO					
		Type or print name and title					
		** * *	Preparer's signature		Date Che		PTIN
Paid		-	LU ANN TRAPP	0	03/08/16 self		P01506476
Prep	arer		LLC		Firm's EIN	\	<u>38-1357951</u>
Use	Only	Firm's address 10 S. RIVERSIDE P				,	
		CHICAGO, IL 60606			Phone no	.(31	2) 207-1040
140	tha II	S discuss this return with the preparer shown above	o? (coo instructions)				X Voc No

432002 11-07-14 including grants of \$

) (Revenue \$

4e Total program service expenses ▶

(Expenses \$

4d Other program services (Describe in Schedule O.)

Form 990 (2014) ACADEMY OF NUTRITION AND DIETETICS 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)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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 _ot negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily strict adownents, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complet sche ale D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr Y line 10: Yes, " complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		Х
С	Did the organization report an amount for investments - program relation F ine 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par.	11c		X
d	Did the organization report an amount for other assets in Part X 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in X, line ? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial staten. f he tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (A. C 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Г	gan	(001.4)

Form 990 (2014) ACADEMY OF NUTRITION AND DIETETICS

Part IV Checklist of Required Schedules (continued) 36-0724760 Page 4

			res	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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete		v	
•	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified r son in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or ' ?? If "Yes," complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employee or disculatified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director.			
	contributor or employee thereof, a grant selection committee member, or to a 6 % co. I entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the grant s (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptio j:			
а	A current or former officer, director, trustee, or key employee? If "Yes, uplete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee en, ee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, truster or key or loyee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," comp. Schedu L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash co	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
•	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05-	Part V, line 1	34	X	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α
Ö	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		,	000	

Form **990** (2014)

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Form 990 (2014) ACADEMY OF NUTRITION AND DIETETICS Part V Statements Regarding Other IRS Filings and Tax Compliance

Series of the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 367		Check if Schedule O contains a response or note to any line in this Part V		<u></u>		
b Enter the number of Forms W26 included in line 1a. Enter or if not applicable C bild the organization comply with backpu withholding rules for reportable payments to vendors and reportable gaming (pambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 b if the calendar year ending with or within the year covered by this return 5 b if a ties of one is reported on line 2a, did the organization file all required federal employment tax returns? 5 b if Yes, I was in files a form 990 Tro this year? Y with, Y to line 3b, provide an explanation in Schedule O. 5 b if Yes, I was in filed a form 990 Tro this year? Y with, Y to line 3b, provide an explanation in Schedule O. 5 b if Yes, I was the did payment of Yes, Y to line 3b, provide an explanation in Schedule O. 5 c instruction of the provincements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 was the organization a party to a prohibited tax shater transaction at any time during the tax year? 5 c instruction of the provincements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 was the organization a party to a prohibited tax whether animation at any time during the tax year? 5 c instruction of the properties of the provincements of FincEN Form 888677 6 c instruction of the properties of the organization file Form 888677 6 c instruction of the properties of the organization file Form 888677 6 c instruction of the properties of the properties of the properties of the properties of the organization solicit any contributions with were year of the properties of the prop			267		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all east one is reported on line 2, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 ais greater than 250, you may be required to e-file (see instructions) 3 If the organization have unreaded business groups income of \$1,000 or more during the year? 3 If Yes, *Institute of unity the collection year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 At any time the harms of the foreign country. 5 If Yes, *Institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yes, *Institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yes, *Institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yes, *Institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yes, *Institute party notify the organization file Form 8888-17 5 If Yes, *Institutions that were not tax deductible as charitable contributions and are streament to the organization solicit any contributions that were not tax deductible as charitable contributions under section 17'. 5 If Yes, *Institutions that may receive deductible contributions under section 17'. 5 If Yes, *Institutions that may receive deductible contributions under section 17'. 5 If Yes, *Institutions that may receive deductible contributions under section 17'. 6 If Yes, *Institutions that may receive deductible contributions under section 17'. 7 If Yes, *Institutions that may receive de	_	•		- !		
a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Lay 1 if "Yes," has it filed a Form 990F for this year "I" "his," to file 8b, provide an explanation in Schedule 0 or a financial account in a foreign country (such as a bank account, aroother financial account; (FBAR). 5 Lay 1 if "Yes," either the name of the foreign country is besent the sum of the foreign country is the sum of the sum of the foreign country is the sum of the sum of the foreign country is a party to a prohibited tax shelfer transaction at any time during the tax year? 5 Lay 1 "Yes," old the organization have annual gross receipts that are normally greater than \$100,00°, and \(or organization shell are not ack eductables of the more 88961" is a party to a prohibited tax shelfer transaction of the sum of th			10	-		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has if filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule 0 3b X 4a At any time during the calendar year, did the organization have in interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinicPN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxobe party notify the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization have arounal gross receipts that are normally greater than \$100,01°, and organization solicit any contributions that were not tax deductible on the year of the organization network apprentiation receive a payment in excess of \$75 made party as a contribution an "uty," is and services provided to the payor? 7a Did the organization receive a payment in excess of \$75 made party as a contribution an "uty," is and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 1d If the organization received a contribution of cars, boats, airplay, "uty," revelicites, did the organization file fee form 1088-07 7c If the organization received a contribu	С				v	
filed for the calendar year ending with or within the year covered by this return 2a	0-			10	\vdash^{Δ}	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization in lines 1 and 2a is greater than 250, you may be required to a-rile (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if 'Yes, 'has it field a Form 990-T for this year? If 'Yes,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account(?) 4a X 5b if Yes, 'tenter the name of the foreign country: ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization than the organization that it was or is a party to a prohibited tax shelte ansaction? 5b If Yes, 'to line 5a or 5b, did the organization final it was or is a party to a prohibited tax shelte ansaction? 5c In 'Yes, 'to line 5a or 5b, did the organization final it was or is a party to a prohibited tax shelte ansaction? 5c In 'Yes, 'to line 5a or 5b, did the organization final it was or is a party to a prohibited tax shelte ansaction? 5c In 'Yes, 'to line 5a or 5b, did the organization final it was or is a party to a prohibited tax shelte ansaction? 5c In 'Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement the organization solicit any contributions and the very solicitation and express statement the organization solicit any contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 17' 7c In In the organization receive any parment in excess of 35 made party as a contribution of under the very solicitation and the very solicitation and very sol	Za		20 191			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,00°, and on organization solicit any contributions that were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement the "ucs" ontributions or gifts were not tax deductible? 6a X 6b X 6b X 6c Veryes, "did the organization include with every solicitation an express statement the "ucs" ontributions or gifts were not tax deductible contributions under section 17° a Did the organization stant way receive deductible contributions under section 17° b If "Yes," indicate the number of Forms 8282 filed during the year 7c Veryes, "indicate the number of Forms 8282 filed during the year 7c If If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If the organization feelwed a contribution of qualified intell. "I prope, did the organization file Form 899 as required? 7 h If the organization received a contribution of cars, boats, affine, or serve filed, add the organization file Form 1088-0? 7a Sponsoring organization make a distribution t	h			2h	x	
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c			
	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7_		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7_		
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?	2		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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem ars, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken reging the by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who or to be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in	9		Х
Sec	tion B. Policies (This Section B requests information about policies not requ. of Dyternal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing affiliates,			
	and branches to ensure their operations are consistent with the organic of sexempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 99° "me. rs of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organation and action and the street street and the street street street and the street stree			
12a	Did the organization have a written conflict of interest polic, "No," c :o line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disc. ar ally interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce umpliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable).	available	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	d financ	ial	
	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			
432006	3 11-07-14	Form	990	(2014)

Part VIII 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	box	(C) Position (do not check more that box, unless person is b officer and a director/tr				n an compensation		(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Or .11. 7 (M' >1099-M.	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SONJA L. CONNER PRESIDENT	10.00	x		х				19,750.	0.	0.
(2) EVELYN F. CRAYTON	1.00	^		Λ			1	19,750.	0.	0.
PRESIDENT-ELECT	1.00	X		Х				6,000.	0.	0.
(3) DR. GLENNA R. MCCOLLUM	1.00	1		<u> </u>	_			0,000.	0.	<u></u>
PAST PRESIDENT	0.00	x						16,000.	0.	0.
(4) DONNA S. MARTIN	1.00	123						10,000.	•	•
TREASURER	1.00	x		X			1	0.	0.	0.
(5) KAY WOLF	1.00	7	\leftarrow		<u> </u>					
TREASURER-ELECT	0.00	x						0.	0.	0.
(6) MARY K. RUSSELL	1.00				7					
PAST TREASURER	0.00	х						0.	0.	0.
(7) ELISE A. SMITH	1.00									
SPEAKER	0.00	x						0.	0.	0.
(8) AIDA MILES	1.00									
SPEAKER-ELECT	0.00	Х						0.	0.	0.
(9) NANCY LEWIS	1.00									
PAST SPEAKER	0.00	Х						0.	0.	0.
(10) DENICE FERKO-ADAMS	1.00									
DIRECTOR-AT-LARGE	0.00	Х						0.	0.	0.
(11) CATHERINE CHRISTIE	1.00									
DIRECTOR-AT-LARGE	0.00	Х						0.	0.	0.
(12) MARGARET GARNER	1.00]								
DIRECTOR-AT-LARGE	0.00	Х						0.	0.	0.
(13) TRACY BATES	1.00	1								
HOD DIRECTOR	0.00	Х						0.	0.	0.
(14) DIANE W. HELLER	1.00							_	_	_
HOD DIRECTOR	0.00	Х						0.	0.	0.
(15) MARCIA KYLE	1.00							_		_
HOD DIRECTOR	0.00	Х	_			<u> </u>		0.	0.	0.
(16) DON W. BRADLEY	1.00	1								_
PUBLIC MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(17) SANDRA GILL	1.00	٠,,							_	_
PUBLIC MEMBER 432007 11-07-14	0.00	X				<u> </u>		0.	0.	0 • Form 990 (2014)

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Form 990 (2014)

Part VII Section A. Officers, Directors, Trus									50-0124	700	F	age c
(A)	(B)	loy	ees,		с) С)	gi i e S		(D)	(E)		(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an	Reportable compensation from	Reportable compensation from related		stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	npensa rom the ganizati d relate anizatio	e ion ed
(18) TERRI J. RAYMOND, MA, RDN, CD,	1.00											
FOUNDATION CHAIR	1.00	X						0.	0.			0.
(19) PATRICIA BABJAK	32.00								_	_		
CEO	8.00			Х				492,717.	0.	5	8,02	22.
(20) PAUL A. MIFSUD CFO	32.00			х				239,212.	0.	3	2,81	1 /
(21) MARY BETH WHALEN	18.00	\vdash		^				239,212•	<u>U•</u>		Z , 0.	T.4.
COO	22.00			Х				235,364.	0.	3	2,20	04.
(22) BARBARA VISOCAN	40.00								-			
VP, MEMBER SERVICES	0.00	1				Х		211,578.	0.	2	9,42	21.
(23) JEANNE BLANKENSHIP	40.00											
VP, POLICY, INITIATIVES & ADVOCACY	0.00					Х		184,050.	0.	2	3,83	33,
(24) MARY PAT RAIMONDI	40.00											
VP, STRATEGIC POLICY AND ADVOCACY	0.00					Х		188,887.	0.	2	0,75	58
(25) HAROLD HOLLER	40.00											
VP, GOVERNANCE AND PRACTICE	0.00					X	_ 1	171,403.	0.	2	4,10	08.
(26) CHRISTINE REIDY	40.00											
EXECUTIVE DIRECTOR, CDR	0.00			L,		_X		158,550.	0.	1	8,1	<u>57.</u>
1b Sub-total								1,923,511.	0.	23	9,32	<u> 17.</u>
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								1,923,511.	0.	23	9,32	<u>17.</u>
 Total number of individuals (including but a compensation from the organization 	not limited to th	osr	₃te	d ar	9) wn	o re	ceived more than \$100,	000 of reportable			23
compensation from the organization					7						Yes	No
3 Did the organization list any former officer	director or tru	ietea	a ka	V	ınlo	VAC	or b	nighest compensated en	anlovee on			.,,
line 1a? If "Yes," complete Schedule J for				•	•	•		ilignest compensated en		3		Х
4 For any individual listed on line 1a, is the s										۳		

Did the organization list any former officer, director, or trustee, key anployee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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.

the organization. Heport compensation for the calonial year chang with or within	the organization of 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.

