



PAUL MIFSUD
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION
120 S. RIVERSIDE PLAZA 2190
CHICAGO, IL 60606

DEAR PAUL:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990

2021 CALIFORNIA FORM 199

2021 ILLINOIS FORM AG990-IL

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

FOR THE YEAR ENDING

MAY 31, 2022

PREPARED FOR:

PAUL MIFSUD
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION
120 S. RIVERSIDE PLAZA 2190
CHICAGO, IL 60606

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM 8879-TE TO US BY APRIL 18, 2023.

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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUN 1, 2021, and ending MAY 31, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**EIN or SSN
36-6150906Name and title of officer or person subject to tax **PATRICIA BABJAK
CHIEF EXECUTIVE OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,327,500.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **PLANTE & MORAN, PLLC** to enter my PIN **50906**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36225460606

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **PLANTE & MORAN, PLLC**Date ▶ **04/10/23****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2021)

Form

990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ACADEMY OF NUTRITION AND DIETETICS FOUNDATION		D Employer identification number 36-6150906
	Doing business as		E Telephone number 312-899-4730
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 S. RIVERSIDE PLAZA 2190		
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606		G Gross receipts \$ 5,327,500.
F Name and address of principal officer: PATRICIA BABJAK SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.EATRIGHT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1966 M State of legal domicile: IL	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THROUGH PHILANTHROPY, EMPOWER CURRENT AND FUTURE FOOD AND NUTRITION PRACTITIONERS TO OPTIMIZE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	170
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,634,884.	2,056,968.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,854,374.	3,270,532.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,489,258.	5,327,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,188,948.	1,628,921.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	869,660.	909,743.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 193,224.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	497,961.	467,747.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,556,569.	3,006,411.
19 Revenue less expenses. Subtract line 18 from line 12	1,932,689.	2,321,089.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	37,406,118.	35,740,070.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
22 Net assets or fund balances. Subtract line 21 from line 20		37,406,118.	35,740,070.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer PATRICIA BABJAK, CHIEF EXECUTIVE OFFICER				Date
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LU ANN TRAPP	LU ANN TRAPP	04/10/23	<input type="checkbox"/>	P01506476
Preparer Use Only	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951			
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	Phone no. (312) 207-1040			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Form 990 (2021)

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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:

THROUGH PHILANTHROPY, EMPOWER CURRENT AND FUTURE FOOD AND NUTRITION
PRACTITIONERS TO OPTIMIZE GLOBAL HEALTH.

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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,543,571. including grants of \$ 1,628,921.) (Revenue \$)

THE IMMEDIATE FOCUS IS TO BUILD UPON THE ACADEMY FOUNDATION'S PROGRAMS,
WITH EMERGING PROJECTS AND GLOBAL OPPORTUNITIES TO MEET THE GROWING
NEEDS OF THE PUBLIC AND SIMULTANEOUSLY INCREASE ANNUAL FUNDRAISING
SUPPORT TO SUSTAIN ONGOING PROGRAMS.

SCHOLARSHIPS

THE FOUNDATION IS THE WORLDWIDE LEADER OF DIETETICS SCHOLARSHIPS, AND
LOOKS TO KEEP PACE WITH A GROWING POOL OF STUDENT APPLICANTS, PROVIDING
OPPORTUNITIES AT ALL LEVELS OF EXPERIENTIAL LEARNING AND HELPING TO
BUILD A QUALIFIED AND DIVERSE WORKFORCE.

(SEE CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,543,571.**

Form **990** (2021)

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Form 990 (2021)

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Part IV Checklist of Required Schedules

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

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Form 990 (2021)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		24a X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		25a X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		25b X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		26 X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		27 X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		30 X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		31 X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		32 X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		33 X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		37 X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 26	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Form 990 (2021)

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 13			
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶ IL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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

**ACADEMY OF NUTRITION AND DIETETICS
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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PAT BABJAK ADA CHIEF EXECUTIVE OFFICER	8.00 32.00	X		X				0.	598,550.	19,295.
(2) MARY BETH WHALEN COO	16.00 24.00			X				127,321.	190,981.	28,153.
(3) PAUL MIFSUD CFO	8.00 32.00			X				0.	279,498.	28,113.
(4) SUSAN BURNS DIRECTOR OF MAJOR GIFTS	40.00 0.00					X		149,817.	0.	12,513.
(5) BETH LABRADOR DEVELOPMENT DIRECTOR	40.00 0.00					X		105,681.	0.	10,657.
(6) ELLEN SHANLEY MBA RDN CDN FAND PRESIDENT-ELECT	1.00 1.00	X		X				0.	5,250.	0.
(7) BECKY DORNER RDN LD FAND CHAIR OF THE BOARD	1.00 1.00	X		X				0.	0.	0.
(8) HOPE S WARSHAW MMSC RD CDE BC-A CHAIR-ELECT	1.00 0.00	X		X				0.	0.	0.
(9) MARGARET P GARNER MS RDN LD FAN IMMEDIATE PAST-CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(10) HARLIVLEEN GILL MBA RDN LDN TREASURER	1.00 0.00	X		X				0.	0.	0.
(11) JENNIFER NGUYEN RDN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(12) MARY LEE CHIN MS RD DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MARCIA KYLE RDN CDCES LD FAND DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) SUSAN H. LARAMEE MS RDN FADA FA DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) CYNTHIA A. WOLFRAM RDN LD DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) SYLVIA ROWE MA PUBLIC MEMBER	1.00 0.00	X						0.	0.	0.
(17) LAURENCE LANGHOLZ JD MBA PUBLIC MEMBER	1.00 0.00	X						0.	0.	0.

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SAMANTHA RONGSTAD RDN, LD STUDENT MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								382,819.	1,074,279.	98,731.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								382,819.	1,074,279.	98,731.

