

PAUL MIFSUD  
ACADEMY OF NUTRITION AND DIETETICS  
120 S. RIVERSIDE PLAZA NO. 2190  
CHICAGO, IL 60606

DEAR PAUL:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURNS AND 2017 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2016 FORM 990

2016 FORM 990-T

2016 ILLINOIS FORM IL-990-T

2017 ILLINOIS ESTIMATED TAX INSTALLMENTS - FORM IL-990-T

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

INSTRUCTIONS FOR FILING THE ABOVE FORM(S) ARE FURNISHED FOR EASY REFERENCE. YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

FOR ANY FORM IN THIS PACKAGE THAT REQUIRES MAILING, WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POSTMARKED RECEIPTS FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

PLANTE & MORAN, PLLC

**TAX RETURN FILING INSTRUCTIONS**

FORM 990-T

**FOR THE YEAR ENDING**

MAY 31, 2017

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**PREPARED FOR:**

PAUL MIFSUD  
ACADEMY OF NUTRITION AND DIETETICS  
120 S. RIVERSIDE PLAZA NO. 2190  
CHICAGO, IL 60606

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**PREPARED BY:**

PLANTE & MORAN, PLLC  
10 S. RIVERSIDE PLAZA, 9TH FLOOR  
CHICAGO, IL 60606

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**AMOUNT DUE OR REFUND:**

OVERPAYMENT OF \$6,941. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

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**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

APRIL 17, 2018

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

**TAX RETURN FILING INSTRUCTIONS**

FORM 990

**FOR THE YEAR ENDING**

MAY 31, 2017

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**PREPARED FOR:**

PAUL MIFSUD  
ACADEMY OF NUTRITION AND DIETETICS  
120 S. RIVERSIDE PLAZA NO. 2190  
CHICAGO, IL 60606

---

**PREPARED BY:**

PLANTE & MORAN, PLLC  
10 S. RIVERSIDE PLAZA, 9TH FLOOR  
CHICAGO, IL 60606

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

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**RETURN MUST BE MAILED ON OR BEFORE:**

WE MUST RECEIVE YOUR SIGNED FORM 8879-EO BY APRIL 17, 2018.

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS. RETURN FORM 8879-EO TO US BY APRIL 17, 2018

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**  
Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **JUN 1, 2016** and ending **MAY 31, 2017**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ACADEMY OF NUTRITION AND DIETETICS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 S. RIVERSIDE PLAZA 2190</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60606</b> <b>F</b> Name and address of principal officer: <b>PATRICIA BABJAK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>36-0724760</b>  <b>E</b> Telephone number <b>312-899-0040</b>  <b>G</b> Gross receipts \$ <b>42,300,181.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.EATRIGHT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ACCELERATE IMPROVEMENTS IN GLOBAL HEALTH AND WELL-BEING THROUGH FOOD AND NUTRITION.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>192</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>540</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>416,205.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>45,991.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>2,556,428.</b>	<b>1,989,421.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>32,468,270.</b>	<b>33,235,335.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,262,477.</b>	<b>2,014,170.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>36,287,175.</b>	<b>37,238,926.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>631,696.</b>	<b>926,405.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>15,239,131.</b>	<b>15,884,521.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,449,370.</b>	<b>20,564,215.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>37,320,197.</b>	<b>37,375,141.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-1,033,022.</b>	<b>-136,215.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>44,811,394.</b>	<b>46,999,958.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>26,245,241.</b>	<b>27,543,391.</b>
		<b>18,566,153.</b>	<b>19,456,567.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>PATRICIA BABJAK, CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LU ANN TRAPP</b>	Preparer's signature <b>LU ANN TRAPP</b>	Date <b>02/08/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01506476</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN ▶ <b>38-1357951</b>			
	Firm's address ▶ <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b> <b>CHICAGO, IL 60606</b>		Phone no. (312) <b>207-1040</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ACCELERATE IMPROVEMENTS IN GLOBAL HEALTH AND WELL-BEING THROUGH FOOD AND NUTRITION.

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

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

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

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

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

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

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

4e Total program service expenses

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 374		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 192		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	