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

Form **990** (2014)

1 a Federated campaigns 1 a			Check if Schedule O conta	ains a resp	onse	or note to any line	e in this Part VIII			
1							(A) Total revenue	Related or exempt function	Unrelated business	Revenuè excluded from tax under
Summerson Summ	(0, (0)	1.0	Fodorated compaigns	14				revenue	Tevende	512 - 514
Summerson Summ	ants									
Summerson Summ	<u>2</u>			····-						
Summerson Summ	Ę,ţ					101 803.				
Summerson Summ	ية		-	·····	_	101,000.				
Summerson Summ	Sis				-					
Summerson Summ	le të	•		· I		3 162 654.				
Summerson Summ		a								
Summerson Summ	Sa	_					3,264,457.			
2 a MEMBERSHIT DUES SECTION AND EXAMINATION FEES	<u> </u>		Total Financial				, ,			
B REGISTRATION AND EXAMINATION FEES 541900 7,435,460 7,435,460	a l	2 a	MEMBERSHIP DUES				11,354,139.	11,354,139.		
31,833,018 31,	Ş			NATION FE	ES	541900	7,436,460.	7,436,460.		
31,833,018 31,	Ser	С	PUBLICATIONS, SUBSCRIPT	IONS AND	M	541800	5,209,081.	4,798,979.	410,102.	
31,833,018 31,	am	d	PROGRAMS AND MEETINGS			900099	4,473,816.	4,473,816.		
31,833,018 31,	P. B.	е	EDUCATION PROGRAMS			611710	2,054,759.	2,054,759.		
3 Investment income (including dividends, interest, and other similar amounts) 697,750. 697,750. 697,750. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 Less: rental expenses c Rental income or (loss) 4 Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 3,719,707. C Gain or (loss) 1,204,145. 4 Net gain or (loss) 2 Oft including \$	g	f	All other program service reve	nue		900099	1,304,763	1,304,763.		
Observation		g	Total. Add lines 2a-2f				31,833,018.			
A Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Person		3	Investment income (including	dividends,	intere	st, and				
6 a Gross rents 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 b Less: cost or other basis and sales expenses 3,719,707. C Gain or (loss) 1,204,145. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 10 a Gross sales of inventory Miscellaneous Revenue 12 Total revenue. See instructions.			other similar amounts)			>	697,750.			697,750.
(i) Personal (ii) Personal (iii) Personal Pe		4	Income from investment of tax	c-exempt b	ond p	roceeds				
1		5	Royalties							
D				(i) Rea	al	(ii) Personal				
C Rental income or (loss) C Net rental income or (loss) C Securities Secur										
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 3,719,707. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$										
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses and sales expenses 3,719,707. c Gain or (loss) 4,923,852. d Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 3,719,707. 1,204,145. 1,204,1										
assets other than inventory b Less: cost or other basis and sales expenses 3,719,707. c Gain or (loss) 1,204,145. d Net gain or (loss) 5,719,707. 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 Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities Mean of the control o										
b Less: cost or other basis and sales expenses 3,719,707. c Gain or (loss) 1,204,145. d Net gain or (loss) 5 8 a Gross income from fundraising events (not including \$		7 a				(ii) C er				
and sales expenses 3,719,707. c Gain or (loss) 1,204,145. d Net gain or (loss) 5 a Gross income from fundraising events (not including \$			•	4,923,	852.					
C Gain or (loss) 1,204,145. 1,204,14		b		2 710	707					
d Net gain or (loss)		_	and sales expenses	1 204						
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 8 usiness Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.							1 204 145			1 204 145
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 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from sales of inventory b b Less: cost of goods sold b c Net income or (loss) from sales of inventory							1,201,110.			1,201,110.
Part IV, line 18	e l	0 a		`	01					
Part IV, line 18	Š									
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 36,999,370. 31,422,916. 410,102. 1,901,895.	8		•	•	а					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 36,999,370. 31,422,916. 410,102. 1,901,895.	Ę.	b								
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 432009	ō									
Part IV, line 19			` '	•						
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.			Part IV, line 19		a					
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		b								
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 C C C C C C C C C C C C C C C C C		С	Net income or (loss) from gam	ing activitie	es					
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 b 12 Total revenue. See instructions. 36,999,370. 31,422,916. 410,102. 1,901,895.		10 a	Gross sales of inventory, less	returns						
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.			and allowances		а					
Miscellaneous Revenue 11 a		b	Less: cost of goods sold		b					
11 a		С			ory					
b				e		Business Code				
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.										
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.						<u> </u>				
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 36,999,370. 31,422,916. 410,102. 1,901,895.										
12 Total revenue. See instructions. 36,999,370. 31,422,916. 410,102. 1,901,895.										
432009							36 999 370	31 422 916	410 102	1 901 895
11-07-14 FUHII 330 (2014)	432009 11-07-)	TOTAL ICACHING. OCC HISTINGHOLIS.				20,233,370.	01,122,010.	110,102.	Form 990 (2014)

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) X Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 297,289. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 935,275. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,315,733. Other salaries and wages 7 Pension plan accruals and contributions (include 854,163. section 401(k) and 403(b) employer contributions) 1,475,068. Other employee benefits 959,878. 10 Payroll taxes Fees for services (non-employees): 11 a Management 166,303. Legal 77,508. Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 193,549. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 4,449,877. column (A) amount, list line 11g expenses on Sch O.) 119,030. Advertising and promotion 12 315,700. Office expenses 13 Information technology 995,401. 14 78,968.15 Royalties 1,422,060. 16 Occupancy 2,994,544. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,741,409. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,267,080. Depreciation, depletion, and amortization 22 240,916. 23 Insurance 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.) **PUBLICATIONS** 2,473,344. 1,155,216. POSTAGE AND MAILING SER c EXAMINATION ADMINISTRAT 734,836. 5,631. d UBI TAXES 2,159,159. e All other expenses 38,427,937. Total functional expenses. Add lines 1 through 24e 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)

432010 11-07-14

Form 990 (2014)
Part X | Balance Sheet

ar	t 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
	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	986,93
	9	Prepaid expenses and deferred charges	<u>1,732,622.</u>	9	1,727,82
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 7,421,779.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 7,421,779. 10b 2,980,943.	4,111,009.	10c	4,440,83
	11	Investments - publicly traded securities	32,782,018.	11	33,439,16
	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	128,05
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,425,737.	16	48,056,85
	17	Accounts payable and accrued expenses	7,529,786.	17	7,271,06
	18	Grants payable	16 506 000	18	15 040 16
	19	Deferred revenue	16,596,930.	19	17,048,16
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV Scheu. D		21	
	22	Loans and other payables to current and former offic. director: rustees,			
		key employees, highest compensated employees, and dis lift in 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	3,167,870.	25	3,083,67
	26	Schedule D Total liabilities. Add lines 17 through 25	27,294,586.	26	27,402,89
+	26	Organizations that follow SFAS 117 (ASC 958), check here X and	21,254,500	20	27,402,05
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	21,131,151.	27	20,653,95
	28	Temporarily restricted net assets	22/232/2321	28	20,000,00
	29	Permanently restricted net assets		29	
	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		23	
		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	20,653,95
. ,		. C.GC. GCCCC Of Idild Dalaffood	,,		48,056,85

Form **990** (2014)

Form	1990 (2014) ACADEMY OF NUTRITION AND DIETETICS	30-0	/ 4 4 / 6 0	Page 14
Pa	rt 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	<u>,370.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,427	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,428	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,131	
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	3,957 <u>.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990:		_	
	If the organization changed its method of accounting from a prior year or checked "Other," ey ain in Schedule	Э.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accr +?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were complicated reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated a separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the lar were a led on a separate	basis,		
	consolidated basis, or both:			
	Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that ϵ s respectively sibility for oversight of the			
	review, or compilation of its financial statements and selection of an Jepercountant?		2c	X
	If the organization changed either its oversight process or selection p , during the tax year, explain in Sche			
За	As a result of a federal award, was the organization required to raid and a dit or audits as set forth in the Sin			
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or requi	ed audit		
	or audits, explain why in Schedule O and describe any steps take in dergo such audits			
			Form	990 (2014

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

Organization type (check one): Filers of: Section: X 501(c)(6) (enter number) organization Form 990 or 990-EZ 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 found on 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 aral Rule d a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during vear, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See in ons for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 90-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 (r. rm 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