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 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

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**ACADEMY OF NUTRITION AND DIETETICS
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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,141,837.				
	c Fundraising events	1c	29,889.				
	d Related organizations	1d	704,772.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	180,470.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 130,227.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____			Business Code			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			484,800.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	0.				
c Gain or (loss)		7c	2,785,732.				
d Net gain or (loss)					2,785,732.		2785732.
8 a Gross income from fundraising events (not including \$ 29,889. of contributions reported on line 1c). See Part IV, line 18		8a	0.				
b Less: direct expenses		8b	0.				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____			Business Code			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			5,327,500.	0.	0.	3270532.

**ACADEMY OF NUTRITION AND DIETETICS
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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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	443,646.	443,646.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,145,150.	1,145,150.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	40,125.	40,125.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	434,142.	282,192.	75,975.	75,975.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	313,119.	203,527.	54,796.	54,796.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	151,109.	98,221.	26,444.	26,444.
10 Payroll taxes	11,373.	7,393.	1,990.	1,990.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,823.		1,823.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	196,325.	151,170.	45,155.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	65,130.	53,081.	11,398.	651.
12 Advertising and promotion				
13 Office expenses	8,424.	5,476.	1,474.	1,474.
14 Information technology	40,086.	26,054.	7,018.	7,014.
15 Royalties				
16 Occupancy	72,188.	46,922.	12,633.	12,633.
17 Travel	829.	511.	183.	135.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	17,187.	9,797.	3,437.	3,953.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,989.	3,893.	1,048.	1,048.
23 Insurance	19,131.		19,131.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BOOK/MEMBERSHIP DUES &	30,527.	19,843.	5,342.	5,342.
b BANK FEES	2,177.	1,415.	381.	381.
c _____				
d _____				
e All other expenses _____	7,931.	5,155.	1,388.	1,388.
25 Total functional expenses. Add lines 1 through 24e	3,006,411.	2,543,571.	269,616.	193,224.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,955,032.	1	6,501,732.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	209,191.	3	32,135.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,659.	9	1,773.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,053.		
	b Less: accumulated depreciation	6,609.		
		7,433.	10c	1,444.
	11 Investments - publicly traded securities	31,463,077.	11	28,762,517.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	726,726.	15	440,469.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,406,118.	16	35,740,070.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,368,147.	27	12,761,482.
	28 Net assets with donor restrictions	25,037,971.	28	22,978,588.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,406,118.	32	35,740,070.
	33 Total liabilities and net assets/fund balances	37,406,118.	33	35,740,070.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,327,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,006,411.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,321,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,406,118.
5	Net unrealized gains (losses) on investments	5	-3,987,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,740,070.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a 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	2a	X
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	2b	X
c 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 on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number
36-6150906

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**ACADEMY OF NUTRITION AND DIETETICS
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Schedule A (Form 990) 2021

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2797019.	2058953.	2033693.	2465882.	2056968.	11412515.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2797019.	2058953.	2033693.	2465882.	2056968.	11412515.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4459411.
6 Public support. Subtract line 5 from line 4.						6953104.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2797019.	2058953.	2033693.	2465882.	2056968.	11412515.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	542,681.	593,057.	566,843.	477,834.	484,800.	2665215.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						14077730.
12 Gross receipts from related activities, etc. (see instructions)					12	192,870.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	49.39	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	51.87	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Schedule A (Form 990) 2021

**ACADEMY OF NUTRITION AND DIETETICS
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Schedule A (Form 990) 2021

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**ACADEMY OF NUTRITION AND DIETETICS
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Schedule A (Form 990) 2021

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**ACADEMY OF NUTRITION AND DIETETICS
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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

ACADEMY OF NUTRITION AND DIETETICS
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Schedule A (Form 990) 2021

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

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	ACADEMY OF NUTRITION AND DIETETICS 120 S RIVERSIDE PLZ STE 2190 CHICAGO, IL 60606	\$ 704,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF CATHERINE PASSARELLI 2327 PELHAM AVE LOA ANGELES, CA 90064	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS (ALICE WIMPFHEIMER) 120 S RIVERSIDE PLZ STE 2190 CHICAGO, IL 60606	\$ 127,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARY RUTH BEDFORD 7304 GOOD SAMARITAN CT APT 112 EL PASO, TX 79912	\$ 90,283.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	HELEN S. HINTZ 140 SUNSET DR CHATHAM, NJ 07928	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMERICAN EGG BOARD'S EGG NUTRITION CENTER 8755 W HIGGINS ROAD SUITE 300 CHICAGO, IL 60631	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

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	GENERAL MILLS FOUNDATION NUMBER ONE GENERAL MILLS BLVD. MINNEAPOLIS, MN 55440	\$ 77,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LACROIX SPARKLING WATER 8100 SW 10TH ST FORT LAUDERDALE, FL 33324	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

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
3	SECURITIES- PUBLICLY TRADED	\$ 40,500.	
4	SECURITIES- PUBLICLY TRADED	\$ 88,722.	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public Inspection****Name of the organization** **ACADEMY OF NUTRITION AND DIETETICS FOUNDATION****Employer identification number**
36-6150906**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 FASB 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) 2021

Schedule D (Form 990) 2021

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
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to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule D (Form 990) 2021

36-6150906 Page **3**

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)		
Total. (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)		
Total. (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)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2021

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule D (Form 990) 2021

36-6150906 Page **4**

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.

1	Total revenue, gains, and other support per audited financial statements	1	1,340,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,987,137.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-3,987,137.
3	Subtract line 2e from line 1	3	5,327,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,327,500.

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.

1	Total expenses and losses per audited financial statements	1	2,810,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,810,086.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	196,325.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	196,325.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,006,411.

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 V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED TO FUND SCHOLARSHIPS, GRANTS, AND AWARDS TO DIETETICS STUDENTS IN ACCREDITED EDUCATIONAL INSTITUTIONS. ITS ENDOWMENT INCLUDES BOTH PERMANENT DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number

36-6150906

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTS TO RECIPIENTS LOCATED IN THE REGION	40,125.
3 a Subtotal	0	0			40,125.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			40,125.