**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **PAUL MIFSUD - 312-899-4730**  
**120 S RIVERSIDE PLAZA, SUITE 2190, CHICAGO, IL 60606**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUCILLE BESELER PRESIDENT	1.00 0.00	X		X				21,250.	0.	0.
(2) DONNA S. MARTIN PRESIDENT-ELECT	1.00 1.00	X		X				5,250.	0.	0.
(3) DR. EVELYN CRAYTON PAST PRESIDENT	1.00 0.00	X						15,250.	0.	0.
(4) MARGARET GARNER TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) JO JO DANTONE-DEBARBIERIS TREASURER-ELECT	1.00 0.00	X						0.	0.	0.
(6) KAY WOLF PAST TREASURER	1.00 0.00	X						0.	0.	0.
(7) LINDA T. FARR SPEAKER	1.00 0.00	X						0.	0.	0.
(8) DIANE K. POLLY SPEAKER-ELECT	1.00 0.00	X						0.	0.	0.
(9) AIDA MILES PAST SPEAKER	1.00 0.00	X						0.	0.	0.
(10) MICHELE DELILLIE LITES DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(11) HOPE BARKOUKIS DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(12) DENICE FERKO-ADAMS DIRECTOR-AT-LARGE	1.00 0.00	X						0.	0.	0.
(13) TAMARA RANDALL HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) SUSAN BRANTLEY HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) TRACEY BATES HOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DON W. BRADLEY PUBLIC MEMBER	1.00 0.00	X						0.	0.	0.
(17) STEVEN A. MIRANDA PUBLIC MEMBER	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN RAGALIE-CARR FOUNDATION CHAIR	1.00 1.00	X					0.	0.	0.	
(19) PATRICIA BABJAK CEO	32.00 8.00			X			501,075.	0.	46,486.	
(20) MARY BETH WHALEN COO	18.00 22.00			X			270,931.	0.	35,948.	
(21) PAUL A. MIFSUD CFO	32.00 8.00			X			243,433.	0.	35,246.	
(22) BARBARA VISOCAN VP, MEMBER SERVICES	40.00 0.00				X		229,096.	0.	30,703.	
(23) MARY PAT RAIMONDI VP, STRATEGIC POLICY AND ADVOCACY	40.00 0.00				X		205,830.	0.	28,410.	
(24) JEANNE BLANKENSHIP VP, POLICY, INITIATIVES & ADVOCACY	40.00 0.00				X		202,000.	0.	25,354.	
(25) MARY GREGOIRE EXECUTIVE DIRECTOR, ACEND	40.00 0.00				X		187,653.	0.	21,046.	
(26) CHRISTINE REIDY EXECUTIVE DIRECTOR, CDR	40.00 0.00				X		185,457.	0.	20,679.	
<b>1b Sub-total</b>							2,067,225.	0.	243,872.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,067,225.	0.	243,872.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LANE PRESS, 87 MEADOWLAND DRIVE, SOUTH BURLINGTON, VT 05403	MAGAZINE PRODUCTION	215,771.
AN APPLE A DAY, INC. 6022 36TH AVE SW, SEATTLE, WA 98146	ADMINISTRATIVE SERVICES TO DPG	172,559.
BARNES & THORNBURG, ONE NORTH WACKER DRIVE SUITE 400, CHICAGO, IL 60606	LEGAL SERVICES	144,185.
SEGALL BRYANT & HAMILL 10 SOUTH WACKER DRIVE, CHICAGO, IL 60606	INVESTMENT SERVICES	119,665.
THE CAVIART GROUP LLC 9556 PINE CLUSTER CIRCLE, VIENNA, WA 22181	DEVELOPMENT SERVICES	105,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	45,863.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,943,558.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			1,989,421.			
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES	Business Code	900099	11,247,794.	11,247,794.		
	<b>b</b> REGISTRATION AND EXAMINATION FEES		541900	8,113,359.	8,113,359.		
	<b>c</b> PUBLICATIONS, SUBSCRIPTIONS AND M		541800	5,173,129.	4,756,924.	416,205.	
	<b>d</b> PROGRAMS AND MEETINGS		900099	4,954,235.	4,954,235.		
	<b>e</b> EDUCATION PROGRAMS		611710	2,314,626.	2,314,626.		
	<b>f</b> All other program service revenue		900099	1,432,192.	1,432,192.		
	<b>g Total.</b> Add lines 2a-2f			33,235,335.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			602,486.		602,486.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,472,939.					
		<b>b</b> Less: cost or other basis and sales expenses			5,061,255.		
		<b>c</b> Gain or (loss)			1,411,684.		
	<b>d</b> Net gain or (loss)			1,411,684.		1,411,684.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			37,238,926.	32,819,130.	416,205.	2,014,170.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	926,405.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,020,035.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	11,542,403.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	881,701.			
<b>9</b> Other employee benefits .....	1,441,400.			
<b>10</b> Payroll taxes .....	998,982.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	198,119.			
<b>c</b> Accounting .....	80,482.			
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	150,991.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,922,581.			
<b>12</b> Advertising and promotion .....	96,364.			
<b>13</b> Office expenses .....	299,272.			
<b>14</b> Information technology .....	1,059,887.			
<b>15</b> Royalties .....	106,354.			
<b>16</b> Occupancy .....	394,537.			
<b>17</b> Travel .....	2,677,832.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	3,427,381.			
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,717,287.			
<b>23</b> Insurance .....	226,219.			
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLICATIONS	2,371,218.			
<b>b</b> POSTAGE AND MAILING SER	1,086,016.			
<b>c</b> EXAMINATION ADMINISTRAT	760,395.			
<b>d</b> UBI TAXES	9,997.			
<b>e</b> All other expenses	1,979,283.			
<b>25</b> Total functional expenses. Add lines 1 through 24e	37,375,141.			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,398,153.	<b>2</b>	5,900,704.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,104,562.	<b>4</b>	1,016,203.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,045,312.	<b>8</b>	1,089,628.
	<b>9</b> Prepaid expenses and deferred charges .....	1,587,952.	<b>9</b>	1,847,603.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,685,596.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,265,643.	4,517,255.	<b>10c</b> 6,419,953.
	<b>11</b> Investments - publicly traded securities .....	32,034,928.	<b>11</b>	30,622,396.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	123,232.	<b>15</b>	103,471.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	44,811,394.	<b>16</b>	46,999,958.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,338,761.	<b>17</b>	5,638,779.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	17,122,206.	<b>19</b>	17,465,223.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	2,500,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,784,274.	<b>25</b>	1,939,389.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,245,241.	<b>26</b>	27,543,391.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	18,566,153.	<b>27</b>	19,456,567.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	18,566,153.	<b>33</b>	19,456,567.	
<b>34</b> Total liabilities and net assets/fund balances .....	44,811,394.	<b>34</b>	46,999,958.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	37,238,926.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	37,375,141.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-136,215.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,566,153.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,026,629.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,456,567.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2016)