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)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I 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	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ABBOTT NUTRITION 3300 STELZER ROAD COLUMBUS, OH 43215	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 ACADEMY OF NUTRITION AND DIETETICS	(c) .al contributions	(d) Type of contribution
3	FOUNDATION 120 SOUTH RIVERSIDE PLAZA, SUITE 2000 CHICAGO, IL 60606	\$101,803.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY 540 GAITHER ROAD ROCKVILLE, MD 20850	\$64,142.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	AJINOMOTO USA 1 AJINOMOTO DRIVE EDDYVILLE, IA 52553	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAMPBELL SOUP COMPANY 1 CAMPBELL PLACE # 48K	\$\$	Person X Payroll Noncash (Complete Part II for
423452 11-05	CAMDEN, NJ 08103	Schedule R (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CLIF BAR, INC 1610 5TH STREET BERKELEY, CA 94710	\$. 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
9	CMGRP, INC 8000 NORMAN CENTER DRIVE, SUITE 400 MINNEAPOLIS, MN 55437	\$ 40,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CONAGRA INC 6 CONAGRA DRIVE OMAHA, NE 68102	\$ <u>455,894</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	COVIDIEN 15 HAMPSHIRE STREET MANSFIELD, MA 02048	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CROPP COOPERATIVE INC ONE ORGANIC WAY LA FARGE, WI 54639	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05	5.14	Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	EDELMAN PUBLIC RELATIONS WORLDWIDE 200 E. RANDOLPH DR, 63RD FL CHICAGO, IL 60601	\$. 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
15	EGG NUTRITION CENTER 200 E. RANDOLPH STREET CHICAGO, IL 60601	\$10,087.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ELI LILLY AND COMPANY LILLY CORPORATE CENTER, DC 1843 INDIANAPOLIS, IN 46285	\$36,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	EVANS HARDY AND YOUNG INC. 829 DE LA VINA STREET SANTA BARBARA, CA 93101	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	FLEISHMAN-HILLARD 200 NORTH BROADWAY SAINT LOUIS, MO 63102	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05		Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	GENERAL MILLS P.O. BOX 59145 MINNEAPOLIS, MN 55459	\$. 57,462.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
21	HASS AVOCADO BOARD 230 COMMERCE, SUITE 190 IRVINE, CA 92602	\$ 38,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	JOHNSON AND JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$ <u>77,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	KELLOGG USA INC ONE KELLOGG SQUARE BATTLE CREEK, MI 49017	\$ 56,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	KETCHUM INC. 6 PPG PLACE PITTSBURGH, PA 15222	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05		Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	MEAD JOHNSON NUTRITION 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721	\$30,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
27	MULLEN 36 ESSEX STREET WENHAM, MA 01984	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	NATIONAL COLLEGIATE ATHLETIC ASSOCIATION PO BOX 6222 INDIANAPOLIS, IN 46206	\$ 36,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	NATIONAL DAIRY COUNCIL 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018	\$ <u>278,452.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	NATIONAL PROCESSED RASPBERRY COUNCIL 1796 FRONT STREET	\$\$	Person X Payroll Noncash (Complete Part II for
423452 11-05	LYNDEN, WA 98264	Schedule R (Form	noncash contributions.)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	NOVO NORDISK INC		Person X Payroll
	100 COLLEGE ROAD WEST PRINCETON TOWNSHIP, NJ 08540	\$ 44,997.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
33	PEPSICO 555 W. MONROE STREET, SUITE 14-15 CHICAGO, IL 60661	\$ 197,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_	PHARMAVITE-NATURE MADE 8510 BALBOA BOULEVARD NORTHRIDGE, CA 91325	\$ <u>21,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	POLLOCK COMMUNICATIONS 665 BROADWAY, FL 12 NEW YORK, NY 10012	\$ 19,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	ROCHE DIAGNOSTICS		Person X Payroll
	9115 HAGUE ROAD INDIANAPOLIS, IN 46250	\$18,000.	Noncash (Complete Part II for noncash contributions.)
423452 11-05		Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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	\$	Person X Payroll Noncash
	SAINT LOUIS, MO 63110		(Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	STERLING-RICE GROUP, INC 1801 13TH ST STE 400 BOULDER, CO 80302	\$. 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
39	SYSCO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON, TX 77077	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	THE BEVERAGE INSTITUTE P.O. BOX 1734 ATLANTA, GA 30301	\$ 92,402.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	THE COCA-COLA COMPANY P.O. BOX 1734 ATLANTA, GA 30301	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	THE GATORADE COMPANY		Person X
	617 W. MAIN STREET	\$82,679.	Payroll Noncash (Complete Part II for
423452 11-04	BARRINGTON, IL 60010	Sahadula B /Farm	noncash contributions.)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	USDA/FNS/ACCOUNTING DIVISION 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302	\$. 29,064.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
<u>45</u>	AMERICAN EGG BOARD 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	AMERICAN PISTACHIO GROWERS 7030 N. FRUIT AVENUE SUITE 117 FRESNO, CA 93711	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	BAXTER HEALTHCARE CORPORATION ONE BAXTERPARKWAY DEERFIELD, IL 60015	\$ 43,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	BIPRO USA 7500 FLYING CLOUD DRIVE SUITE 250B EDEN PRAIRIE, MN 55344	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05	5-1/1	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

423452 11-05-14

Name of organization Emplo

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	CALIFORNIA TABLE GRAPE COMMISSION 392 W. FALLBROOK AVE SUITE 101 FRESNO, CA 93711-6150	\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
51_	DAIRY MANAGEMENT INC 10255 W HIGGINS ROAD ROSEMONT, IL 60018-5638	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	DOMINO FOODS INC 1 FEDERAL STREET YONKERS, NY 10705	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	DPG 31 DHCC 3845 VIRGINIA AVE KANSAS CITY, MO 64109-2731	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	EATING RECOVERY CENTER 8190 E 1ST AVE DENVER, CO 80230-7211	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05	5-14	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2014)

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	GLUTAMATE ASSOCIATION 1010 WISCONSIN AVE NW SUITE 350 WASHINGTON, DC 20007	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
57	GMRI, INC. PO BOX 593330 ORLANDO, FL 32859-3330	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_	HERBALIFE 990 WEST 190 ST STE 650 TORRANCE, CA 90502	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59_	JANSSEN PHARMACEUTICALS PO BOX 16500-6500 NEW BRUNSWICK, NJ 08906	\$\$,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	MCNEIL NUTRITIONALS, LLC 420 DELAWARE DRIVE MS 960 FORT WASHINGTON, PA 19034	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-05		Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	MEDIFAST INC 11445 CRONHILL DRIVE OWINGS MILLS, MD 21117-2220	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
63	MONSANTO COMPANY 800 N. LINDBERGH BLVD SAINT LOUIS, MO 63167	\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	MSL SEATTLE 7300 LONE STAR DRIVE SUITE 200 PLANO, TX 75024-5712	\$15,204.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	NATIONAL CATTLEMEN'S BEEF ASSOCIATION 9110 E NICHOLS AVE SUITE CENTENNIAL, CO 80112-3450	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	NATIONAL PEANUT BOARD 2839 PACES FERRY ROAD SE ATLANTA, GA 30339-5769	\$5,000.	Person X Payroll
423452 11-05		Schedule B (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	RED BULL AM BRUNNEN 1 MUNICH, GERMANY 85551	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
69	SAN MIGUEL PRODUCE INC 4444 NAVALAIR ROAD OXNARD, CA 93033-8298	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	TANDEM DIABETES CARE INC. 11045 ROSELLE STREET SUITE 200 SAN DIEGO, CA 92121	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	TROVITA HEALTH SCIENCES 7825 WASHINGTON AVE. SUITE 500 MINNEAPOLIS, MN 55439	\$8,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	TZELL NEW ENGLAND INC. 1 APPLETON STREET BOSTON, MA 02116	\$6,750.	Person X Payroll
423452 11-05		Cahadula D (Form	990. 990-EZ. or 990-PF) (2014)

423452 11-05-14

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

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	WALMART 702 SW 8TH STREET BENTONVILLE, AR 72716-6209	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	WELLINGTON GROUP MARKETING & PR 4105 MEDICAL PARKWAY SUITE 206 AUSTIN, TX 78756	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
<u>75</u>	WELLS ENTERPRISES, INC. PO BOX 1310 LE MARS, IA 51031-1310	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>76</u>	NORTH CAROLINA SWEET POTATO COMMISSION 320 W 13TH STREET 7TH FLOOR NEW YORK, NY 10014	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ACADEMY OF NUTRITION AND DIETETICS

36-0724760

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	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
		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) r MV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ \$	<u> </u>

Name of or	ganization			Employer identification number
acadei	MY OF NUTRITION AND DIET	PR™T C C		36-0724760
Part III	Exclusively religious, charitable, etc., contr	ibutions to organizations described olumns (a) through (e) and the foll	Owina line entry. For ora	(8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 c	r less for the year. (Enter thi	s info. once.) Ψ
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	-		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	m .	
	Transferee's name, address, an	nd ZIP + 4	Relationship	of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	\Us/ f gift	(d) Description of how gift is held
	-	(e) Transfer of g		_
	Transferee's name, address, an	nd 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 g		
	Transferee's name, address, an	-		of transferor to transferee
				_

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Open to Public

OMB No. 1545-0047

Inspection

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) organizate	ions: Complete Part III.			
Name of organization			Empl	oyer identification number
ACADEMY	OF NUTRITION AND	DIETETICS		36-0724760
Part I-A Complete if the org	anization is exempt unde	r section 501(c) or	r is a section 527 org	ganization.
 Provide a description of the organiz Political expenditures Volunteer hours 			▶\$	
Part I-B Complete if the org	anization is exempt unde	r section 50 :)(3'		
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.		-		1/0)
Part I-C Complete if the org				
1 Enter the amount directly expended				
2 Enter the amount of the filing organ				
exempt function activities Total exempt function expenditures	Add lines 1 and 2. Ente			
			▶\$	
line 17b 4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en made payments. For each organizar contributions received that were pro- political action committee (PAC). If a	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a) of all section 527 politi from the filing organizat separate political organ	cal organizations to which tion's funds. Also enter the ization, such as a separate	the filing organization amount of political
(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	WASHINGTON, DC			
AND DIETETICS	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

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the organization 501(h)).	ACADEN anizatio	Y OF NUTRITION AND DIETETIC is exempt under section 501(c)(3) and file	S 36-0 led Form 5768 (e	0724760 Page 2 lection under
A Check ▶ ☐ if the filing organizate expenses, and share	e of excess	s to an affiliated group (and list in Part IV each affiliate lobbying expenditures). d box A and "limited control" provisions apply.	d group member's nan	ne, address, EIN,
Limit	s on Lobb	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publi	c opinion (grass roots lobbying)		
b Total lobbying expenditures to influ	ence a leg	slative body (direct lobbying)		
c Total lobbying expenditures (add lir	nes 1a and	1b)		
d Other exempt purpose expenditure				
e Total exempt purpose expenditures	(add lines	1c and 1d)		
f Lobbying nontaxable amount. Ente	r the amou	nt from the following table in both columns.	_	
If the amount on line 1e, column (a) or		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 \$1,50	00,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500 Jo.		
Over \$17,000,000		\$1,000,000.		
g Grassroots nontaxable amount (ent	er 25% of	ine 1f)		
h Subtract line 1g from line 1a. If zero	or less, e	nter -0-		
i Subtract line 1f from line 1c. If zero	or less, er	ter -0-		
j If there is an amount other than zer	o on either	line 1h or line 1i, did the organiz in file Fon. 720		
reporting section 4911 tax for this y		<u> </u>		Yes No
(Some organizations th	at made a See	4-Year Averaging Period Under s n 501(h) section 501(h) election have complete all the separate instructions for 22 through 2f.)		elow.
	Lobb	ying Expenditures Du. / ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	011 (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

Schedule C (Form 990 or 990-EZ) 2014 ACADEMY OF NUTRITION AND DIETETICS 36-0724760 Page 3 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)).