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

Schedule F (Form 990) 2021

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule F (Form 990) 2021

36-6150906

Page **2**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	WIMPFHEIMER-GUGGENHEIM FUND FOR INTERNATIONAL EXCHANGE IN	35,125.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2021

Part III can be duplicated if additional space is needed.

[illegible]

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule F (Form 990) 2021

36-6150906 Page **4**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2021

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: WIMPFHEIMER-GUGGENHEIM FUND FOR INTERNATIONAL
EXCHANGE IN NUTRITION, DIETETICS AND MANAGEMENT

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number
36-6150906

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule G (Form 990) 2021

36-6150906 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA/AUCTION (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	29,889.			29,889.
	2 Less: Contributions	29,889.			29,889.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 2021.05070 ACADEMY OF NUTRITION AND 100271-1

[illegible]

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number
36-6150906

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY OF NUTRITION AND DIETETICS - ACEND - 120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	36-0724760	501(C)(6)	6,000.	0.	N/A	N/A	100TH ANNIVERSARY FUND
ACADEMY OF NUTRITION AND DIETETICS - RISA - 120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	36-0724760	501(C)(6)	160,478.	0.	N/A	N/A	RESEARCH
ACADEMY OF NUTRITION AND DIETETICS - RISA - 120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	36-0724760	501(C)(6)	25,250.	0.	N/A	N/A	(WALMART) NFRDP AND STANDS FOR NUTRITION IN FOOD RETAIL DEVELOPMENT PROJECT
ACADEMY OF NUTRITION AND DIETETICS - RISA - 120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	36-0724760	501(C)(6)	21,500.	0.	N/A	N/A	ISLAMIC FOOD AND NUTRITION COUNCIL OF AMERICAN (IFANCA)
ACADEMY OF NUTRITION AND DIETETICS - RISA - 120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	36-0724760	501(C)(6)	8,000.	0.	N/A	N/A	FOOD AS MEDECINE
AND - DPG VEGETARIAN NUTRITION 120 S RIVERSIDE PLAZA STE 2190 CHICAGO, IL 60606	36-0724760	501(C)(6)	14,254.	0.	N/A	N/A	AMERICAN DIETETIC ASSOCIATION VEGETARIAN NUTRITION DIETETIC PRACTICE GROUP PUBLIC &

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule I (Form 990)

36-6150906

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	10,000.	0.	N/A	N/A	JEAN HANKIN NUTRITIONAL EPIDEMIOLOGY RESEARCH GRANT
NURTURETALK LLC 516 RT 12A LANGDOW, NH 03602	85-3974844	LLC	7,500.	0.	N/A	N/A	ANN A. HERTZLER MEMORIAL RESEARCH GRANT
PURDUE UNIVERSITY 2550 NORTHWESTERN AVE SUITE 1100 WEST LAFAYETTE, IN 47906	35-6002041	501(C)(3)	63,750.	0.	N/A	N/A	D&I FELLOWSHIP
THE UNIVERSITY OF TENNESSEE 210 STUDENT SERVICES BLVD. KNOXVILLE, TN 37996	62-1844686	501(C)(3)	11,250.	0.	N/A	N/A	ANN A. HERTZLER FUND
THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR STOP K5300 AUSTIN, TX 78712	74-6000203	GOV'T	10,000.	0.	N/A	N/A	JEAN HANKIN NUTRITIONAL EPIDEMIOLOGY RESEARCH GRANT
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT., UNIT 1133, S CONNECTICUT, CT 06269	06-0772160	501(C)(3)	15,000.	0.	N/A	N/A	COLGATE PALMOLIVE FELLOWSHIP IN NUTRITION, ORAL HEALTH/DENTAL EDUCATION
UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE ROAD, KINGSTON, RHODE ISLAND, RI 02881	22-3011455	501(C)(3)	10,000.	0.	N/A	N/A	JEAN HANKIN NUTRITIONAL EPIDEMIOLOGY RESEARCH GRANT
UNIVERSITY OF TENNESSEE 1534 WHITE AVE KNOXVILLE, TN 37996	62-6001636	501(C)(3)	50,000.	0.	N/A	N/A	ANDF NUTRITION EDUCATION FOR THE PUBLIC/NDC

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule I (Form 990) 2021

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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
CDR DIVERSITY SCHOLARSHIP	20	100,000.	0.		
CDR DOCTORAL SCHOLARSHIP	10	100,000.	0.		
CDR DIVERSITY INTERNSHIP SCHOLARSHIP	10	100,000.	0.		
GENERAL SCHOLARSHIP FUND	95	95,000.	0.		
2ND CENTURY OTHER PROJECTS	2	85,000.	0.		

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:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AND - DPG VEGETARIAN NUTRITION

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN DIETETIC ASSOCIATION

VEGETARIAN NUTRITION DIETETIC PRACTICE GROUP PUBLIC & PROFESS EDUC FUND.

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule I (Form 990)

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Page **2**

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
GRACE L OSTENSO NUTRITION AND PUBLIC POLICY FELLOWSHIP	1.	62,504.	0.		
ADVANCING DIVERSITY IN DIETETICS SCHOLARSHIP FUND	2.	50,000.	0.		
COLONEL KATHARINE E. MANCHESTER SCHOLARSHIP	9.	45,000.	0.		
DISASTER RELIEF FUND	24.	37,576.	0.		
MEAD JOHNSON NUTRITION SCHOLARSHIP FUND	10.	30,000.	0.		
DR MARIE E KNICKREHM SCHOLARSHIP	4.	28,000.	0.		
PATSYJANE O'MALLEY MEMORIAL SCHOLARSHIP	20.	20,000.	0.		
CDR FACULTY FELLOWSHIP	3.	30,000.	0.		
RESEARCH ENDOWMENT	2.	20,000.	0.		