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A2 MILK COMPANY  2305 CANYON BLVD  BOULDER, CO 80303	\$ 13,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ABBOTT LABORATORIES  200 ABBOTT PARK ROAD  ABBOTT PARK, IL 60064	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ABBOTT NUTRITION  3300 STELZER ROAD  COLUMBUS, OH 43215	\$ 203,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION  120 SOUTH RIVERSIDE PLAZA, SUITE 2190  CHICAGO, IL 60606	\$ 45,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AJINOMOTO USA  1 AJINOMOTO DR  EDDYVILLE, IA 52553-5005	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ALCRESTA INC.  ONE NEWTON EXECUTIVE PARK  NEWTON, MA 02462	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALLERGAN INC. MORRIS CORPORATE CENTER III, 400 INTERPACE PARKWAY  PARSIPPANY, NJ 07054	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	ARLA FOODS  110 NORTH FIFTH STREET  MINNEAPOLIS, MN 55403	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	AUSTRALIS BARRAMUNDI  ONE AUSTRALIA WAY  TURNERS FALLS, MA 01376-1616	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	BAXTER HEALTHCARE CORPORATION  ONE BAXTER PARKWAY  DEERFIELD, IL 60015	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	BEIJING E-JANE HEALTHCARE MANAGEMENT 2F, NO. 8 OF XINQIWANG BUILDING, DONGDADI STREET, DONGCHENG DISTRICT  BEIJING, CHINA	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	BENEO INC.  201 LITTLETON RD., 1ST FLOOR  MORRIS PLAINS, NJ 07950-2939	\$ 92,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<b>CAMPBELL SOUP COMPANY</b>  1 CAMPBELL PLACE # 48K  CAMDEN, NJ 08103	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<b>CHOBANI</b>  200 LAFAYETTE STREET  NEW YORK, NY 10012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<b>CLIF BAR INC</b>  1610 5TH STREET  BERKELEY, CA 94710	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<b>CONAGRA INC</b>  6 CONAGRA DRIVE  OMAHA, NE 68102	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<b>DAIRY MANAGEMENT INC</b>  10255 W HIGGINS RD, STE 900  ROSEMONT, IL 60018-5638	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<b>ELI LILLY AND COMPANY</b>  LILLY CORPORATE CENTER, DC 1843  INDIANAPOLIS, IN 46285	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EMERSON ECOLOGICS, INC.  1230 ELM STREET, SUITE 301  MANCHESTER , NH 03101	\$ 8,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	EVANS HARDY + YOUNG INC.  829 DE LA VINA STREET  SANTA BARBARA, CA 93101	\$ 14,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FIRST FOOD MARKETING  4523 SE 40TH AVE  PORTLAND, OR 97202	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FOODMINDS, LLC  ONE TOWER LANE, SUITE 2610  OAKBROOK TERRACE, IL 60181	\$ 58,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GAIA HERBS, INC.  101 GAIA HERBS DRIVE  BREVARD, NC 28712	\$ 11,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	GATORADE COMPANY  555 MONROE STREET  CHICAGO, IL 60661-3605	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GENERAL MILLS  P.O. BOX 59145  MINNEAPOLIS, MN 55459	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	GW HOFFMAN MARKETING & COMMUNICATION C/O DANNON / DANACTIVE, 757-767 POST ROAD  DARIEN, CT 06820	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	HASS AVOCADO BOARD  230 COMMERCE, SUITE 190  IRVINE, CA 92602	\$ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	HEARTLAND FOOD PRODUCTS GROUP  PO BOX 222140  CARMEL, CA 93922-2140	\$ 33,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	HYDRATION PHARMACEUTICALS TRUST  1 WURUNDJERI WAY EPPING  VICTORIA, AUSTRALIA 03076	\$ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	ILSI NORTH AMERICA  1 THOMAS CIR NW  WASHINGTON, DC 20005-5802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>INTEGRATIVE THERAPEUTICS INC</u>  <u>825 CHALLENGER DRIVE</u>  <u>GREEN BAY, WI 54311</u>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<u>JANSSEN PHARMACEUTICALS</u>  <u>P.O. BOX 16500-6500</u>  <u>NEW BRUNSWICK, NJ 08906</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<u>K&amp;M COMMUNICATIONS</u>  <u>5158 EVANGELINE WAY</u>  <u>COLUMBIA, MD 21044</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<u>KATE FARMS INC</u>  <u>P.O. BOX 50840</u>  <u>SANTA BARBARA, CA 93150</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<u>KETCHUM INC.</u>  <u>6 PPG PLACE</u>  <u>PITTSBURGH, PA 15222</u>	\$ <u>61,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<u>LIFESCAN, INC/JOHNSON &amp; JOHNSON</u>  <u>965 CHESTERBROOK BLVD</u>  <u>WAYNE, PA 19087</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	LIFEWAY FOODS, INC.  6431 W OAKTON STREET  MORTON GROVE, IL 60053	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MEAD JOHNSON NUTRITION  2400 W LLOYD EXPRESSWAY  EVANSVILLE, IN 47721	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	METAGENICS  25 ENTERPRISE, SUITE #200  ALISO VIEJO, CA 92656	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MODERN PR  137 SPRING VALLEY  IRVINE, CA 92602	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MONSANTO COMPANY  800 N LINDBERGH BLVD  SAINT LOUIS, MO 63167-1000	\$ 78,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MSLGROUP  424 2ND AVENUE WEST  SEATTLE, WA 98119	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NATIONAL CATTLEMEN'S BEEF ASSN 9110 E NICHOLS AVE, SUITE 300 CENTENNIAL, CO 80112-3450	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	NATIONAL DAIRY COUNCIL 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018	\$ 322,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	NATIONAL OSTEOPOROSIS FOUNDATION 251 18TH STREET S, #630 ARLINGTON, VA 22202	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	NATIONAL PROCESSED RASPBERRY COUNCIL 318 W VIENTO ST MOUNTAIN HOUSE, CA 95391	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	NATIONAL WATERMELON PROMOTION BOARD 3501 QUADRANGLE BLVD, STE 321 ORLANDO, FL 32817-8365	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NESTLE USA FOOD  30003 BAINBRIDGE ROAD  SOLOON, OH 44139	\$ 13,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	OUTLOUD  P.O. BOX 220  STEVENSON, MD 21153	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	PHARMAVITE-NATURE MADE  8510 BALBOA BOULEVARD  NORTHRIDGE, CA 91325	\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	POLLOCK COMMUNICATIONS  665 BROADWAY, FL 12  NEW YORK, NY 10012	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	POM WONDERFUL  11444 W OLYMPIC BLVD  LOS ANGELES, CA 90064-1549	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	PORTER NOVELLI  1909 K STREET NW  WASHINGTON, DC 20036-3902	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<u>PREMIER NUTRITION CORP</u>  <u>5905 CHRISTIE AVE</u>  <u>EMERYVILLE, CA 94608</u>	\$ <u>26,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<u>PURE ENCAPSULATION</u>  <u>490 BOSTON POST ROAD</u>  <u>SUDBURY, MA 01776</u>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<u>RAYMOND TERRI J</u>  <u>1820 21ST ST NW</u>  <u>AUBURN, WA 98001-3401</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<u>ROCHE DIAGNOSTICS</u>  <u>9115 HAGUE ROAD</u>  <u>INDIANAPOLIS, IN 46250</u>	\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<u>RXMOSAIC</u>  <u>830 3RD AVE</u>  <u>NEW YORK, NY 10022</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<u>SANOFI AVENTIS U.S. INC</u>  <u>PO BOX 6944</u>  <u>BRIDGEWATER, NJ 08807-0944</u>	\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	SASKATCHEWAN PULSE GROWERS  207116 RESEARCH DRIVE  SASKATOON, CANADA S7N 3R3	\$ 22,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	SUNSWEET GROWERS INC  901 N WALTON AVE  YUBA CITY, CA 95993-9370	\$ 40,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	THE SUGAR ASSOCIATION INC  1101 15TH ST NW, STE 600  WASHINGTON, DC 20005	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	TRIAD TO WELLNESS  24 OLD DUTCH ROAD  WARREN, NJ 07059	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	UNILEVER BEST FOODS  800 SYLVAN AVENUE  ENGLEWOOD CLIFFS, NJ 07632	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	US Highbush Blueberry-Padilla CRT  4 World Trade Center, 48th Floor  New York, NY 10007	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	USDA/FNS/ACCOUNTING DIVISION  3101 PARK CENTER DRIVE  ALEXANDRIA, VA 22302	\$ 25,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	WEBER SHANDWICK  8000 NORMAN CENTER DRIVE  MINNEAPOLIS, MN 55437	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	WELCH FOOD INC.  300 BAKER AVENUE, SUITE 101  CONCORD, MA 01742	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	WELLS BLUE BUNNY  1 BLUE BUNNY DR  LE MARS, IA 51031	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	WILD HIVE  3005 S. LAMAR, STE. D109 PMB155  AUSTIN, TX 78704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization <b>ACADEMY OF NUTRITION AND DIETETICS</b>	Employer identification number <b>36-0724760</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
ACADEMY OF NUTRITION AND DIETETICS	WASHINGTON, DC 20036	32-0334661	0.	84,750.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