Eor o	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo		
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:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
;	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)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 312					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this ye					
Pai	t III-A Complete if the organization is exempt under section 501, section	n 501(c)(5)	, or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,0' ss?				X	
3	Did the organization agree to carry over lobbying and political exper .ures prior year?	=0.47.37=	3	X		
Pai	t III-B Complete if the organization is exempt unde. on 501(c)(4), section				0:-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 12, are answered	'No," OR (b) Part	III-A, IIne	9 3, IS	
	answered "Yes."			0 250	C10	
1	Dues, assessments and similar amounts from members		. 1	9,355	,618.	
2	(,	al				
	expenses for which the section 527(f) tax was paid).			007	,348.	
	Current year			-1,254		
	Carryover from last year				,800.	
_	Total				347.	
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.		3	1,510	,,,,,,,,	
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	19	nitical	. 4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		. 5	-1,567	7.147.	
Par			0	_,_,.	, = =	
Prov	ide 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 a	nd 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(
PAI	RT I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFO	RMATIO	N:			
AC2	ADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION CO	MMITTE:	E			
11:	20 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.

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

Inspection

Name of the organization

Employer identification number

	ACADEMY OF NUTRITION AND DIETETICS	36-0724760
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or Othe	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		y important land area
		istoric structure
	Preservation of open space	iotorio strastaro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution the form of a co	onservation easement on the last
_	day of the tax year.	onsolvation easement on the last
	day of the tax year.	Held at the End of the Tax Year
9	Total number of conservation easements	2a
a		2b
C		2c
	Number of conservation easements on a certified historic structure inc' (a) Number of conservation easements included in (c) acquired after 8/1 J6, a or a historic structure	20
u	Professional March 1997 (1997)	2d
3	Number of conservation easements modified, transferred, release witing wed, or terminated by the organ	
3	year	ization during the tax
4	Number of states where property subject to conservation e. — ent is leasted >	
5	Does the organization have a written policy regarding the period original properties of states where property subject to conservation to the state of the state o	
Ū	violations, and enforcement of the conservation easements it holds:	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
·	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	·
	conservation easements.	,a <u>_</u> a 0 accounting to:
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	•
	relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
		▶ \$
		. > \$
2	(ii) Assets included in Form 990, Part X	. • \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	. • \$
2 a	(ii) Assets included in Form 990, Part X	provide

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

100271_1

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	(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. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	ACADEMY	OF	NUTRITION	AND	DIETETICS	36-0724760	Page 3
Part VII Investments - 0	Other Securitie	es.					

Complete if the organization answered "Yes" t	o Form 990 Part IV line	11h 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" t	o 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" t	o Form 990, Pa. le	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" t	o Form 990, Part IV, line		ne 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.	
	•	the organization's financial statem	

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 X

Schedule D (Form 990) 2014

Pa	rt XI Re	conciliation of Revenue per Audited Fin	ancial Statemen	ts With	Revenue per Re	turn.	
	Со	mplete if the organization answered "Yes" to Form 99	00, Part IV, line 12a.				
1	Total reve	nue, gains, and other support per audited financial st	atements			1	38,058,776.
2	Amounts i	ncluded on line 1 but not on Form 990, Part VIII, line	12:				
а	Net unreal	zed gains (losses) on investments		2a	951,373.		
b	Donated s	ervices and use of facilities		2b			
С	Recoverie	of prior year grants		2c			
d	Other (Des	cribe in Part XIII.)		2d	108,033.		
е	Add lines	2a through 2d				2e	1,059,406.
3	Subtract li	ne 2e from line 1				3	36,999,370.
4	Amounts i	ncluded on Form 990, Part VIII, line 12, but not on lin	e 1:				
а	Investmen	t expenses not included on Form 990, Part VIII, line 7	'b	4a			
b	Other (Des	cribe in Part XIII.)		4b			_
С	Add lines					4c	0.
5	Total reve	nue. Add lines 3 and 4c. (This must equal Form 990.	Part I. line 12.)		·····	5	36,999,370.
Ра		conciliation of Expenses per Audited Fi		nts With	ı Expenses per H	teturi	n.
			00 Doct IV line 10e				
		nplete if the organization answered "Yes" to Form 99	90, Part IV, IIIIe 12a.				22 522 542
1	Total expe	nses and losses per audited financial statements				1	38,603,548.
1 2	Total expe	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2	5:	1 1		1	38,603,548.
-	Total expe Amounts i Donated s	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities	5:	2a '		1	38,603,548.
2	Total expe Amounts i Donated s Prior year	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities	5:	1 1		1	38,603,548.
2	Total expe Amounts i Donated s Prior year Other loss	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments	5:	2a 21.		1	38,603,548.
2	Total expe Amounts i Donated s Prior year Other loss Other (Des	nses and losses per audited financial statements nocluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es	5:	2a 2 .c 2d	175,611.	1	
2 a b c	Total experiments in Donated is Prior year Other loss Other (Des Add lines	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.)	5:	2a 2 .c 2d		1 2e	175,611.
a b c	Amounts in Donated so Prior year Other loss Other (Des Add lines Subtract li	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1	5:	2a 2		2e 3	
a b c d	Amounts in Donated so Prior year Other loss Other (Des Add lines Subtract lines Amounts in Donated so Prior year Other (Des Add lines Subtract lines Amounts in Donated so Prior Pri	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line	5:	2a 2	175,611.		175,611.
2 a b c d e	Amounts in Donated is Prior year Other loss Other (Des Add lines Subtract lines Amounts in Investment)	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line at expenses not included on Form 990, Part VIII, line 3	5: 	2a 7	175,611.		175,611.
2 a b c d e 3 4	Amounts in Donated so Prior year Other (Des Add lines Subtract lines Investment Other (Des Other (D	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line at expenses not included on Form 990, Part VIII, line 7 cribe in Part XIII.)	5: 	2a 2	175,611.		175,611. 38,427,937.
2 a b c d e 3 4 a	Amounts in Donated is Prior year Other (Des Add lines Subtract lines Investment Other (Des Add lines	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line at expenses not included on Form 990, Part VIII, line 7 cribe in Part XIII.) 4a and 4b	5: 	2a	175,611.	3 4c	175,611. 38,427,937.
2 a b c d e 3 4 a b c 5	Amounts in Donated so Prior year Other (Des Add lines Subtract lines Investment Other (Des Add lines Add lines Total experience)	nses and losses per audited financial statements ncluded on line 1 but not on Form 990, Part IX, line 2 ervices and use of facilities adjustments es cribe in Part XIII.) 2a through 2d ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line at expenses not included on Form 990, Part VIII, line 7 cribe in Part XIII.)	5: 	2a	175,611.	3	175,611. 38,427,937.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' ines 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 into providing 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

Schedule D (Form 990) 2014

432054 10-01-14

Schedule D (Form 990) 2014 ACADEMY OF NUTRITION AND DIETETICS Part XIII Supplemental Information (continued)	36-0724760 Page 5
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.

SCHEDULE I (Form 990)

Part II

Part I

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Attach to Form 990.

OMB No. 1545-0047 2014

Open to Public

PLAZA, STE 2000 - CHICAGO, IL Department of the Treasury Internal Revenue Service FOUNDATION - 120 S. RIVERSIDE ACADEMY OF NUTRITION AND DIETETICS Name of the organization 1 (a) Name and address of organization Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990 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 General Information on Grants and Assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed or government ACADEMY OF NUTRITION AND DIETETICS 36-6150906 501(C)(3) (b) EIN ➤ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (c) IRC section if applicable (d) Amount of cash grant 297,289 (e) Amount of non-cash assistance (f) Method of valuation (book, FM) appraisal, other) (g) Description of non-cash assistance Employer identification number SCHOLARSHIP PROGRAM AND GENERAL SUPPORT Schedule I (Form 990) (2014) (h) Purpose of grant or assistance X Yes 36-0724760 Inspection

Η

ων

Part III RECIPIENTS PROVIDE A AND DIETETICS. PART I, LINE 2: Schedule I (Form 990) (2014) Part IV Supplemental Information. Provide the information required in Part I, Ir **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 ACADEMY OF NUTRITION AND DIETETICS MID TERM AND FINAL REPORT TO THE ACADEMY OF NUTRITION **(b)** Number of recipients -, Part (c) Amount of cash grant <u>é</u> (b), and any other additional information. (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 36-0724760 (f) Description of non-cash assistance Page 2

ა 8

SCHEDULE J (Form 990)

Part I

Compensation Information

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. Part IV, line 2. ► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

ACADEMY OF NUTRITION AND DIETETICS

Questions Regarding Compensation

36-0724760

			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in lin and are including the CEO/Executive Director, regarding the items checked in line and are including the central area.	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation coorganization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods use by a related coganization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employme ontract			
	X Independent compensation consultant X Compension survey study			
	X Form 990 of other organizations X Approval the or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, li with a nect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualif of olan?	4b		Х
	Participate in, or receive payment from, an equity-based comr sation angement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the 'icable a bunts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

Do not list any individuals that are not listed on Form 990, Part VII. 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).

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.

(1)	(ii)	(i)	(ii)	(1)	(ii)	(i)	(ii)	(i)	(ii)	(i)	(ii)	(3)	(ii)	(i)	EXECUTIVE DIRECTOR, CDR (ii)	(8) CHRISTINE REIDY (i)	VP, GOVERNANCE AND PRACTICE (ii)	(7) HAROLD HOLLER (i)	VP, STRATEGIC POLICY AND ADVOCACY (ii)	(6) MARY PAT RAIMONDI	VP, POLICY, INITIATIVES & ADVOCACY (ii)	(5) JEANNE BLANKENSHIP (i)	VP, MEMBER SERVICES (ii)	(4) BARBARA VISOCAN	coo (ii)	(3) MARY BETH WHALEN	CFO (ii)	(2) PAUL A. MIFSUD (i)	CEO (ii)	(1) PATRICIA BABJAK (i)	(A) Name and Title	
															0.	158,550.	0.	171,403.	0.	188,887.	0.	184,050.	0.	211,578.	0.	235,364.	0.	239,212.	0.	428,717.	(i) Base compensation	(B) Breakdown of \
															0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	64,000.	(ii) Bonus & incentive compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation
															0.	0.	0.		0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	(iii) Other reportable compensation	3C compensation
															0.	12,997.	0.	13,932.	0.	15,264.	0.	15,412.	0	17,469.	0.	19,366.	.0	20,016.	0.	38,300.	compensation	(C) Retirement and
															0.	5,160.	0.	10,176.	0.	5,494.	0.	8,421.	0.	11,952.	0.	12,838.	0.	12,798.	0.	19,722.) ज्यासास्त्र	(D)
															0.	176,707.	0.	195,511.	0.	209,645.	0.	207,883.	0.	240,999.	0.	267,568.	• 0	272,026.	0.	550,739.	(ט)יייט)	(E) Total of columns
															0.			0.		0.				0.		0.	0.		0.		reported as deferred in prior Form 990	Ē

	a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Page 3	TICS 36-0724760	Schedule J (Form 990) 2014 ACADEMY OF NUTRITION AND DIETETICS

