PUBLIC DISCLOSURE COPY

		Return of Organization	on Exempt	From I	ncome Tax	< L	OMB No. 1545-0047
Form 99	90	Under section 501(c), 527, or 4947(a)(1) of	-				2022
		Do not enter social security num					Open to Public
Department of Internal Revenue	the Treasury ue Service	Go to www.irs.gov/Form990	for instructions and	the latest i	nformation.		Inspection
A For the	2022 calend	ar year, or tax year beginning	and	l ending			
Check if applicable:	C Name o	organization			D Employer ider	ntification	number
Address			DTUTON		1		
change Name	COON	CIL FOR RESPONSIBLE NUT	RITION		52-097	5201	
change Initial		isiness as CRN	treat address)	Room/suite	E Telephone nun		
return Final		and street (or P.O. box if mail is not delivered to s L STREET	street address)	810	202-204		0
return/ termin- ated		own, state or province, country, and ZIP or for	eign postal code	DIO	G Gross receipts \$		7,029,160.
Amende return		INGTON, DC 20036	cign postal code		H(a) Is this a grou		.,
Applica		nd address of principal officer: STEVE MI	STER		for subordina	-	Yes X No
pending		AS C ABOVE			H(b) Are all subordina		
Tax-exe	mpt status:	501(c)(3) X 501(c) (6) (inser	t no.) 4947(a)(1)	or 527	If "No," attac	h a list. Se	ee instructions
Website		CRNUSA.ORG			H(c) Group exem		
Form of	organization:	X Corporation Trust Association	Other	L Year	of formation: 197	3 M State	of legal domicile: DC
	Summary						
" 1 E	Briefly describ	e the organization's mission or most significar	nt activities: SEE	SCHEDU	ILE O		
ũ .							
2 0	Check this bo	if the organization discontinued it	s operations or dispo	sed of more	than 25% of its net	assets.	
8 3 N	Number of vo	ing members of the governing body (Part VI, li	ine 1a)			3	40
Ŭ 4 M	Number of inc	ependent voting members of the governing be	ody (Part VI, line 1b)			4	4(
Activities & Governance	rotal number	of individuals employed in calendar year 2022	(Part V, line 2a)			5	25
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total number	of volunteers (estimate if necessary)				6	40
🔁 7a7		business revenue from Part VIII, column (C),				7a	0.
<u>b</u>	Vet unrelated	business taxable income from Form 990-T, Pa	art I, line 11			7b	0.
				_	Prior Year		Current Year
0 8 C	Contributions	and grants (Part VIII, line 1h)	••••••		484,75		0.
2 9 F	⊃rogram servi	ce revenue (Part VIII, line 2g)			6,372,254		6,501,181.
9 F 10 I	nvestment in	come (Part VIII, column (A), lines 3, 4, and 7d)			-68:		-42,575.
[≖] 11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		1,23		2,366.
12 1	Total revenue	add lines 8 through 11 (must equal Part VIII,	column (A), line 12)		6,857,562		6,460,972.
		nilar amounts paid (Part IX, column (A), lines 1			22,500		58,454
		o or for members (Part IX, column (A), line 4)				0.	0.
ត្ត 15 ខ		compensation, employee benefits (Part IX, co			3,739,61		3,956,781
동		Indraising fees (Part IX, column (A), line 11e) .				0.	0.
ğ b7		ng expenses (Part IX, column (D), line 25)		0.	2 701 501	_	2 045 407
1		s (Part IX, column (A), lines 11a-11d, 11f-24e)			2,791,56		2,945,407.
		s. Add lines 13-17 (must equal Part IX, column			6,553,68		6,960,642
	Revenue less	expenses. Subtract line 18 from line 12			303,879 ginning of Current Ye		End of Year
20 1 20 20 1 21 1							5,677,987.