LHA SEE PART IV FOR CONTINUATION

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	9,220,497.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	1,040,402.
<b>b</b> Carryover from last year .....	<b>2b</b>	-1,856,520.
<b>c</b> Total .....	<b>2c</b>	-816,118.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	1,290,870.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	-2,106,988.

**Part IV Supplemental Information**

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

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

ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE

1120 CONNECTICUT AVE NW WASHINGTON, DC 20036

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,500,157.	122,503.	2,377,654.
d Equipment		7,985,439.	4,143,140.	3,842,299.
e Other		200,000.		200,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>6,419,953.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	617,382.
(3) DEFERRED RENT INCENTIVE	1,322,007.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,939,389.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	42,031,764.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,026,629.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,692,614.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,719,243.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	36,312,521.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	926,405.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	926,405.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	37,238,926.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	39,957,050.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,508,314.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,508,314.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	36,448,736.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	926,405.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	926,405.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	37,375,141.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

REVENUE FROM ANDPAC	135,244.
REVENUE FROM ANDF	4,557,370.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,692,614.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

DONATIONS TO ANDF	926,405.
-------------------	----------

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES FROM ANDPAC	115,097.
EXPENSES FROM ANDF	3,393,217.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,508,314.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS TO ANDF 926,405.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 120 S. RIVERSIDE PLAZA, STE 2190 - CHICAGO, IL 60606	36-6150906	501(C)(3)	926,405.	0.			SCHOLARSHIP PROGRAM AND GENERAL SUPPORT

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

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) (2016)

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

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

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ACADEMY OF NUTRITION AND DIETETICS**

Employer identification number

**36-0724760**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA BABJAK CEO	(i)	432,606.	68,469.	0.	38,035.	8,451.	547,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY BETH WHALEN COO	(i)	270,931.	0.	0.	21,200.	14,748.	306,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL A. MIFSUD CFO	(i)	243,433.	0.	0.	20,464.	14,782.	278,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA VISOCAN VP, MEMBER SERVICES	(i)	229,096.	0.	0.	18,544.	12,159.	259,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY PAT RAIMONDI VP, STRATEGIC POLICY AND ADVOCACY	(i)	205,830.	0.	0.	16,282.	12,128.	234,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEANNE BLANKENSHIP VP, POLICY, INITIATIVES & ADVOCACY	(i)	202,000.	0.	0.	16,858.	8,496.	227,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY GREGOIRE EXECUTIVE DIRECTOR, ACEND	(i)	187,653.	0.	0.	14,987.	6,059.	208,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINE REIDY EXECUTIVE DIRECTOR, CDR	(i)	185,457.	0.	0.	14,644.	6,035.	206,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

36-0724760

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 6:

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

FORM 990, PART VI, SECTION A, LINE 7A:

FOUR (4) SEATS ON THE BOARD OF DIRECTORS SHALL BE FILLED BY INDIVIDUALS  
HOLDING DULY ELECTED OFFICES OF THE ACADEMY; THREE (3) SEATS SHALL BE  
FILLED BY APPOINTMENT; THREE (3) SEATS SHALL BE FILLED BY INDIVIDUALS

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

Schedule O (Form 990 or 990-EZ) (2016)

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

ELECTED FROM THE MEMBERSHIP OF THE ACADEMY ("AT-LARGE DIRECTORS"); SIX (6) SEATS SHALL BE FILLED BY INDIVIDUALS FROM THE HOD ("HOD DIRECTORS"); AND TWO (2) SEATS SHALL BE FILLED BY INDIVIDUALS SELECTED BY THE BOARD OF DIRECTORS ("PUBLIC MEMBERS").