Schedule J (Form 990) 2014

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 36-0724760

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

08-27-14

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

Name of the organization ACADEMY OF NUTRITION AND DIETETICS	Employer identification number 36-0724760
BENCH-MARKED AGAINST COMPARABLE DATA. HUMAN RESOURCES COMP	ARES TO MARKET
CONDITIONS EVERY FIVE YEARS BY AN OUTSIDE ORGANIZATION, TH	IEY EVALUATE ALL
THE POSITIONS INCLUDING THE ORGANIZATION'S CEO AND EXECUTI	VE DIRECTORS. THE
FINAL APPROVAL OF THE CEO COMPENSATION IS DONE BY THE BOAR	D OF DIRECTORS.
THE CEO REVIEWS AND DETERMINES THE COMPENSATION OF OTHER C	FFICERS 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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service	➤Information about Schedule R (Form 990) and its instructions is at www)) and its instructions is at	www.irs.gov/form990	90		Inspection
ation ACADEMY OF	RITION AND DIETETICS	S			Employer iden 3 6 – 0 7 2	Employer identification number $36-0724760$
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	e if the organization answered "Yes" o	n Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete if the organizations during the tax year.	tions Complete if the organ ⁱ ans	د red "Yeی" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	⊃art IV, line 34 bec	ause it had one or n	าore related tax-eง	xempt
(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 5 12(b)(13) controlled entity? Yes No
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 36-6150906, 120 S. RIVERSIDE DIAZA SHITTE 2000 CHICAGO II 60606	TO IMPROVE THE NUTRITIONAL	STONT LIL	ло1 (G) (З)	万〇〇〜メン・フン		
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE, 1120 CONNECTICUT AVE NW,	POLITICAL ACTION DEDICATED TO FOOD, NUTRITION &					
WASHINGTON, DC 20036		DISTRICT OF COLUMBIA	527			×

Schedule R (Form 990) 2014

Page 2

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

		(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporation or Trust Comporganizations treated as a corporation or trust during the tax year.			(a) Name, address, and EIN of related organization
		S II	ganizations Taxable a prporation or trust during			(b) Primary activity
		Prima	s a Corpor g the tax yo			(c) Legal domicile (state or foreign country)
		(b) Primary activity	ration or Trust Co			(d) Direct controlling entity
		Legal nicile (* or eign country)	mp if #			Predomir (related, excluded fr sections
		(d) Direct controlling entity				(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)
		Type of (C corp	answered "Yes			(f) Share of total income
		(e) of entity , S corp, trust)	s" on Form			(g) Share of end-of-year assets
		(f) Share of total income	990, Part			
			IV, line 34			(h) Disproportionate allocations? Yes No
		(g) Share of end-of-year or assets	ຳiion answered "Yes" on Form 990, Part IV, line 34 because it had one or more related			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
 		 (h) Percentage ownership	or mor			
		Section 512(b)(13) controlled entity?	e related			General or Percentage managing ownership

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

a Recented (i) illumentes, (iii) recentiles, (iii) recentiles or (iv) restrict or part accommonate or to private or partial accommonate or to recent departation(s). 6 GH, grant, or capital contribution to mised organization(s). 6 Learn or bian parametrises for of related organization(s). 7 Dividends from related organization(s). 8 Sale of assets to related organization(s). 1 Purchase of assets the related organization(s). 1 Leave of facelities, equipment, or other assets from elated organization(s). 1 Leave of facelities, equipment, or other assets from elated organization(s). 1 Leave of facelities, equipment, or other assets from elated organization(s). 1 Leave of facelities, equipment, or other assets from elated organization(s). 1 Performance of services or memberally or fundasing solicitations for related organization(s). 1 Performance of services or memberally or fundasing solicitations for related organization(s). 2 Performance of services or memberally or fundasing solicitations by related organization(s). 3 Sharing of facilities, equipment, or other assets from elated organization(s). 4 Performance of services or memberally or fundasing solicitations by related organization(s). 5 Sharing of facilities, equipment, or other assets with elated organization(s). 6 Sharing of facilities, equipment, or other assets with elated organization(s). 7 Coher transfer of clearly or property to related organization(s) or expenses. 8 Tother transfer of clearly or property to related organization(s). 1 Performance of the above is "Yes," says the instructions for information on who. Use comment elated organization through amount involved. 1 Performance organization organization property to related organization property to related organization property to related organization property or elated organization property and property or related organization property or property or related organization property or property org	(6)	(5)	(4)	(3)	(2)	(1)		2 If the an	s Other tra	r Other tra	q Reimbur	p Reimbur		n Sharing	m Perform		k Lease of	j Lease of	i Exchang	h Purchas	g Sale of a	f Dividence	e Loans o	d Loans o	c Gift, gra	b Gift, gra	a Receipt	1 During t	
1a 1b 1d 1d 1d 1d 1d 1d 1d							(a) Name of related organization	swer to any of the above is "Yes," see the instructions for information on v	<u></u>				of paid employees with related organization(s)	of facilities, equipment, mailing lists, or other assets with related organiza	ance of services or membership or fundraising solicitations by related orga	ance of services or membership or fundraising solicitations for related org	facilities, equipment, or other assets from related organization(s)	facilities, equipment, or other assets to related organization(s)				s from related organization(s)	loan guarantees by related organization(s)	:	S	nt, or capital contribution to related organization(s)	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	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?	Note. Complete line I II any entity is listed in Farts II. III. or IV of this schedule.
1a 1b 1c 1d 1d 1d 1d 1d 1d 1d							(b) Transaction type (a-s)	/houst complete th	N					ion(s)	nization(s)	ınization(s)											У	s with one or more re	
1a 1b 1c 1d 1d 1d 1d 1d 1d 1d							(c) Amount involved	is line, including covered re	1:	:																		elated organizations listed ir	
							(d) Method of determining amount invo	গুationships and transaction thresholds.																				ո Parts II-IV?	
							lved		ร		1 q	₽		\dashv	1	=	#	Н	≐	ħ	19	⇉	é	1 d	\vdash	┢	1a		_
									×	×	×	×	×	×		×		×							×	×		-	Yes No

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

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

																	of entity	(a)	
																	i iiiilai y activity	(b)	
																country)	(state or foreign	(c)	
																sections 512-514)	(related, unrelated,	(d) Predominant income	
F										-	Σ					Yes No	501(c)(3) orgs.?	Are all	
									,							income		Share of	
																assets	end-of-year	Share of	
ļ																Yes No	tionate allocations	Dispropor	-
Sabadida																o (Form 1065)	amount in box 20 managing ownership	F Code V-IIBI	 ::
D (For																Yes No	managing partner?	General o	:
S-1-1-1- (Town 000) 2014																	ownership	(k)	:

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	\$ (
NO 2	\$ (j
NO 3	\$)
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**

(Worksheet)
Department of the Treasury

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

OMB No. 1545-0976

orksheet) artment of the Treasury nal Revenue Service	•				•		Т	2015
	, , ,						1	
Tax on the amount	on line 1. See instructions for tax c	omputa	tion				2	
Alternative minimur	n tax (see instructions)						3	
Total. Add lines 2 a	nd 3						4	
Estimated tax credit	ts (see instructions)						5	
Subtract line 5 from	n line 4						6	
Other taxes (see ins	structions)						7	
Total. Add lines 6 a	nd 7						8	
Credit for federal ta	x paid on fuels (see instructions)						9	
Enter the tax shown zero or the tax year	on the 2014 return (see instructions was for less than 12 months, skip the	s). Cau iis line	tion. If		101	2 343	-	
2015 Estimated Tax	x. Enter the smaller of line 10a or lin				skip line 10b, ente	r the amount	10c	2,360.
					(b)	(c)		(d)
Installment due da	tes (see instructions)	11)				05/16/16
columns (a) throug uses the annualized	h (d) unless the organization income installment method,							
•	•	12						2,360.
2014 Overpayment	(see instructions)	13						1,597.
								763.
	Unrelated business Tax on the amount Alternative minimum Total. Add lines 2 al Estimated tax credit Subtract line 5 from Other taxes (see instance) Total. Add lines 6 al Credit for federal ta Subtract line 9 from estimated tax payment due da Required installment on line Installment due da Required installment columns (a) througues the annualized the adjusted season "large organization" 2014 Overpayment Payment due (Sub	Unrelated business taxable income expected in the tax y Tax on the amount on line 1. See instructions for tax of Alternative minimum tax (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Subtract line 5 from line 4 Other taxes (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) Subtract line 9 from line 8. Note. If less than \$500, the destimated tax payments. Private foundations, see instructions zero or the tax year was for less than 12 months, skip thand enter the amount from line 10a on line 10c 2015 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c Installment due dates (see instructions) 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) 2014 Overpayment (see instructions)	Unrelated business taxable income expected in the tax year Tax on the amount on line 1. See instructions for tax computation of the amount on line 1. See instructions for tax computation of the amount on line 1. See instructions for tax computation of tax credits (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Subtract line 5 from line 4 Other taxes (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) Subtract line 9 from line 8. Note. If less than \$500, the organization testimated tax payments. Private foundations, see instructions enter the tax shown on the 2014 return (see instructions). Cau zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c 2015 Estimated Tax. Enter the smaller of line 10a or line 10b. I from line 10a on line 10c Installment due dates (see instructions) 11 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 2014 Overpayment (see instructions) 13 Payment due (Subtract line 13 from line 12)	Unrelated business taxable income expected in the tax year Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) Subtract line 9 from line 8. Note. If less than \$500, the organization is not required estimated tax payments. Private foundations, see instructions 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 2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is from line 10a on line 10c Installment due dates (see instructions) 11 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 2014 Overpayment (see instructions) 13 Payment due (Subtract line 13 from line 12)	Unrelated business taxable income expected in the tax year Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Subtract line 5 from line 4 Other taxes (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) 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 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 2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is refrom line 10a on line 10c Installment due dates (see instructions) 11 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 2014 Overpayment (see instructions) 13 Payment due (Subtract line 13 from line 12)	Unrelated business taxable income expected in the tax year Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax (see instructions) Total. Add lines 2 and 3 Estimated tax credits (see instructions) Subtract line 5 from line 4 Other taxes (see instructions) Total. Add lines 6 and 7 Credit for federal tax paid on fuels (see instructions) 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. Subtract line 9 from line 10 and the 2014 return (see instructions). 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 2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is not required to make estimated tax payments. Private foundations, see instructions). 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 enter the amount from line 10a on line 10c ADJUST: (b) Installment due dates (see instructions) 11 12 13 14 14 14 14 14 14 14	Weep for your records. Do not send to the Internal Revenue Service.	Interest the Treasury Inte

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2015)