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule I (Form 990)

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Page **2**

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
DIETETICS IN HEALTH CARE COMMUNITIES DIETETIC PRACTICE GROUP BOARD SCHOLARSHIP	4.	17,000.	0.		
FRANCES E FISCHER MEMORIAL SCHOLARSHIP	17.	17,000.	0.		
ACEND FELLOW	1.	17,000.	0.		
IRENE JONES SCHOLARSHIP	6.	15,000.	0.		
COLONEL FRANCES G. BALLENTINE SCHOLARSHIP FUND	5.	12,500.	0.		
ANN A. HERTZLER FUND	1.	11,250.	0.		
JEAN HANKIN NUTRITIONAL EPIDEMIOLOGY RESEARCH GRANT	1.	10,000.	0.		
ANN SELKOWITZ LITT MEMORIAL FUND	2.	10,000.	0.		
JANETTE SMITH MEMORIAL SCHOLARSHIP	10.	10,000.	0.		

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule I (Form 990)

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Page **2**

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
F. LUCILLE JOHNSON MEMORIAL SCHOLARSHIP	3.	9,000.	0.		
COLONEL MIRIAM E. PERRY GOLL MEMORIAL SCHOLARSHIP	9.	5,400.	0.		
NDEP PRECEPTOR SCHOLARSHIP	3.	5,250.	0.		
CAREY D. MILLER MEMORIAL SCHOLARSHIP	2.	5,000.	0.		
NATIONAL ORGANIZATION OF BLACKS IN DIETETICS AND NUTRITION (NOBIDAN) SCHOLARSHIP	2.	5,000.	0.		
DR. MARY RUTH BEDFORD DIETETIC SCHOLARSHIP FUND	1.	5,000.	0.		
JESSIE C. OBERT MEMORIAL SCHOLARSHIP	5.	5,000.	0.		
VEGETERIAN NUTRITION DIETETIC PRACTICE GROUP RESEARCH GRANT AWARD	1.	5,000.	0.		
DISTRICT OF COLUMBIA METROPOLITAN AND, EDITH A. JONES MEMORIAL SCHOLARSHIP	2.	5,000.	0.		

Schedule I (Form 990)

**ACADEMY OF NUTRITION AND DIETETICS
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Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
VIRGINIA F. HARGER MEMORIAL SCHOLARSHIP	2.	5,000.	0.		
LTC. ELEANOR L. MITCHELL MEMORIAL SCHOLARSHIP	5.	5,000.	0.		
E. NEIGE TODHUNTER MEMORIAL DOCTORAL FELLOWSHIP	1.	5,000.	0.		
COMMISSION ON DIETETIC REGISTRATION ADVANCED PRACTICE RESIDENCY AWARD	1.	5,000.	0.		
MISC SCHOLARSHIPS	105.	152,670.	0.		

Schedule I (Form 990)

Part IV	Supplemental Information
----------------	---------------------------------

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: COLGATE PALMOLIVE FELLOWSHIP TO
SUPPORT DISSERTATION RESEARCH IN NUTRITION AND ORAL HEALTH / DENTAL
EDUCATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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Inspection

Name of the organization

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number

36-6150906

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

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule J (Form 990) 2021

36-6150906

Page **2**

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 and/or 1099-NEC 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) PAT BABJAK	(i)	0.	0.	0.	0.	0.	0.	0.
ADA CHIEF EXECUTIVE OFFICER	(ii)	598,550.	0.	0.	10,483.	8,812.	617,845.	0.
(2) MARY BETH WHALEN	(i)	127,321.	0.	0.	4,567.	6,694.	138,582.	0.
COO	(ii)	190,981.	0.	0.	6,850.	10,042.	207,873.	0.
(3) PAUL MIFSUD	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	279,498.	0.	0.	11,377.	16,736.	307,611.	0.
(4) SUSAN BURNS	(i)	149,817.	0.	0.	6,116.	6,397.	162,330.	0.
DIRECTOR OF MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION, THE
ACADEMY OF NUTRITION AND DIETETICS.

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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION** Employer identification number **36-6150906**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	130,227. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

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Inspection

Name of the organization

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

Employer identification number
36-6150906

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GLOBAL HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICES ACCOMPLISHMENTS:

GENERAL SCHOLARSHIP PROGRAM, AWARDS TO DIETETIC PROFESSIONAL PUBLIC
EDUCATION FELLOWSHIPS AND RESEARCH FUNDS.

THE FOUNDATION PRIORITIZES OPPORTUNITIES THAT ALIGN WITH THE ACADEMY
AND FOUNDATION'S SECOND CENTURY VISION AND FURTHER ADVANCE THE
FOUNDATION'S MISSION AND STRATEGIC PLAN WHICH POSITION THE ORGANIZATION
TO TAKE A LEADERSHIP ROLE ON THE GLOBAL STAGE WHILE MAINTAINING OUR
EDUCATION AND RESEARCH EFFORTS NATIONALLY. THIS MAY BE ACHIEVED
THROUGH SCHOLARSHIPS, FELLOWSHIPS, GRANTS AND PUBLIC EDUCATION THAT
FOCUS ON PREVENTION AND WELLNESS, HEALTH CARE AND HEALTH SYSTEMS & FOOD
AND NUTRITION SECURITY.

AWARDS

LEADERSHIP AWARDS GIVEN TO PRACTITIONERS RECOGNIZE THE OUTSTANDING
ACHIEVEMENTS OF ACADEMY MEMBERS, ENCOURAGING INDIVIDUALS TO GROW AS
PROFESSIONALS AND ACHIEVE EXCELLENCE IN NEW AND DEVELOPING AREAS OF
FOOD AND NUTRITION.