FORM 990, PART VI, SECTION A, LINE 7B:  
THE HOUSE OF DELEGATES, AS THE VOICE OF MEMBERS, GOVERNS THE PROFESSION AND DEVELOPS POLICY ON MAJOR PROFESSIONAL ISSUES; THE HOUSE CONSISTS OF MEMBERS FROM EACH STATE DIETETIC PRACTICE GROUP AND ASSOCIATED BUSINESS ENTITIES.

FORM 990, PART VI, SECTION B, LINE 11B:  
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 MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. THE GOVERNING BODY AT ITS MEETINGS ARE THEN ASKED TO ACCEPT THE RETURNS TO BE FILED.

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 15:  
FORM 990, PART VI, SECTION B, LINES 15A AND 15B: PROCESS FOR DETERMINING COMPENSATION - ALL MANAGEMENT SALARIES ARE BENCH-MARKED AGAINST COMPARABLE DATA. HUMAN RESOURCES COMPARES TO MARKET CONDITIONS EVERY FIVE YEARS BY AN OUTSIDE ORGANIZATION, THEY EVALUATE ALL THE POSITIONS INCLUDING THE

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

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

THE CEO REVIEWS AND DETERMINES THE COMPENSATION OF OTHER OFFICERS USING COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES	3,347,663.
OUTSIDE SERVICES	574,918.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,922,581.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**ACADEMY OF NUTRITION AND DIETETICS**

Employer identification number

**36-0724760**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION - 36-6150906, 120 S. RIVERSIDE PLAZA, CHICAGO, IL 60606	TO IMPROVE THE NUTRITIONAL HEALTH OF THE PUBLIC	ILLINOIS	501(C)(3)	LINE 7			X
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE - 32-0334661, 1120 CONNECTICUT AVE NW, WASHINGTON, DC 20036	POLITICAL ACTION DEDICATED TO FOOD, NUTRITION & HEALTH ISSUES	DISTRICT OF COLUMBIA	527				X

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

Schedule R (Form 990) 2016





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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

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



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUN 1, 2016, and ending MAY 31, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

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

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

<p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(6) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ACADEMY OF NUTRITION AND DIETETICS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>120 S. RIVERSIDE PLAZA, NO. 2190</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>CHICAGO, IL 60606</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>36-0724760</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>541800 900004</b></p>
---	------------------------------	---	---

**C** Book value of all assets at end of year: **46,999,907.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 90,257.	38,403.	51,854.
<b>11</b> Advertising income (Schedule J)	<b>11</b> 325,948.	162,714.	163,234.
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 416,205.	201,117.	215,088.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		3,863.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		163,234.
<b>28</b> Other deductions (attach schedule)	<b>28</b>	<b>SEE STATEMENT 2</b>	1,000.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		168,097.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		46,991.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		46,991.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		45,991.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34	<b>35c</b>	6,899.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	6,899.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b>	Other credits (see instructions)	<b>41b</b>	
<b>c</b>	General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b>	Subtract line 41e from line 40	<b>42</b>	6,899.
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	<b>44</b>	6,899.
<b>45a</b>	Payments: A 2015 overpayment credited to 2016	<b>45a</b>	5,126.
<b>b</b>	2016 estimated tax payments	<b>45b</b>	714.
<b>c</b>	Tax deposited with Form 8868	<b>45c</b>	8,000.
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>45e</b>	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	13,840.
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	6,941.
<b>50</b>	Enter the amount of line 49 you want: Credited to 2017 estimated tax 6,941.   Refunded	<b>50</b>	0.

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

<b>51</b>	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CEO \_\_\_\_\_ Title \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LU ANN TRAPP	LU ANN TRAPP	02/08/18		P01506476
	Firm's name	Firm's EIN			
	PLANTE & MORAN, PLLC			38-1357951	
	10 S. RIVERSIDE PLAZA, 9TH FLOOR				
	Firm's address			Phone no.	
	CHICAGO, IL 60606			(312) 207-1040	

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Totals** ..... 0. 0.

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

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) MAILING LIST						
(2) RENTAL	90,257.	38,403.	51,854.			
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		90,257.	38,403.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 3						
<b>Totals</b> (carry to Part II, line (5))		325,948.	162,714.	163,234.	1797467.	3090361.
						163,234.

Form 990-T (2016)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>325,948.</b>	<b>162,714.</b>				<b>163,234.</b>
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .....	<b>325,948.</b>	<b>162,714.</b>				<b>163,234.</b>

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

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



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

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

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

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED ON A CONSOLIDATED BASIS STATEMENT 3

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
FOOD AND NUTRITION MAGAZINE	151,405.	45,427.	254,699.	670,140.
DPG NEWSLETTER	92,750.	117,287.	266,735.	384,277.
JOURNAL OF ACADEMY OF NUTRITION & DIETETICS	81,793.	0.	1,276,033.	2,035,944.
TO FM 990-T, SCH J, PART I	325,948.	162,714.	1,797,467.	3,090,361.

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LIST RENTAL EXPENSES		38,403.	
- SUBTOTAL -	1		38,403.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			38,403.