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

Form 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									
	<u>-</u>	•	• •			7 21 201	5	0	244		
	For ca	lendar year 2014 or other tax yea					<u>5</u> .	- 21)14		
Department of the Treasury Internal Revenue Service		► Information about Fo	rs on this form as it ma	y be made	public if your organiza	tion is a 501(c)(3).			ganizations Only		
A Check box if address changed		Name of organization (L	Check box if name	changed a	nd see instructions.)		D Employer identification number (Employees' trust, see instructions.)				
B Exempt under section	Print	ACADEMY OF	NUTRITION A	ND D	ETETICS				24760		
X 501(c)(6)	Or Type	Number, street, and room						ated busines estructions.	ss activity codes		
408(e) 220(e)		120 S. RIVE									
408A 530(a)		City or town, state or product CHICAGO, IL		or foreign _l	oostal code		5 4 1	800	900004		
Book value of all assets	F Grou	exemption number (See i									
at end of year	$\overline{}$	c organization type	X 501(c) corporation	on _	501(c) trust	401(a) trust		Other	trust		
H Describe the organization					TATEMENT 1						
I During the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a pare	nt-subsidi	ary controlled group?		Ye	s X	No		
		tifying number of the paren	t corporation. 🕨								
J The books are in care of						ne number 🕨 3	12-				
Part I Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sal	es										
b Less returns and allo			c Balance	1c							
		A, line 7)		2							
3 Gross profit. Subtrac				3	-/-						
		h Schedule D)		4a							
		art II, line 17) (attach Form		4b							
		ing and Communities (at		4c							
		ips and S corporations (att		6							
		ma (Cabadula F)		F.							
		me (Schedule E)		(•							
		and rents from controlled o on 501(c)(7), (9), or (17) o	· · · · · · · · · · · · · · · · · · ·	8							
		me (Schedule I)		$^{+}$	54,198.	35,0	78		19,120.		
		; J)		11	355,904.	55,7	03.	3(00,201.		
12 Other income (See in	etruction	ns; attach schedule)		2	333,3011	337.			, , , , , , , , ,		
13 Total. Combine line	s 3 throu	gh 12		13	410,102.	90,7	81.	3:	19,321.		
		t Taken Elsewher				•					
(Except for	contribu	utions, deductions must	be directly connecte	d with the	e unrelated business i	ncome.)					
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14				
15 Salaries and wages							15				
16 Repairs and mainte	nance .						16				
17 Bad debts							17				
							18				
							19		1,502.		
		e instructions for limitation					20				
		562)									
		n Schedule A and elsewher					22b				
							23				
24 Contributions to de	ferred co	mpensation plans					24 25				
25 Employee benefit pr											
26 Excess exempt expe	enses (So	chedule I)					26	2 (201		
		hedule J)					27	31	00,201.		
		nedule)					28	2 /	1,000.		
29 Total deductions		•			rom lina 12		29 30		16,618.		
		ncome before net operating					31	•	LU, UIU.		
, , ,									16,618.		
		y \$1,000, but see line 33 in					32 33	-	1,000.		
		income. Subtract line 33					- 55		,		
				-			34	•	15,618.		
100701		Reduction Act Notice, see				*****			990-T (2014)		

Part I	II Tax Computation									
35	Organizations Taxable as Corpora	tions. See inst	ructions for tax o	omputation.						
	Controlled group members (section	is 1561 and 150	63) check here	► See i	nstructions	and:				
а	Enter your share of the \$50,000, \$2	5,000, and \$9,9	925,000 taxable i	ncome brackets	s (in that or	der):				
	(1) \$	(2) \$		(3)	\$					
b	Enter organization's share of: (1) A	dditional 5% ta	x (not more than	\$11,750)	\$					
	(2) Additional 3% tax (not more than	an \$100,000)			\$					
С	Income tax on the amount on line 3							35c		2,343.
36	Trusts Taxable at Trust Rates. See									
	Tax rate schedule or	Schedule D (Fo	orm 1041)					- 36		
37	Proxy tax. See instructions							37		
38	• • • • • • •		38							
39	Total. Add lines 37 and 38 to line 3							39		2,343.
Part I										
40 a	Foreign tax credit (corporations atta	ach Form 1118;	trusts attach Fo	rm 1116)		40a				
С	General business credit. Attach For	m 3800				40c				
	Credit for prior year minimum tax (
	Total credits. Add lines 40a throug							40e		
41	Subtract line 40e from line 39							41		2,343.
42	Other taxes. Check if from: Fo	orm 4255 🗀	Form 8611	Form 8697	Form	188%	r (attach schedule)	42		
43	Total tax. Add lines 41 and 42							43		2,343.
44 a	Payments: A 2013 overpayment cr						2,640	•		
	2014 estimated tax payments									
	Tax deposited with Form 8868						1,300	•		
d	Foreign organizations: Tax paid or v	vithheld at sour	ce (see instructi	ons)		₫d				
	Backup withholding (see instruction					44e				
f	Credit for small employer health ins	surance premiu	ms (Attach Form	8941)		. 44f				
	Other credits and payments: Form 4136									
	Form 4136	[Other			► 44g				
45	Total payments. Add lines 44a thro	ough 44g						45		3,940.
46	Estimated tax penalty (see instructi	ons). Check if F	orm 2220 is a ⁺	₁led ▶	J			46		
47	Tax due. If line 45 is less than the t							47		
48	Overpayment. If line 45 is larger th	an the total of I	ines 43 and 46,	ei, 🤍 ilt ov			>	48		1,597.
49	Enter the amount of line 48 you wa	nt: Credited to	2015 estimated	tax		<u>1,597.∣ R</u>	efunded	49		0.
Part \	Statements Regarding	ng Certain	Activities a	ind Other I	ntorma	tion (see instr	uctions)			
	ny time during the 2014 calendar ye				•	•		,		Yes No
	urities, or other) in a foreign country			ave to file Form	n FinCEN Fo	orm 114, Report of	Foreign Bank a	nd Financia	al	
Acc Duri	ounts. If YES, enter the name of the	foreign country	here here	or of or transferor	to a foreign	trust?				<u>X</u>
	ng the tax year, did the organization receive S, see instructions for other forms the organization.				·····					X
	er the amount of tax-exempt interest					/-				
	ule A - Cost of Goods S		ethod of inven			/A				
	entory at beginning of year	1				year		6		
	chases	2		1	•	I. Subtract line 6		_		
	t of labor	3		7		nere and in Part I, I		7		
	tional section 263A costs (att. schedule)	4a		1		tion 263A (with re	•			Yes No
	er costs (attach schedule)	4b		1 ' ' '		or acquired for res	sale) apply to			
5 Tota	al. Add lines 1 through 4b Under penalties of perjury, I declare the	5	d this voture includir		anization?	d atatamenta and to th	a boot of my know	ladge and be	lief it ie two	
Sign	correct, and complete. Declaration of	oreparer (other tha	n taxpayer) is based	on all information	of which pre	a statements, and to tr parer has any knowled	ge.	euge and be	iner, it is true	,
Here			ı		ara o			May the IRS		
	Signature of officer		I Date		CEO tle			the preparer instructions)		
			1		110	Data				s No
	Print/Type preparer's name		Preparer's sig	nature		Date	Check	if PTIN		
Paid	LU ANN TRAPP		LU ANN	шБУББ		03/08/16	self- employe		1506	476
Prepa	E DIANT	E & MOE				03/00/10	Firm's EIN		3-135	
Use C			ERSIDE P		יום חי	OR	I IIIII S EIN		, 100	, <u>, , , ,</u>
	Firm's address ► CHI					.010	Phone no.	(312)	207	-1040
423711 01		J.130, 1					j i none no.	() + 4 /		90-T (2014)
450111 Ul										· - (=01 +)

2. Rest recorded or account. (a) From second properly life the precision growing of the precision properly life the precision growing shall be a control or account of the precision growing shall be a control or account. (b) From second properly life the precision growing shall be a control or account. (c) From second properly life the precision growing shall be a control or account. (d) From second properly life the precision growing shall be a control or account. (e) Total deductions. (f) Total deductions. (h) Tota	orm 990-T (2014) ACADEM Schedule C - Rent Inco						y Lease	36-07 d With Real Pro		
2. Pent received or accused (a) Promo personal property in the persona	Description of property									
2. Pent received or accused (a) Promo personal property in the persona	1)									
2. Pent received a security (i) Promise personal property (ii) the security (iii) the prevention of the personal property (iii) the security (iii) the personal property (iii) the security (iii) the personal property (iii) the security (iiii) the personal property (iiiii) the personal property (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2)									
2. Their incomes do control (a) Promove enough cycle by the Server file in several property in the se	3)									
(a) Priori personal property if the personal property if the personal property if the personal property is made and personal property if the personal property is made and property is made and personal property is mad	4)									
(a) Premium personal properly in the personality of the personal properly and personal personal properly and personal personal personal personal personal	τ)	2 Rent red	ceived or accrue	d						
**Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Amount of average acquisition of debt-financed property **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 8, column (A) **Total income. Add totals of columns 2(a) and 2(b). Enter be and on page 1, Part I, line 8, column (A) **Total income. Add columns 8 **Total income. Add columns 9 and 10. Enter the and on page 1, Part I, line 8, column 4 that is included in column 8 **Total income. Add columns 8 and 10. Enter the and on page 1, Part I, line 8, column 4 that is included in column 8 **Total income. Add columns 8 and 10. Enter the and on page 1, Part I, line 8, column 4 that is included in column 8 **Total income. Add columns 8 and 10. Enter the and on page 1, Part I, line 8, column 10. Add columns 8 and 10. Enter the and on page 1, Part I, line 8, column 10. Add columns 8 and 10. Enter the rand on page 1, Part I, line 8, column 10. Add columns 8 and 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on page 1, Part I, line 8, columns 8 and 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on page 1, Part I, line 8, column 10. Enter the rand on pa	(a) From personal property (if				d personal propert	v (if the perce	entage	3(a) Deductions direc	tly conn	ected with the income in
Total income. Add totals of columns 2(a) and 2(b). Enter sea and on page 1, part I, line 8, column (A). Redule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Ones income honds to debt-financed property 3. Description of debt-financed property 2. Ones income honds to debt-financed property 3. Description of debt-financed property 4. Amount of manage acquisition of color of addocable to one instructions 2. Ones income in the financed property 3. Description of debt-financed property 4. Amount of manage acquisition of color of addocable to one instructions 3. Description of debt-financed property 3. Description of debt-financed property 4. Amount of manage acquisition of color of addocable to one instructions 5. Amount of a manage acquisition of color of addocable to one instructions 6. Column 4 div. 7. Gross income reports (column 6 to deductions included in column 8 instructions) 5. Amount of a manage acquisition of color of addocable to one instructions 7. Gross income reports (column 6 to deductions included in column 8 included in column 9 in the controlled Organizations 7. Taxable become 8 included income (column 8 included in column	 rent for personal property 	is more than	(6)	f rent for pe	rsonal property ex	ceeds 50% o	r if	columns 2(a	and 2(b) (attach schedule)
Total income. Add totals of columns 2(a) and 2(b). Enter and on page 1, Part I, line 6, column (A) 1. Description of debt-financed Income (see instructions) 2. Gross income from or absolute to debt-financed property 1. Description of debt-financed property 2. Gross income from or absolute to debt-financed direction of debt-financed property 3. Deductions deleted upper position of debt-financed property 3. Deductions descriptions to debt-financed direction of debt-financed property 3. Deductions descriptions to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to dead 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions of the debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 3. Deductions descriptions 4. Amount of average adjusted to debt-financed property 4. Amount of average adjusted to debt-financed 4. Amount of average adjusted to debt-financed 4. Amount of average		an 50%)		the rent	is based on profit	or income)				
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e and on page 1, Part I, line 6, column (A) Andule 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 4. Amount of average acquisition debt on adjocable to debt-financed property (altach schedule) 5. Average adjusted basis of or allocable for the debt of adjocable to debt-financed property (altach schedule) 5. Average adjusted basis of or allocable for the debt of adjocable to debt-financed property (altach schedule) 7. Gross income reportable (column 6 to debt-financed property (altach schedule) 9/6 9/6 1. Name of controlled Organizations 1. Name of controlled organization 1. Name of controlled Organizations 8. Not unrelated income (loss) (see instructions) Exempt Controlled Organizations 7. Taxable income 8. Not unrelated income (loss) (see instructions) Exempt Controlled Organizations 9. Total of specified payments 10, Part of column 8 that is included in the controlling organization's gross income in column 10 in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income in column 10. Children in the controlling organization's gross income organization's gross income in column 10. Children in the controlling organization's gross income or	rtal						0.	<u> </u>		
hedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross scores from or allocable to debt-financed property 1. Description of debt-financed property 2. Gross scores from or allocable to debt-financed property 4. Amount of average acquisition debt of debt-financed property 4. Amount of average acquisition debt of debt-financed property 4. Amount of average acquisition debt of debt-financed property 5. Average adjusted basis or of or allocable to debt-financed property (alture schedule) 6. Column 4 div. 7. Gross income (column 5 total of column 5 total of column 5 total of column 5 total of column 6 total of column			Enter							_
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2. Cross income from or allocable to decident	chedule E - Unrelated	Debt-Finance	ed Income	e (see ir	nstructions)					
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## Part Line 7, column (A) Section Sectio	property (attach schedule)	debt-	financed propert	ty						
tals Second controlled organization Second controlled organizations		,			_/ _/	\perp				
tals Enter here and on page 1, Part 1, line 7, column (A)	1)					9	6			
tals The part Fine Fine	2)					9	6			
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tals Part I, line 7, column (A). Part I, line 7, column (B).						_	Е	nter here and on page 1.		Enter here and on page 1,
hedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) 2										
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line 8, column (A). line 8, column (B).										
									⊨nte	
<u>ils</u> 0.							iiic			
	als							0.		(