RESEARCH

THE FOUNDATION'S RESEARCH INVESTMENT IN EMERGING AREAS, SUCH AS

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

Schedule O (Form 990) 2021

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number
36-6150906

**NUTRITION EDUCATION INTERVENTION, RESEARCH THAT ADVANCES THE ACADEMY
AND ITS MEMBERS AS THE NUTRITION EXPERTS AND PROVIDES FELLOWSHIP
OPPORTUNITIES.**

KIDS EAT RIGHT

**THE FOUNDATION CONTINUES SUPPORT OF KIDS EAT RIGHT, OUR SIGNATURE
PUBLIC EDUCATION PLATFORM, BY GROWING AND ENHANCING CONTENT ON THE KIDS
EAT RIGHT WEBSITE AND EXPANDING NATIONAL KIDS EAT RIGHT MONTH EACH
AUGUST.**

FUTURE OF FOOD

**THE FUTURE OF FOOD INITIATIVE FOCUSES ON INCREASING AWARENESS OF THE
INTERSECTION OF FOOD, NUTRITION AND HEALTH TO SUPPORT SUSTAINABLE FOOD
SYSTEMS AND A SAFE AND NUTRITIOUS FOOD SUPPLY FOR THE GROWING WORLD
POPULATION AND PROVIDING OPPORTUNITIES FOR OUR MEMBERS.**

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 VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO
FILING.**

FORM 990, PART VI, SECTION B, LINE 12C:

**OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO
THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND
MONITORED BY THE SECRETARY OF THE BOARD. HUMAN RESOURCES AND THE CFO
MONITOR AND COLLECT EACH YEAR AND THROUGHOUT THE YEAR IF NEEDED IN BOARD OF**

Name of the organization	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	Employer identification number	36-6150906
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DIRECTORS MEETINGS.

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

COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION, THE
ACADEMY OF NUTRITION AND DIETETICS.

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

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

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

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

FORM 990, PART VII, SECTION A:

COMPENSATION REPORTED FOR SUSAN BURNS (DIRECTOR OF MAJOR GIFTS), AND
BETH LABRADOR (DEVELOPMENT DIRECTOR) HAS BEEN PAID BY A RELATED
ORGANIZATION AND COMMON PAYMASTER, ACADEMY OF NUTRITION AND DIETETICS
EIN# 36-0724760. SINCE ALL SERVICES PERFORMED BY THESE INDIVIDUALS WERE
FOR ACADEMY OF NUTRITION AND DIETETIC FOUNDATION, THE COMPENSATION HAS
BEEN REPORTED IN COLUMN D AS IF PAID BY THE ORGANIZATION. ACADEMY OF
NUTRITION AND DIETETICS HAS COMPLIED WITH PAYROLL FILING REQUIREMENTS.

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Employer identification number
36-6150906

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION** Employer identification number **36-6150906**

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 - 36-0724760, 120 S. RIVERSIDE PLAZA, SUITE 2190, CHICAGO, IL 60606	ACCELERATE IMPROVEMENTS IN GLOBAL HEALTH & WELL-BEING THRU FOOD & NUTRITION.	ILLINOIS	501(C)(6)				X

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

Schedule R (Form 990) 2021

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION**

Schedule R (Form 990) 2021

36-6150906 Page 3

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACADEMY OF NUTRITION AND DIETETICS	B	234,596.	FMV
(2) ACADEMY OF NUTRITION AND DIETETICS	C	704,772.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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

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

OMB No. 1545-0047

- **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	Taxpayer identification number (TIN) 36-6150906
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, 2190	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606	

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

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **APRIL 18, 2023**, 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, 2021**, and ending **MAY 31, 2022**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

MAY 31, 2022

PREPARED FOR:

PAUL MIFSUD
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION
120 S. RIVERSIDE PLAZA 2190
CHICAGO, IL 60606

PREPARED BY:

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

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

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:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM 8453-EO TO US BY APRIL 18, 2023.

SPECIAL INSTRUCTIONS:

TAXABLE YEAR
2021**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name	Identifying number
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	36-6150906

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 <u>5,327,500</u>
2 Total gross income (Form 199, line 8)	2 <u>5,327,500</u>
3 Total expenses and disbursements (Form 199, line 9)	3 <u>3,006,411</u>

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--------------------------------------	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number		
6 Account number	7 Type of account:	Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

Date

**CHIEF EXECUTIVE OFFICER**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	PLANTE & MORAN, PLLC	Date	04/10/23	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	ERO's PTIN	P01506476
Must Sign	Firm's name (or yours if self-employed) and address	PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL	Firm's FEIN	38-1357951	ZIP code	60606			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature		Date		Check if self-employed		Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address		Firm's FEIN		ZIP code			

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 06/01/2021 , and ending (mm/dd/yyyy) 05/31/2022	
Corporation/Organization name ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	California corporation number 4182325
Additional information. See instructions.	FEIN 36-6150906
Street address (suite or room) 120 S. RIVERSIDE PLAZA, NO. 2190	PMB no.
City CHICAGO	State IL ZIP code 60606
Foreign country name	Foreign province/state/county Foreign postal code

A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D Final information return? • <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other F Federal return filed? (1) • <input type="checkbox"/> 990T (2) • <input type="checkbox"/> 990PF (3) • <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No K Is the organization exempt under R&TC Section 23701g? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS 06/01/1967
---	---

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	3,270,532	00
	2 Gross dues and assessments from members and affiliates	•	2	1,141,837	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	•	3	915,131	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	•	4	5,327,500	00
	This line must be completed. If the result is less than \$50,000, see General Information B				
	5 Cost of goods sold	•	5		00
	6 Cost or other basis, and sales expenses of assets sold	•	6		00
	7 Total costs. Add line 5 and line 6	•	7		00
8 Total gross income. Subtract line 7 from line 4	•	8	5,327,500	00	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9	3,006,411	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	2,321,089	00
Filing Fee	11 Total payments	•	11		00
	12 Use tax. See General Information K	•	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14		00
	15 Penalties and interest. See General Information J	•	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result <input checked="" type="radio"/>	•	16		00
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	Title CHIEF EXECUTIV	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date 04/10/23	Check if self-employed <input type="checkbox"/>	• PTIN P01506476	
	Firm's name (or yours, if self-employed) and address PLANTE & MORAN, PLLC 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	• Firm's FEIN 38-1357951			
	• Telephone (312) 207-1040				
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