Form **8868**  
(Rev. January 2017)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

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

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		<b>Enter filer's identifying number</b>
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>ACADEMY OF NUTRITION AND DIETETICS</b>	Employer identification number (EIN) or  <b>36-0724760</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>120 S. RIVERSIDE PLAZA, NO. 2190</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60606</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

**PAUL MIFSUD**

• The books are in the care of ► **120 S RIVERSIDE PLAZA, SUITE 2190 - CHICAGO, IL 60606**  
 Telephone No. ► **312-899-4730** Fax No. ► \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **APRIL 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **JUN 1, 2016**, and ending **MAY 31, 2017**.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2017)

Form **8868**  
(Rev. January 2017)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

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

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>ACADEMY OF NUTRITION AND DIETETICS</b>	Employer identification number (EIN) or <b>36-0724760</b>
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>120 S. RIVERSIDE PLAZA, NO. 2190</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60606</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

**PAUL MIFSUD**

• The books are in the care of ► **120 S RIVERSIDE PLAZA, SUITE 2190 - CHICAGO, IL 60606**  
Telephone No. ► **312-899-4730** Fax No. ► \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **APRIL 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUN 1, 2016**, and ending **MAY 31, 2017**.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>13,840.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>5,840.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>8,000.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2017)

**TAX RETURN FILING INSTRUCTIONS**

ILLINOIS FORM IL-990-T

**FOR THE YEAR ENDING**

MAY 31, 2017

**PREPARED FOR:**

PAUL MIFSUD  
 ACADEMY OF NUTRITION AND DIETETICS  
 120 S. RIVERSIDE PLAZA NO. 2190  
 CHICAGO, IL 60606

**PREPARED BY:**

PLANTE & MORAN, PLLC  
 10 S. RIVERSIDE PLAZA, 9TH FLOOR  
 CHICAGO, IL 60606

**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

**AMOUNT OF TAX:**

TOTAL TAX	\$	3,863
LESS: PAYMENTS AND CREDITS	\$	6,967
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	3,104

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

**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 15, 2018

**SPECIAL INSTRUCTIONS:**

**2017 ESTIMATED TAX FILING INSTRUCTIONS**

ILLINOIS ESTIMATED TAX

**FOR THE YEAR ENDING**

MAY 31, 2018

**PREPARED FOR:**

PAUL MIFSUD  
 ACADEMY OF NUTRITION AND DIETETICS  
 120 S. RIVERSIDE PLAZA NO. 2190  
 CHICAGO, IL 60606

**PREPARED BY:**

PLANTE & MORAN, PLLC  
 10 S. RIVERSIDE PLAZA, 9TH FLOOR  
 CHICAGO, IL 60606

**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	1,560
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2017 ESTIMATE	\$	0
BALANCE DUE	\$	1,560

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	SEPTEMBER 15, 2017
NO 2	\$ 0	0, 0
NO 3	\$ 0	0, 0
NO 4	\$ 1,560	MAY 15, 2018

**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.

**IL-505-B Automatic Extension Payment**

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649981 01-12-17

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**Illinois Department of Revenue**

**IL-505-B** (R-12/16) ID: 2BX **Automatic Extension Payment for 2016**

Official use only

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

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

FEIN 36-0724760 000 2

Tax year ending 05 17  
Month Year

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

**\$ 3,000.00**

**Payment Amount (Whole dollars only)**  
Write your FEIN, tax year ending, and "IL-505-B"  
on your check or money order and make it payable  
to "Illinois Department of Revenue."

Phone number (312) 207-1040



505020517 4 360724760 000 2

IL-1120-ES

2017

**Step 1: Complete the Estimated Tax Worksheet.**

Complete this worksheet to compute your 2017 estimated tax. Keep this record for your files.

**Note** → If your income changes during the year, complete the amended worksheet in the instructions.

1	Enter the amount of Illinois net income expected in 2017.	1	49,854.
2	Multiply Line 1 by your applicable rate, and enter the result. (See rates on pages 2 and 3.) If you completed Schedule SA (IL-1120), enter the result from the Specific Accounting Line 2 Formula (page 3).	2	4,664.
3	Enter the amount of recapture of investment credits expected in 2017.	3	
4	Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2017. See the Form IL-1120, Step 8, Line 56 instructions for more information.	4	
5	Add Lines 2 through 4 and enter the result.	5	4,664.
6	Enter the amount of Illinois tax credits expected in 2017 as calculated on the corresponding Form IL-477 or Schedule 1299-D.	6	
7	Enter the amount of pass-through withholding payments expected to be made on your behalf in 2017 on any Schedule K-1-P or Schedule K-1-T you receive.	7	
8	Enter the amount of any Illinois gambling withholding shown on any 2017 Form W-2G you received.	8	
9	Add Lines 6 through 8 and enter the result.	9	
10	Subtract Line 9 from Line 5 and enter the result. If \$400 or less, <b>stop</b> . You do not have to make estimated tax payments. If more than \$400, continue to Line 11.	10	4,664.
11	Subtract Line 6 from Line 5 and enter the result.	11	4,664.
12	Divide Line 11 by 4. This is the amount of each of your estimated tax payments.	12	4,664.

STATEMENT

→ You may use pass-through withholding payments made on your behalf on any Schedule K-1-P or K-1-T you received to reduce the estimated tax payment for the quarter in which the tax year shown on the Schedule K-1-P or K-1-T falls and any subsequent tax payment until the entire credit is used.

→ You may use Illinois gambling withholding shown on any 2017 Form W-2G you received to reduce the estimated tax payment for the quarter in which the gambling winnings were received and any subsequent tax payment until the entire credit is used.

→ If you made the election to credit a prior year overpayment to 2017 and **OVERPAYMENT APPLIED** 3,104.

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

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

- Enter your federal employer identification number (FEIN).
- Enter your name, C/O information (if applicable), address, and phone number.
- Enter the month and year your tax year ends.
- Enter the amount you are paying from Step 1, Line 12, or Step 4, Line 16 or Line 18, if you amended your original estimated tax.
- Detach the voucher and enclose a check or money order for the amount you are paying.
  - Write your FEIN, tax year ending, and "IL-1120-ES" on your payment.
  - Make your check or money order payable to "Illinois Department of Revenue."
  - 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
<b>Total</b>		

ESTIMATE INSTALLMENT DUE DATES:

09/15/17	
11/15/17	
02/15/18	
05/15/18	1,560.