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

(See IIISLI	uctioi	15)								
1. Desc	ription o	f income			2. Amount of income		luctions connected schedule)		Set-asides tach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals				•	0.					0.
Schedule I - Exploited (see instru		-	Income,	Other		ng Incon	ne			
`			SŢMŢ Exper	4	4. Net income (loss)	Ι				_
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	directly con with produ of unrela business in	nected action ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from act is not un business	nrelated		Expenses tributable 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)		31,1300		0,00	23,2200					
						- -				
(4)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totala		54,198.		078.						0.
Schedule J - Advertisir			netructions)	070.						
Part I Income From I					solidated L SIC	7				
1. Name of periodical		2. Gross advertising income		Direct sing costs	sing ga oss) (minu. 3). If a		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					 					
(2)										
(3)				7 (
(4) STATEMENT	3			_	4					
(4) DINIBITINI										
Totals (carry to Part II, line (5)) Part II Income From I	Porio	355,90	4. 55	,703	300,201 arate Basis (For	. 193	8063.	33	52621.	300,201.
columns 2 through				а Зера	il ate basis (For	eacn perio	odical liste	d in Pa	rt II, till in	
Columns 2 timough	7 011 6	ı iii le-by-iii le ba	313.)		1					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
	_	355,90	4. 55	,703						300,201.
Totals from Part I	<u> </u>	Enter here and of page 1, Part I, line 11, col. (A).	n Enter h	ere and on 1, Part I, 1, col. (B).	•					Enter here and on page 1, Part II, line 27.
Totale Port II (lines 4.5)	>	355,90	- 1	,703						300,201.
Totals, Part II (lines 1-5)			E Directo	re an	d Trustees (see	inetruetie	ne)			300,201.
1. N		ii oi oilicei	s, Directi	13, 411	2. Title	HISTIUCTIO	3. Percer time devot	ed to		ensation attributable elated business
				-			busines			
(1)				-				%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1, P	art II, I	ine 14			<u></u>			▶		0.
			<u></u>				<u>-</u>		<u> </u>	Form 990-T (2014)

423731 01-13-15

FORM 990-T	DESCRIPTION O	F ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1	Ĺ
		BUSINESS ACTIVIT	ΓY			

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, PAG	E 1, LINE 28	1,000.

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 3 ON A CONSOLIDATED BASIS										
NAME OF PERIODICAL	GROSS ADV	DIRECT ADV	CIRCULATION INCOME	READERSHIP COSTS						
FOOD AND NUTRITION MAGAZINE DPG NEWSLETTER JOURNAL OF ACADEMY OF	213,932. 37,031.	42,786. 12,917.	261,804. 230,244.							
NUTRITION & DIETETICS	104,941.	0.	1,446,015.							
TO FM 990-T, SCH J, PART I	355,904.	55,703.	1,938,063.	3,352,621.						
	EXPENSES DIRI			STATEMENT 4						
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL						
LIST RENTAL EXPENSES	- SUBTOTAL -	1	35,078.	35,078.						
TOTAL OF FORM 990-T, SCHEDUI	LE I, COLUMN 3	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

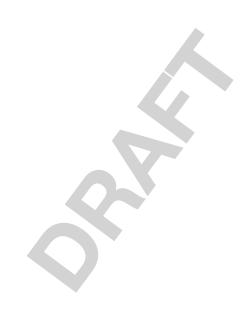
MAIL VOUCHER AND CHECK TO:

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



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.

Tax year ending 05 15

FEIN 36-0724760 000 2

Month Year 900.00

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

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

Preparer's phone number (312) 207-1040

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

1,327.

IL-1120-ES 2015

Step	o 1	l:	Com	plete	the	estimated	tax	worksheet.

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

1 Li7 1 Li20
2 Multiply Line 1 by 7.75% (.0775) and enter the result.

2 Li 327
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 Add Lines 2 and 3 and enter the result.

4 Li 327
5 Enter the amount of Illinois tax credits expected in 2015.

5 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 Add Lines 5 and 6 and enter the result.

7 Add Lines 5 and 6 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.

Note If your income changes during the year, complete the amended worksheet in instruction.

.04E,1 :07 G3T2ULGA

9 Divide Line 8 by 4. This is the amount of each of your estimated tax payments.

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

- the election was made **on or before** the extended due date of 'at privation, use the credit to reduce the first estimated tax payment and any subsequent tax payments until the entire credit.

 | Note | If all or a portion of the credit results from payments made are the due date of your first estimated tax installment of that prior year return, that portion of your credit is considered to be paid after the due date of your first estimated tax installment of that prior year made the payment. If that payment date is on or before an estimated payment due date, you may use that portion are credit estimated tax payment and any subsequent tax.

 | OUT PRAYMENT APPLITED.
- payments until the entire credit is used.

 OVERPAYMENT APPLIED

 1 1221

 the election was made after the extended due date of the election. If that payment date is on or before an estimate the election. If that payment date is on or before an estimate the election and any subsequent tax payments until the entire creed is used.

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 (R-12/14) 449423 01-23-15 **ID: 2BX** IL-1120-ES 2015

5 to	ep 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 tenter for 2015. If \$400 or less, stop. You do not have to make estimated tax payments. If more unan \$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 amour way be pative.	12
13	Add Lines 9 and 12 and enter the result. If positive, this is the amount on your next payment due date. If zero or negative, the amount due on your next payment due date is \geq or or negative.	
	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



ID: 2BX

Illinois Department of Revenue

IL-1120-ES (R-12/14)

Estimated Income and Replacement Tax Payment for Corporations

000 2 36-0724760 FEIN:

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

Tax year ending

5 16

Official use only

Estimated tax payment due dates 15th day of the 4th month15th day of the 6th month

15th day of the 9th month15th day of the 12th month

Year

Month

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."

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

Preparer's phone number (312) 207-1040



ID: 2BX

Illinois Department of Revenue

IL-1120-ES (R-12/14)

Estimated Income and Replacement Tax Payment for Corporations

000 2 36-0724760 FEIN:

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

Tax year ending

5 16

Official use only

Estimated tax payment due dates 15th day of the 4th month15th day of the 6th month

15th day of the 9th month15th day of the 12th month

Year

Month

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."

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

Preparer's phone number (312) 207-1040



ID: 2BX

Illinois Department of Revenue

IL-1120-ES (R-12/14)

Estimated Income and Replacement Tax Payment for Corporations

000 2 36-0724760 FEIN:

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

Tax year ending

5 16

Official use only

Estimated tax payment due dates 15th day of the 4th month15th day of the 6th month

15th day of the 9th month15th day of the 12th month

Year

Month

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."

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

Preparer's phone number (312) 207-1040



Illinois Department of Revenue **IL-1120-ES** (R-12/14) **Estimated Income and Replacement Tax Payment for Corporations** Official use only

ID: 2BX

000 2 36-0724760 FEIN:

Mail to Illinois Department of Revenue, P.O. 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

Estimated tax payment due dates

- 15th day of the 4th month15th day of the 6th month
- 15th day of the 9th month15th day of the 12th month

5 16 Tax year ending Month Year

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."

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.