ACADEMY OF NUTRITION AND DIETETICS
FOUNDATION

36-6150906

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3	484,800	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	2,785,732	00
	7	Other income	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	3,270,532	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	422,982	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	486,541	00
	12	Other salaries and wages	•	12	260,720	00
	13	Interest	•	13		00
	14	Taxes	•	14	11,373	00
	15	Rents	•	15	72,188	00
	16	Depreciation and depletion (See instructions)	•	16	5,989	00
	17	Other expenses and disbursements SEE STATEMENT 6	•	17	1,746,618	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,006,411	00

Schedule L		Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		4,955,032		• 6,501,732		
2	Net accounts receivable				•		
3	Net notes receivable				•		
4	Inventories				•		
5	Federal and state government obligations				•		
6	Investments in other bonds				•		
7	Investments in stock				•		
8	Mortgage loans				•		
9	Other investments STMT 7		31,463,077		• 28,762,517		
10 a	Depreciable assets	37,960		8,053			
b	Less accumulated depreciation	(30,527)	7,433	(6,609)	1,444		
11	Land				•		
12	Other assets STMT 8		980,576		• 474,377		
13	Total assets		37,406,118		35,740,070		
Liabilities and net worth							
14	Accounts payable				•		
15	Contributions, gifts, or grants payable				•		
16	Bonds and notes payable				•		
17	Mortgages payable				•		
18	Other liabilities						
19	Capital stock or principal fund				•		
20	Paid-in or capital surplus. Attach reconciliation ...				•		
21	Retained earnings or income fund		37,406,118		• 35,740,070		
22	Total liabilities and net worth		37,406,118		35,740,070		

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 2,321,089	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	2,321,089
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	2,321,089		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ACADEMY OF NUTRITION AND DIETETICS	120 S RIVERSIDE PLZ STE 2190 CHICAGO, IL 60606		704,772.
ESTATE OF CATHERINE PASSARELLI	2327 PELHAM AVE LOA ANGELES, CA 90064		375,000.
ANONYMOUS (ALICE WIMPFHEIMER)	120 S RIVERSIDE PLZ STE 2190 CHICAGO, IL 60606		87,322.
MARY RUTH BEDFORD	7304 GOOD SAMARITAN CT APT 112 EL PASO, TX 79912		1,561.
HELEN S. HINTZ	140 SUNSET DR CHATHAM, NJ 07928		90,000.
AMERICAN EGG BOARD'S EGG NUTRITION CENTER	8755 W HIGGINS ROAD SUITE 300 CHICAGO, IL 60631		85,000.
GENERAL MILLS FOUNDATION	NUMBER ONE GENERAL MILLS BLVD. MINNEAPOLIS, MN 55440		77,182.
LACROIX SPARKLING WATER	8100 SW 10TH ST FORT LAUDERDALE, FL 33324		46,000.
GRANT, JEAN M.	55 STRATFORD RD HARRISON, NY 10528		40,500.
MADGE MYERS IRREVOCABLE TRUST ESTATE	C/O COUNTRY CLUB TRUST PO BOX 413038 KANSAS CITY, MO 64141		40,000.
MEAD JOHNSON NUTRITION	2400 W LLOYD EXPY EVANSVILLE, IN 47712		34,700.
LINDA AND LENNY BELL FAMILY FOUNDATION	501 SILVERSIDE ROAD STE 123 WILMINGTON, DE 19809		25,000.
INSTITUTE FOR THE ADVANCEMENT OF FOOD AND NUTRITION SCIENCES LARAMEE, SUSAN H.	740 15TH ST NW, SUITE 600 WASHINGTON, DC 20005 794 REGENCY RESERVE CIR APT 1201 NAPLES, FL 34119		21,758. 20,135.

ACADEMY OF NUTRITION AND DIETETICS FOUND		36-6150906
BARKLEY, WILLIAM C.	512 E 31ST AVE NORTH KANSAS CITY, MO 64116	20,000.
PHARMAVITE LLC/NATURE MADE	8531 FALLBROOK AVE WEST HILLS, CA 91304	15,000.
COCHRAN, NEVA H.	6916 FOREST COVE CIR DALLAS,, TX 75230	13,876.
GARNER, MARGARET P.	9 DUNBROOK TUSCALOOSA, AL 35406	12,215.
SCHILLING, JANET N.	3457 SPRING GREEN RD GREEN BAY, WI 54313	11,000.
LACEY, KAREN P.	ONE RIVER PLACE DRIVE, #209 LA CROSSE,, WI 54601	10,010.
KELLOGG, ELIZABETH	3437 NE 30TH AVE PORTLAND, OR 97212	10,000.
DORNER, BECKY	546 SCOTLAND ST DUNEDIN, FL 34698	7,470.
MCCORMICK & CO., INC.	24 SCHILLING RD #1 HUNT VALLEY,, MD 21031	5,750.
GENERAL MILLS BELL INSTITUTE OF HEALTH AND NUTRITION	9000 PLYMOUTH AVE N MINNEAPOLIS, MN 55427	5,750.
BABJAK, PATRICIA M.	3017 BUCKINGHAM AVE WESTCHESTER, IL 60154	5,207.
WALSTON, LOLA N.	4185 GROSSEPOINT SPRINGFIELD, OH 45502	5,000.
REW, MARTHA L.	3511 LAKE PONTCHARTRAIN DR ARLINGTON, TX 76016	5,000.
ISLAMIC FOOD AND NUTRITION COUNCIL OF AMERICA	777 BUSSE HIGHWAY PARK RIDGE, IL 60068	5,000.
AUGUSTINE, CLARA L.	4405 W SHANNON LAKES DR TALLAHASSEE, FL 32309	5,000.
TOTAL INCLUDED ON LINE 3		1,785,208.