IL-1120-ES

2017

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

- 1 Enter the amount of Illinois net income expected in 2017. 1 \_\_\_\_\_
- 2 Multiply Line 1 by your applicable rate, and enter the result. (See rates on pages 2 and 3.) If you completed Schedule SA (IL-1120), enter the result from the Specific Accounting Line 2 Formula (page 3). 2 \_\_\_\_\_
- 3 Enter the amount of recapture of investment credits expected in 2017. 3 \_\_\_\_\_
- 4 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2017. See the Form IL-1120, Step 8, Line 56 instructions for more information. 4 \_\_\_\_\_
- 5 Add Lines 2 through 4 and enter the result. 5 \_\_\_\_\_
- 6 Enter the amount of Illinois tax credits expected in 2017 as calculated on the corresponding Form IL-477 or Schedule 1299-D. 6 \_\_\_\_\_
- 7 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2017 on any Schedule K-1-P or Schedule K-1-T you receive. 7 \_\_\_\_\_
- 8 Enter the amount of any Illinois gambling withholding shown on any 2017 Form W-2G you received. 8 \_\_\_\_\_
- 9 Add Lines 6 through 8 and enter the result. 9 \_\_\_\_\_
- 10 Subtract Line 9 from Line 5 and enter the result. If \$400 or less, **stop**. You do not have to make estimated tax payments. If more than \$400, continue to Line 11. 10 \_\_\_\_\_
- 11 Subtract Line 6 from Line 5 and enter the result. 11 \_\_\_\_\_
- 12 Divide Line 11 by 4. 12 \_\_\_\_\_
- 13 Enter the amount of estimated tax payments made with 2017 Forms IL-1120-ES, including any timely prior year overpayments applied to tax year 2017, timely pass-through withholding made on your behalf, or timely Illinois gambling withholding shown on any 2017 Form W-2G you received. 13 \_\_\_\_\_
- Note → See the Step 1, Line 12, instructions to determine if your credit for a prior year overpayment or withholding amount is considered timely.
- 14 Multiply Line 12 by the number of previously due estimated payments. 14 \_\_\_\_\_
- 15 Subtract Line 13 from Line 14 and enter the result. This amount may be negative. 15 \_\_\_\_\_
- 16 Add Lines 12 and 15 and enter the result. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 16 is negative, continue to Line 17. Otherwise, stop here. 16 \_\_\_\_\_
- 17 If Line 16 is negative, enter that amount as a positive number. 17 \_\_\_\_\_
- 18 Subtract Line 17 from Line 12 and enter the result. This is the amount due on the following due date, if applicable. 18 \_\_\_\_\_



649421 02-02-17

Illinois Department of Revenue  
**2017 IL-1120-ES** (R-12/16)

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

Official use only

ID: 2BX

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

- |   |
|---|
| <p><b>Estimated tax payment due dates</b></p> <ul style="list-style-type: none"> <li>• 15th day of the 4th month</li> <li>• 15th day of the 6th month</li> <li>• 15th day of the 9th month</li> <li>• 15th day of the 12th month</li> </ul> |
|---|

Tax year ending

Month    Year

**\$** \_\_\_\_\_

**Enter your payment amount on this line.**

Write your FEIN, tax year ending, and "IL-1120-ES" on your check or money order and make it payable to "Illinois Department of Revenue."

Preparer's phone number

649421 02-02-17

Illinois Department of Revenue  
**2017 IL-1120-ES** (R-12/16)

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

Official use only

ID: 2BX

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

- |   |
|---|
| <p><b>Estimated tax payment due dates</b></p> <ul style="list-style-type: none"> <li>• 15th day of the 4th month</li> <li>• 15th day of the 6th month</li> <li>• 15th day of the 9th month</li> <li>• 15th day of the 12th month</li> </ul> |
|---|

Tax year ending

Month    Year

**\$** \_\_\_\_\_

**Enter your payment amount on this line.**

Write your FEIN, tax year ending, and "IL-1120-ES" on your check or money order and make it payable to "Illinois Department of Revenue."

FEIN:

Preparer's phone number

649421 02-02-17

Illinois Department of Revenue  
**2017 IL-1120-ES** (R-12/16)

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

Official use only

ID: 2BX

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

FEIN:

**Estimated tax payment due dates**

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

Tax year ending

Month    Year

**\$**

**Enter your payment amount on this line.**

Write your FEIN, tax year ending, and "IL-1120-ES"  
on your check or money order and make it payable  
to "Illinois Department of Revenue."

Preparer's phone number

649421 02-02-17

Illinois Department of Revenue  
**2017 IL-1120-ES** (R-12/16)

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

Official use only

ID: 2BX

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

FEIN: 36-0724760 000 2

**Estimated tax payment due dates**

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

Tax year ending 5 18  
Month Year

**\$ 1,560.00**

**Enter your payment amount on this line.**

Write your FEIN, tax year ending, and "IL-1120-ES"  
on your check or money order and make it payable  
to "Illinois Department of Revenue."

ACADEMY OF NUTRITION AND DIETETICS  
120 S. RIVERSIDE PLAZA, NO. 2190  
CHICAGO, IL 60606

Preparer's phone number (312) 207-1040

112060518 0 360724760 000 2

Illinois Department of Revenue

2016 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

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

If this return is not for calendar year 2016, enter your fiscal tax year here. Tax year beginning <u>JUN 1</u> , 20 <u>16</u> , ending <u>MAY 31</u> , 20 <u>17</u> <small>month day year month day year</small> For tax years ending on or after December 31, 2016. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
--	--

**Step 1: Identify your exempt organization**

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

Name: ACADEMY OF NUTRITION AND DIETETICS

**B** Enter your mailing address.  
 Check this box if either of the following apply:  
 • this is your **first return**, or  
 • you have an **address change**.

