

August 26, 2022

MINNESOTA ACADEMY OF NUTRITION AND DIETETICS  
PO BOX 19160  
MINNEAPOLIS, MN 55419

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**Form 990-EZ**

No tax is due.

Do not mail this form as it is being e-filed. A copy is enclosed for your records.

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## Short Form Return of Organization Exempt From Income Tax

# 2021

**Open to Public Inspection**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning <u>6/1/2021</u> , and ending <u>5/31/2022</u>													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>MINNESOTA ACADEMY OF NUTRITION AND DIETETICS</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><b>PO BOX 19160</b></td> <td></td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td><b>MINNEAPOLIS</b></td> <td><b>MN 55419</b></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county Foreign postal code</td> </tr> </table>	<b>C</b> Name of organization <b>MINNESOTA ACADEMY OF NUTRITION AND DIETETICS</b>		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>PO BOX 19160</b>		City or town	State ZIP code	<b>MINNEAPOLIS</b>	<b>MN 55419</b>	Foreign country name	Foreign province/state/county Foreign postal code
<b>C</b> Name of organization <b>MINNESOTA ACADEMY OF NUTRITION AND DIETETICS</b>													
Number and street (or P.O. box if mail is not delivered to street address) Room/suite													
<b>PO BOX 19160</b>													
City or town	State ZIP code												
<b>MINNEAPOLIS</b>	<b>MN 55419</b>												
Foreign country name	Foreign province/state/county Foreign postal code												
<b>D</b> Employer identification number <u>41-6055909</u>													
<b>E</b> Telephone number <u>763-785-7536</u>													
<b>F</b> Group Exemption Number ▶													
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶													
<b>I</b> Website: ▶ <u>https://eatrightmn.org/</u>													
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other													
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <u>77,501</u>													

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	1,025
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	76,471
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	5
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>6c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>7b</b> Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>7c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
	<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	77,501
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	65,399
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	1,435
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	70,999
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	137,833
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	-60,332
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	120,171
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	59,839

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	96,671	22 59,839
23 Land and buildings		23
24 Other assets (describe in Schedule O)	23,500	24
25 Total assets	120,171	25 59,839
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,171	27 59,839

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? PROVIDE ACCURATE NUTRITIONAL INFORMATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 EDUCATION: PROVIDE CONTINUING EDUCATION IN CLINICAL AND MANAGERIAL DIETETICS TO MEMBERS (ABOUT 1700), STUDENTS AND NON-MEMBERS.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PUBLIC RELATIONS: PROVIDE NUTRITIONAL INFORMATION TO CITIZENS OF MINNESOTA.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lexi Cournoyer President	HrWK 2.00	0	0	0
Toni Swanson President-Elect	HrWK 2.00	0	0	0
Riley Larson Finance Director	HrWK 2.00	0	0	0
Jana Dengel Delegate	HrWK 2.00	0	0	0
Sara Sternberger Executive Director	HrWK 20.00	32,496	0	0
Bri Tobritzhofer Communications Director	HrWK 1.00	0	0	0
Melissa Jaeger Marketing Director	HrWK 1.00	0	0	0
Ashley Moyna Membership Director	HrWK 1.00	0	0	0
Kelli Jensch Education Director	HrWK 1.00	0	0	0
Angie Brekken Education Director-Elect	HrWK 1.00	0	0	0
Brooke Mess Regional Rep	HrWK 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved. <input type="text" value="38b"/>		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <input type="text" value="39a"/>		
39a			
b	Gross receipts, included on line 9, for public use of club facilities. <input type="text" value="39b"/>		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
40e			
41	List the states with which a copy of this return is filed. <input type="text"/>		
42a	The organization's books are in care of <input type="text" value="SARA STERNBERGER"/> Telephone no. <input type="text" value="(612) 309-1706"/> Located at <input type="text" value="22 TIERRA MADRE COURT"/> City <input type="text" value="PLACITAS"/> ST <input type="text" value="NM"/> ZIP + 4 <input type="text" value="87043"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text" value="43"/>		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		X
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X
45b			

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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	Date
	TONI SWANSON	BOARD PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	KAREN M TOUCHI-PETERS	KAREN M TOUCHI-PETERS	8/26/2022		P00440464
	Firm's name	Firm's EIN		Phone no.	
	KAREN M TOUCHI-PETERS CPA	26-4123210		612-296-5363	
	Firm's address				
	1123 MONROE ST NE, MINNEAPOLIS MN 55413, MINNEAPOLIS, MN 554				

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



**SCHEDULE O**  
**(Form 990)**

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

MINNESOTA ACADEMY OF NUTRITION AND DIETETICS

41-6055909

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 545

Form 990-EZ, Part I, Line 16, Other Expenses: Program meetings and workshops: 58,481

Form 990-EZ, Part I, Line 16, Other Expenses: Other program services: 4,842

Form 990-EZ, Part I, Line 16, Other Expenses: Dues and subscriptions: 4,017

Form 990-EZ, Part I, Line 16, Other Expenses: Merchant fees and miscellaneous: 214

Form 990-EZ, Part I, Line 16, Other Expenses: Education and training: 2,900

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid meeting expenses: Beginning of year:

23,500, End of year: 0

Electronic Filing Only

Name of the organization

MINNESOTA ACADEMY OF NUTRITION AND DIETETICS

Employer identification number

41-6055909

Electronic Filing Only