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ANONYMOUS (ALICE WIMPFHEIMER)

120 S RIVERSIDE PLZ STE 2190 CHICAGO, IL
60606PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

SECURITIES- PUBLICLY TRADED

40,500.

127,822.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MARY RUTH BEDFORD

7304 GOOD SAMARITAN CT APT 112 EL PASO, TX
79912PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

SECURITIES- PUBLICLY TRADED

88,722.

90,283.

TOTAL INCLUDED ON LINE 3

129,222.

218,105.

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTIONDATE
ACQUIREDDATE
SOLDMETHOD
ACQUIRED

PURCHASED

COST OR
OTHER BASISDEPREC.EXPENSE
OF SALEGROSS
SALES PRICE

0.

0.

0.

2,785,732.

TOTAL TO FORM 199, PAGE 2, LN 6

0.

0.

0.

2,785,732.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 4

ACTIVITY CLASSIFICATION:

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACADEMY OF NUTRITION AND DIETETICS - RIS	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	RELATED ORG.	160,478.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PURDUE UNIVERSITY	2550 NORTHWESTERN AVE SUITE 1100 - WEST LAFAYETTE, IN 47906	NONE	63,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF TENNESSEE	1534 WHITE AVE - KNOXVILLE, TN 37996	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACADEMY OF NUTRITION AND DIETETICS - RIS	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	RELATED ORG.	25,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACADEMY OF NUTRITION AND DIETETICS - RIS	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	RELATED ORG.	21,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CONNECTICUT	438 WHITNEY ROAD EXT., UNIT 1133, STORRS, - CONNECTICUT, CT 06269	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AND - DPG VEGETARIAN NUTRITION	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	NONE	14,254.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UNIVERSITY OF TENNESSEE	210 STUDENT SERVICES BLVD. - KNOXVILLE, TN 37996	NONE	11,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HARVARD UNIVERSITY	P.O. BOX 415649, - BOSTON, MA 02241	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UNIVERSITY OF TEXAS AT AUSTIN	110 INNER CAMPUS DR STOP K5300 - AUSTIN, TX 78712	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF RHODE ISLAND	70 LOWER COLLEGE ROAD, KINGSTON, - RHODE ISLAND, RI 02881	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACADEMY OF NUTRITION AND DIETETICS - RIS	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	RELATED ORG.	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NURTURETALK LLC	516 RT 12A - LANGDOW, NH 03602	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACADEMY OF NUTRITION AND DIETETICS - ACE	120 S RIVERSIDE PLAZA STE 2190 - CHICAGO, IL 60606	RELATED ORG.	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA	BOX 870136 - TUSCALOOSA, AL 35487	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF ALABAMA	BOX 870136 - TUSCALOOSA, AL 35487	NONE	5,000.

TOTAL FOR THIS ACTIVITY	422,982.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	422,982.
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
PAT BABJAK 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	ADA CHIEF EXECUTIVE OFFICE 8.00	0.
MARY BETH WHALEN 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	COO 16.00	207,873.
PAUL MIFSUD 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	CFO 8.00	0.
SUSAN BURNS 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DIRECTOR OF MAJOR GIFTS 40.00	162,330.
BETH LABRADOR 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DEVELOPMENT DIRECTOR 40.00	116,338.
ELLEN SHANLEY MBA RDN CDN FAND 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	PRESIDENT-ELECT 1.00	0.

ACADEMY OF NUTRITION AND DIETETICS FOUND

36-6150906

BECKY DORNER RDN LD FAND 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	CHAIR OF THE BOARD 1.00	0.
HOPE S WARSHAW MMSC RD CDE BC-A 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	CHAIR-ELECT 1.00	0.
MARGARET P GARNER MS RDN LD FAND CIC 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	IMMEDIATE PAST-CHAIR OF TH 1.00	0.
HARLIVLEEN GILL MBA RDN LDN 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	TREASURER 1.00	0.
JENNIFER NGUYEN RDN 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	SECRETARY 1.00	0.
MARY LEE CHIN MS RD 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DIRECTOR 1.00	0.
MARCIA KYLE RDN CDCES LD FAND 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DIRECTOR 1.00	0.
SUSAN H. LARAMEE MS RDN FADA FAND 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DIRECTOR 1.00	0.
CYNTHIA A. WOLFRAM RDN LD 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	DIRECTOR 1.00	0.
SYLVIA ROWE MA 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	PUBLIC MEMBER 1.00	0.
LAURENCE LANGHOLZ JD MBA 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	PUBLIC MEMBER 1.00	0.
SAMANTHA RONGSTAD RDN, LD 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	STUDENT MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

486,541.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
GRANTS, SCHOLARSHIPS AND OTHER ASSISTANCE TO INDIVIDUALS		1,205,939.
BOOK/MEMBERSHIP DUES &		30,527.
BANK FEES		2,177.
OTHER EMPLOYEE BENEFITS		151,109.
LEGAL FEES		1,823.
INVESTMENT MANAGEMENT FEES		196,325.
OTHER PROFESSIONAL FEES		65,130.
OFFICE EXPENSES		8,424.
INFORMATION TECHNOLOGY		40,086.
TRAVEL		829.
CONFERENCES AND CONVENTIONS		17,187.
INSURANCE		19,131.
ALL OTHER EXPENSES		7,931.
TOTAL TO FORM 199, PART II, LINE 17		1,746,618.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - PUBLICLY TRADED SECURITIES	31,463,077.	28,762,517.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	31,463,077.	28,762,517.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	209,191.	32,135.
PREPAID EXPENSES AND DEFERRED CHARGES	44,659.	1,773.
INTEREST RECEIVABLE	55,300.	57,198.
DUE FROM RELATED ORGANIZATION	671,426.	383,271.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	980,576.	474,377.