C/O: \_\_\_\_\_

Mailing address: 120 S. RIVERSIDE PLAZA, NO. 219

City: CHICAGO State: IL ZIP: 60606

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

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

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. SEE STATEMENT 2

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

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

**Step 2: Figure your base income or loss**

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. <b>Attach</b> a copy of Page 1 of your U.S. Form 990-T.	1	45,991 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	3,863 .00
3 <b>Base income or loss.</b> Add Lines 1 and 2.	3	49,854 .00

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

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

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	.00
5 Business income or loss. Subtract Line 4 from Line 3.	5	.00
6 Total sales everywhere. This amount cannot be negative.	6	_____
7 Total sales inside Illinois. This amount cannot be negative.	7	_____
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	.
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	.00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	.00
11 <b>Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.	11	.00

**Step 4: Figure your net replacement tax**

▼ Attach your payment and Form IL-990-T-V here.	12 Net income or loss from Line 3 or Line 11.	12	49,854 .00
	13 Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015).	13	1,246 .00
	14 Recapture of investment credits. <b>Attach</b> Schedule 4255.	14	.00
	15 Replacement tax before investment credits. Add Lines 13 and 14.	15	1,246 .00
	16 Investment credits. <b>Attach</b> Form IL-477.	16	.00
	17 <b>Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	1,246 .00



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

18	Net income or loss from Line 12.	18	<u>49,854</u>	.00
19	Income Tax. <b>Fiscal filers</b> - See instructions. <b>Corporations:</b> multiply Line 18 by 5.25% (.0525). <b>Trusts:</b> multiply Line 18 by 3.75% (.0375).	19	<u>2,617</u>	.00
20	Recapture of investment credits. <b>Attach</b> Schedule 4255.	20	<u>          </u>	.00
21	Income tax before credits. Add Lines 19 and 20.	21	<u>2,617</u>	.00
22	Income tax credits. <b>Attach</b> Schedule 1299-D.	22	<u>          </u>	.00
23	<b>Net income tax.</b> Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	<u>2,617</u>	.00

**Step 6: Figure your refund or balance due**

24	Net replacement tax from Line 17.	24	<u>1,246</u>	.00
25	Net income tax from Line 23.	25	<u>2,617</u>	.00
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	<u>          </u>	.00
27	<b>Total net income and replacement taxes and surcharge.</b> Add Lines 24, 25, and 26.	27	<u>3,863</u>	.00
28	Payments. See instructions.			
	<b>a</b> Credit from prior year overpayments.	28a	<u>3,967</u>	.00
	<b>b</b> Total estimated payments.	28b	<u>          </u>	.00
	<b>c</b> Form IL-505-B (extension) payment.	28c	<u>3,000</u>	.00
	<b>d</b> Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	28d	<u>          </u>	.00
	<b>e</b> Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	28e	<u>          </u>	.00
29	Total payments. Add Lines 28a through 28e.	29	<u>6,967</u>	.00
30	<b>Overpayment.</b> If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	<u>3,104</u>	.00
31	Amount to be <b>credited forward.</b> See instructions.	31	<u>3,104</u>	.00
32	<b>Refund.</b> Subtract Line 31 from Line 30. This is the amount to be refunded.	32	<u>          </u>	.00

**33 Complete to direct deposit your refund**

Routing Number \_\_\_\_\_  Checking or  Savings

Account Number \_\_\_\_\_

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

▶ **If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.**

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

**Step 7: Sign here**

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

Signature of authorized officer _____	Date _____	CEO _____	Title _____	Phone _____	<div style="border: 1px solid black; padding: 5px;">                 Check this box if the Department may discuss this return with the paid preparer shown in this step. <input checked="" type="checkbox"/> </div>
Signature of paid preparer _____	Date <u>02/08/18</u>	<u>P01506476</u>	Paid preparer's PTIN		
<u>PLANTE &amp; MORAN, PLLC</u>		<u>CHICAGO, IL 60606</u>		<u>(312) 207-1040</u>	Phone
Paid preparer's firm name		Address			

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

▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

698022 08-15-17



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

ID: 2BX

IL-990-T Page 2 of 2 (R-07/17)

IL-1120-ES	APPORTIONED ESTIMATED INCOME TAX RATE FORMULA	STATEMENT 1
1	NUMBER OF DAYS IN ESTIMATED TAX YEAR BEFORE 07/01/2017 / TOTAL NUMBER OF DAYS IN THE TAX YEAR * 5.25% (.0525) =	.004315
2	NUMBER OF DAYS IN ESTIMATED TAX YEAR AFTER 06/30/2017 / TOTAL NUMBER OF DAYS IN THE TAX YEAR * 7% (.07) =	.064247
3	ADD LINES 1 AND 2. THIS IS YOUR BLENDED INCOME TAX RATE.  REPLACEMENT TAX RATE	.068562  .025000
4	ADD LINES 3 AND REPLACEMENT TAX TO BE TOTAL BLENDED TAX RATE.	.093562

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT 2
---------------	-----------------------------	-------------

PUBLICATION ADVERTISING INCOME AND MAILING LIST RENTAL

TO FORM IL-990-T, PAGE 1

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUN 1, 2016, and ending MAY 31, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

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

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

**A**  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

**D** Employer identification number (Employees' trust, see instructions.)

**B** Exempt under section  
 501(c)(6)  408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type

**ACADEMY OF NUTRITION AND DIETETICS**

**36-0724760**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**120 S. RIVERSIDE PLAZA, NO. 2190**

**E** Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code  
**CHICAGO, IL 60606**

**541800 900004**

**C** Book value of all assets at end of year  
**46,999,907.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 3**

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

If "Yes," enter the name and identifying number of the parent corporation. ▶

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 90,257.	38,403.	51,854.
<b>11</b> Advertising income (Schedule J)		<b>11</b> 325,948.	162,714.	163,234.
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 416,205.	201,117.	215,088.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		3,863.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		163,234.
<b>28</b> Other deductions (attach schedule)	<b>28</b>	SEE STATEMENT 4	1,000.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		168,097.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		46,991.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		46,991.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		45,991.