3 Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or nor a consideration of the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete a consideration of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. 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. 5 0.00 6 Total sales verywhere. This amount cannot be negative. 7 Total sales inside Illinois. This amount cannot be negative. 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. 10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois. 11 Base income or loss allocable to Illinois. Add Lines 9 and 10. 12 17, 120 0. Step 4: Figure your net replacement tax 12 Net income or loss from Line 3 or Line 11. 13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015). 14 Recapture of investment credits. Attach Schedule 4255. 15 Replacement tax before investment credits. Add Lines 13 and 14. 15 428 0. 16 Investment credits. Attach Form IL-477. 16 0.00		for calendar year 2014, enter your fiscal tax year here.	_	Enter the amount yo	ou are paying.
Step 1: Identify your exempt organization A Enter your complete legal business name.	Tax year beginning	g $\frac{\text{JUN 1,}}{\text{month}}$ 20 $\frac{\text{14}}{\text{vear}}$, ending $\frac{\text{MAY 31}}{\text{month}}$ 20 $\frac{1}{\text{Ve}}$	<u>. 5</u> ar		
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/C: 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 II Final return (if final, enter the date, with a surface and a trust of your unrelated trade or business. SEE STATEMENT 1 1 F. or your North American Industry Classification stem (NACS) 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, is a 34. Attach a copy of Page 1 of your U.S. Form 990-				\$	
If you have a name change, check this box.	Step 1: Identif	y your exempt organization	D	Enter your federal employer identificati	ion no. (FEIN).
Name: ACADEMY OF NUTRITION AND DIETETICS E Check if you are taxed as a corporation. X	A Enter your co	omplete legal business name.	_	36-0724760	
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. First return Final return (if final, enter the date. The applicable box if one of the following applies. First return Final return (if final, enter the date. The applicable box if one of the following applies. First return Final return (if final, enter the date. The applicable box if one of the following applies. 1 Unrelated business taxable income or loss 1 Unrelated business taxable income or loss from U.S. Form 990T, 1 a 34 Attach a copy of Page 1 of your U.S. Form 990T. 2 Illinois income and replacement tax and surcharge deducted in one of the final and 2. A If the amount on Line 3 is derived inside Illinois only or it. The state of those of those of those of the final hand. Stop 3: Figure your income allocable to Illinois only or it. The state of the surface of the	If you have a	name change, check this box.	_		
B Enter your mailing address. If you have an address change or this is a first return, check this box. C/C/C 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. First return Final return (If final, enter the date. There 3d yyyy Step 2: Figure your base income or loss 1 Unrelated business taxable income or loss from U.S. Form 990-T, '. e. 34 Attach a copy of Page 1 of your U.S. Form 990-T, '. e. 34 Attach a cop	Name: ACA	ADEMY OF NUTRITION AND DIETETICS	E	Check if you are taxed as a corporation	n. <u>X</u>
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Form IL-990-T Page 1 of 2 (R-12/14) ID: 2BX 498021 01-30-15 NS DR	STOP B fram See	a Step 2, Line 3 on Step 4, Line 12. You may not complex. J. (You may portion of the amount on Line 3 is derived outside Illinois, check this to instructions. Per your income allocable to Illinois (Complete only if you te, or non-unitary partnership business income or loss included in a come or loss. Subtract Line 4 from Line 3. everywhere. This amount cannot be negative. Inside Illinois. This amount cannot be negative. Interest factor. Divide Line 7 by Line 6 (carry to six decimal places). Income or loss apportionable to Illinois. Multiply Line 5 by Line 8. Ite, or non-unitary partnership business income or loss apportionations. Add Lines 9 and 10. Per your net replacement tax The or loss from Line 3 or Line 11. The or loss from Line 3 or Line 11. The or loss from Line 3 or Line 11. The or loss from Line 3 or Line 12 by 2.5% (.025); Trusts may re of investment credits. Attach Schedule 4255. The or loss for investment credits. Attach Lines 13 and 14.	box and con bu checked Line 3. 6 7 8 ble to Illino	ust, check this box and enter the amount Step 3, Lines 4 through 11 blank.) mplete all lines of Step 3. d the box on Line B, above.) 4 5 9 ois. 10 11 12 1.5% (.015). 13 14 15	.00 .00 .00 .00 .00 .00 428 .00 .00 428 .00
	STOP B If an See Step 3: Figure 4 Trust, estat 5 Business ir 6 Total sales 7 Total sales 8 Apportionn 9 Business ir 10 Trust, estat 11 Base incor Step 4: Figure 12 Net incor 13 Replacer 14 Recaptur 15 Replacer 16 Investment	J. (You may not complete any portion of the amount on Line 3 is derived outside Illinois, check this to instructions. De your income allocable to Illinois (Complete only if you te, or non-unitary partnership business income or loss included in a come or loss. Subtract Line 4 from Line 3. Deverywhere. This amount cannot be negative. Development factor. Divide Line 7 by Line 6 (carry to six decimal places). Determinent factor. Divide Line 7 by Line 6 (carry to six decimal places). Determinent factor or loss apportionable to Illinois. Multiply Line 5 by Line 8. Determinent factor or loss apportionable to Illinois. Add Lines 9 and 10. Deferminent tax. Determinent factor or loss from Line 3 or Line 11. Determinent tax. Corporations multiply Line 12 by 2.5% (.025); Trusts may be of investment credits. Attach Schedule 4255. Determinent tax before investment credits. Add Lines 13 and 14. Determinent credits. Attach Form IL-477.	box and con bu checked Line 3. 6 8 ble to Illino bulltiply by	9 is. 10 11.5% (.015). 13 14 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	.00 .00 .00 .00 .00 .00 428 .00 428 .00 .00

Step	5: Figure your net income tax (see instr	uctions)			
18	Net income or loss from Line 12.			18	17,120 .00
19	Income Tax. Fiscal filers - See instructions.			.0	
	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	
21	Income tax before credits. Add Lines 19 and 20.			21	4 0 0 4
22	Income tax credits. Attach Schedule 1299-D.			22	.00
23	Net income tax. Subtract Line 22 from Line 21. If t	he amount is negative, ente	er "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 Prog	gram Act surcharge. See ins	structions.	26	.00.
27	Total net income and replacement taxes and sur	charge. Add Lines 24, 25,	and 26.	27	1,502 .00
28	Payments				
	a Credit from prior year overpayments.		28a 1,51'	7 . <u>00</u>	
	b Total estimated payments.		28	<u>6 .00</u>	
	c Form IL-505-B (extension) payment.		2 90	00.00	
	d Pass-through withholding payments. Attach Sci	nedule(s) K-1-P or K-1-T.	280	.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, su	btract Line 27 from Line 29).	30	1,221 .00
31	Amount to be credited to a subsequent period. S	ee instructions.		\$ 31	1,221 .00
32	Refund. Subtract Line 31 from Line 30. This is the	amount to be rr unded		32	.00.
33	Complete to direct deposit your refund			7	
	Routing Number	Cnec	king or Savings		
			g or caringe		
	Account Number				
24	Tou Due If Line 07 is greater their Line 00 subtree	t Line 00 from Line 07. This	in the amount you are		00
34	Tax Due. If Line 27 is greater than Line 29, subtract	LLINE 29 IFOM LINE 27. This	s is the amount you owe.	34	.00
)	If you owe tax on Line 34, complete a payment			to "Illinois Dep	artment of
		nd attach them to the first			
	Special Note -> Enter the amo	unt of your payment on th	ne top of Page 1 in the space	provided.	
Step	7: Sign here				
Linder	penalties of perjury, I state that I have examined this	return and to the best of m	ny knowledge it is true correc	et and complet	Δ
Orider	penalties of perjuly, I state that I have examined this	return and, to the best of h	iy knowledge, it is true, correc	zt, and complet	<u> </u>
		CEO			this box if the
Signati	ure of authorized officer Date	Title	Phone		ment may s this return with
J	03/08/16	P01506476		the pre	parer shown in 🔻
Signati	ure of preparer Date	Preparer's Social Security	number or firm's FEIN	this ste	p. (22)
-	TTE & MORAN, PLLC	CHICAGO, IL 6		(312	2) 207-1040
	er's firm name (or yours, if self-employed)	Address		Phone	., 20, 1010
1	, , , , , , , , , , , , , , , , , , ,				
▶ If a	payment is not enclosed, mail this return to: Illinois	Department of Powers	D O Roy 10000 Carinafield	II 62704 0000	1
р па	payment is not enclosed, mail this return to: Illinois	Dehai mieni oi Devenue,	r.o. box iaooa, apringneid,	IL UZ1 34-3005	,

▶ 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

FORM IL-990-T NATURE OF '	TRADE OR BUSINESS	STATEMENT 1

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM IL-990-T, PAGE 1

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

Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687									
	(and proxy tax under section 6033(e))									
	For ca	For calendar year 2014 or other tax year beginning JUN 1, 2014, and ending MAY 31, 2015.								
Department of the Treasury Internal Revenue Service		Information about Form 990-T and its instructions is available at www.irs.gov/form990t . Open to Public Inspection for								
A Check box if		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Name of organization (☐ Check box if name changed and see instructions.) □ Employees (Figure 1) Check box if name changed and see instructions.)								
address changed		(Employees' trust, see instructions.)					, see			
B Exempt under section	Print	ACADEMY OF NUT	RITION AN	D D	IETETICS			3	6-072	24760
X 501(c)(6)	or	Number, street, and room or suit						E Unrela	ated busines	ss activity codes
408(e) 220(e)	Type	120 S. RIVERSII						(See I	nstructions.)	1
408A 530(a)		City or town, state or province, c						1		
529(a)			0606		•			541	800	900004
C Book value of all assets	F Grou	p exemption number (See instruct	ions.)	-						
48,056,854.	G Chec	k organization type 🕨 🔃 🗓			501(c) trust		401(a) trust		Other	trust
H Describe the organization	n's prim	ary unrelated business activity.	▶ \$	EE ;	STATEMENT	: 3				
		poration a subsidiary in an affiliated		subsid	liary controlled gro	up?	>	Ye	es X] No
		tifying number of the parent corpo	ration.					110	000	1720
J The books are in care of						elephor I	ne number > 3			
		de or Business Income	Г		(A) Income		(B) Expense	<u> </u>	(C) Net
1a Gross receipts or sale		- Del								
b Less returns and allo		-	lance ►	1c 2		1				
Cost of goods sold (\$Gross profit. Subtract		e A, line 7)		3		-				
•		rom line 1c ch Schedule D)		4a						
		Part II, line 17) (attach Form 4797)		4b						
		sts		4c		,				
		ips and S corporations (attach sta		5						_
				6						
		me (Schedule E)								
		and rents from controlled organiza		8						
9 Investment income o	f a section	on 501(c)(7), (9), or (17) organizat	tion (Schedule c.,	$^{\prime}4$						
		ome (Schedule I)		<u>. </u>	54,19		35,0	78.		L9,120.
		e J)		11	355,90	4.	55,7	03.	30	00,201.
		ns; attach schedule)		2	410 10	_	0.0 5	0.1	2.	10 201
Part II Deduction	s 3 throu	igh 12 ot Taken Elsewhere (Se		13	410,10	<u>Z•</u>	90,7	81.	3.	L9,321.
(Except for	contrib	utions, deductions must be dir	e instructions or rectly connected v	ıımılaı vith th	lions on deduction le unrelated busi	ness ir	ncome.)			
		rectors, and trustees (Schedule K)						14		
								15		
16 Repairs and mainter								16		
								17		
								18		
								19		1,502.
20 Charitable contribut	ions (Se	e instructions for limitation rules)						20		
		562)								
22 Less depreciation cl	aimed o	n Schedule A and elsewhere on ret	turn		22a			22b		
								23		
	Contributions to deferred compensation plans						24			
	Employee benefit programs					25				
26 Excess exempt expe	enses (So	chedule I)						26	2.0	20 201
27 Excess readership of	Excess readership costs (Schedule J)						27	3(00,201.	
							28	21	1,000.	
	v							30		L6,618.
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30)						31	-	LU,UIU.	
		ncome before specific deduction. S						32	-	L6,618.
		y \$1,000, but see line 33 instruction						33	-	1,000.
		income. Subtract line 33 from lin								,
			٥		,			34	1	L5,618.
		Reduction Act Notice, see instruc								990-T (2014)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'	F PRIMARY	UNRELATED	STATEMENT 3
BUSINESS ACTIVITY					

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM 990-T, PAGE 1

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