CA 199

FUND BALANCES

STATEMENT 9

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NET ASSETS WITHOUT DONOR RESTRICTIONS

12,368,147.

12,761,482.

NET ASSETS WITH DONOR RESTRICTIONS

25,037,971.

22,978,588.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

37,406,118.

35,740,070.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

MAY 31, 2022

PREPARED FOR:

PAUL MIFSUD
ACADEMY OF NUTRITION AND DIETETICS FOUNDATION
120 S. RIVERSIDE PLAZA 2190
CHICAGO, IL 60606

PREPARED BY:

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

AMOUNT OF TAX:

NO PAYMENT IS REQUIRED.

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
100 WEST RANDOLPH ST., 11TH FLOOR
CHICAGO, IL 60601-3175

RETURN MUST BE MAILED ON OR BEFORE:

APRIL 17, 2023

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

A COMPLETE COPY OF THE FEDERAL FORM 990 (EXCLUDING SCHEDULE B)
AND THE AUDITED FINANCIAL STATEMENTS WERE ATTACHED TO THE
GOVERNMENT/MAILING COPY OF THIS RETURN.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-004584

Report for the Fiscal Period:

Beginning 06/01/2021

& Ending 05/31/2022
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☐ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Federal ID # 36-6150906

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date Organization was created:

MO DAY YR
01/01/1996

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	ACADEMY OF NUTRITION AND DIETETICS FOUNDATION 120 S. RIVERSIDE PLAZA, 2190 CHICAGO, IL 60606	Year-end amounts	
		A) ASSETS	A) \$ 35,740,070.
		B) LIABILITIES	B) \$ 0.
		C) NET ASSETS	C) \$ 35,740,070.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		17.177 %	D) \$ 915,131.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		21.433 %	E) \$ 1,141,837.
F) OTHER REVENUES		61.390 %	F) \$ 3,270,532.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 5,327,500.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		30.423 %	H) \$ 914,650.
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		30.423 %	J) \$ 914,650.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		54.182 %	K) \$ 1,628,921.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		84.605 %	L) \$ 2,543,571.
M) MANAGEMENT AND GENERAL EXPENSE		8.968 %	M) \$ 269,616.
N) FUNDRAISING EXPENSE		6.427 %	N) \$ 193,224.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 3,006,411.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
T) NAME, TITLE: SUSAN BURNS, DIRECTOR OF MAJOR GIFTS			T) \$ 149,817.
U) NAME, TITLE: MARY BETH WHALEN, EXEC DIRECTOR, ACADEMY FOUNDATIO			U) \$ 127,321.
V) NAME, TITLE: BETH LABRADOR, DEVELOPMENT DIRECTOR			V) \$ 105,681.
V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC		W) #	012
X) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS		X) #	200
Y) DESCRIPTION:		Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: NORTHERN TRUST BANK, 50 S. LASALLE ST., CHICAGO, IL 60603			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PAUL MIFSUD - 312-899-4730			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PATRICIA BABJAK

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

LU ANN TRAPP

PREPARER (PRINT NAME)

SIGNATURE

DATE



Plante & Moran, PLLC

10 South Riverside Plaza

9th Floor

Chicago, IL 60606

Tel: 312.207.1040

Fax: 312.207.1066

plantemoran.com

November 28, 2022

Office of the Attorney General
Charitable Trust Bureau
ATTN: Annual Report Section
100 W. Randolph St., 11th Floor
Chicago, IL 60601

Re: Academy of Nutrition and Dietetics Foundation
CO: 01-004584
Form: AG990-IL
Year End: 4/30/22

Dear Sir or Madam:

Information necessary to file a complete and accurate return for the above taxpayer is not available. We thus request an automatic 60-day extension of time through December 31, 2022 to file such return. If you have any questions or need additional information, please call the undersigned at 312.207.1040.

Sincerely,

Plante & Moran, PLLC

A handwritten signature in cursive script, reading "Kimberly A. Haumann".

Kimberly A. Haumann

cc: Academy of Nutrition and Dietetics Foundation



January 30, 2023

Office of the Attorney General
Charitable Trust Bureau
Attn: Annual Report Section
100 W. Randolph St., 11th Floor
Chicago, IL 60601-3175

Subject: Illinois additional extension of time to file AG990-IL
Re: Academy of Nutrition and Dietetics Foundation
CO#: 01-004584
Year End: 5/31/22

Dear Sir or Madam:

As the accountants for the above-mentioned taxpayer, we are requesting an additional two and a half months of time to file the Illinois Charitable Organization Annual Report, Form AG990-IL. The information necessary to file a complete and accurate return is not yet available. We will complete the Illinois annual report as soon as we received all necessary information. The final return will be filed by the extended due date of April 15, 2023.

As requested by your office, we are attaching the following information to our request for additional time:

1. Tentative draft of Form AG990-IL;
2. Tentative draft of Financial Statements;
3. Statutory fee of \$15; and
4. Copy of the application for extension of time filed with the Internal Revenue Service

Please call the undersigned at 312-207-1040 if you have any questions, or need additional information.

Sincerely,
Plante & Moran, PLLC

A handwritten signature in cursive script, reading "Kimberly A. Haumann".

Kimberly A. Haumann

cc: Academy of Nutrition and Dietetics Foundation

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ACADEMY OF NUTRITION AND DIETETICS FOUNDATION	Taxpayer identification number (TIN) 36-6150906
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 S. RIVERSIDE PLAZA, 2190	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606	

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

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **APRIL 18, 2023**, 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, 2021**, and ending **MAY 31, 2022**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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