20 T	,	Part X, line 16)			3,435,82		4,076,235
21 1		(Part X, line 26)			2,101,42		1,601,752
	Net assets or	und balances. Subtract line 21 from line 20	••••••		2,101,42	4	1,001,752
22 1	Giapotur						
Part II	Signature				-ute and to the best o	f mu lun nul	adaa and ballof it in
Part II nder penal	ties of perjury,	declare that I have examined this return, including				f my knowl	ledge and belief, it is
Part II Inder penal	ties of perjury,					f my knowl	ledge and belief, it is
Part II Part II Inder penal	ties of perjury, t, and complete	declare that I have examined this return, including Declaration of preparer (other than officer) is based			has any knowledge.	f my knowl	ledge and belief, it is
Part II nder penal ue, correct	ties of perjury, t, and complete Signature of o	declare that I have examined this return, including Declaration of preparer (other than officer) is based				f my knowl	ledge and belief, it is
Part II nder penal ue, correct ign lere	ties of perjury, t, and complete Signature of or STEVE M	declare that I have examined this return, including Declaration of preparer (other than officer) is based including ISTER, PRESIDENT & CEO			has any knowledge.	if my knowl	ledge and belief, it is
Part II Inder penal Ue, correct Sign Here	ties of perjury, t, and complete Signature of or STEVE M Type or print n	declare that I have examined this return, including Declaration of preparer (other than officer) is based including ISTER, PRESIDENT & CEO ame and title	d on all information of w		has any knowledge. Date Date	5/157	ledge and belief, it is 2.3 PTIN
Part II nder penal ue, correct ign lere	ties of perjury, t, and complete Signature of or STEVE M Type or print n Print/Type pre	declare that I have examined this return, including Declaration of preparer (other than officer) is based international statement of the statement of the statement ISTER, PRESIDENT & CEO ame and title barer's name Preparer'		hich prepare	has any knowledge. Date	5/15/	23
Part II Inder penal ue, correct Sign Here	ties of perjury, t, and complete Signature of or STEVE M Type or print n Print/Type pre ELIZABE	declare that I have examined this return, including Declaration of premarer (other than officer) is based ISTER, PRESIDENT & CEO ame and title Darer's name TH W. HELLER	d on all information of w	hich prepare	Date Check Date 25/12/23	5/15/ k employed P	23 PTIN 00397829
Part II Inder penal Inder penal Inder penal Sign Here Paid Preparer	ties of perjury, t, and complete Signature of ou STEVE M Type or print n Print/Type pre ELIZABE Firm's name	declare that I have examined this return, including Declaration of premarer (other than officer) is based ISTER, PRESIDENT & CEO ame and title Darer's name TH W. HELLER RSM US LLP	d on all information of w	hich prepare	Date Check Date 25/12/23	5/15/ k employed P	23 PTIN
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22 Part II Jinder penal rue, correct Sign Here Paid Preparer Jse Only	ties of perjury, t, and complete Signature of or STEVE M Type or print n Print/Type pre ELIZABE Firm's name Firm's address	declare that I have examined this return, including Declaration of premarer (other than officer) is based ISTER, PRESIDENT & CEO ame and title Darer's name TH W. HELLER RSM US LLP	d on all information of w 's signature in generative '0 0	hich prepare	Date Date Date Date Date Date Date Date	5/15/ mployed P 42-0 202-2	23 PTIN 00397829

Form	990 (2022) COUNCIL FOR RESPONSIBLE NUTRITION 52-0975324 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUSTAIN AND ENHANCE A CLIMATE FOR OUR MEMBERS TO RESPONSIBLY
	DEVELOP, MANUFACTURE AND MARKET DIETARY SUPPLEMENTS, FUNCTIONAL FOOD
	AND THEIR NUTRITIONAL INGREDIENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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?
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	(Code:) (Expenses \$ including grants of \$) (Revenue \$) COMMUNICATIONS - PROMOTES THE GOALS OF CRN TO NON-GOVERNMENT DECISION
	MAKERS, THOUGHT LEADERS AND CONSUMERS THROUGH CONVENTIONAL, ELECTRONIC
	AND SOCIAL MEDIA.
4b	(Code:) (Expenses \$
	SCIENCE & REGULATORY AFFAIRS - INTERPRETS AND PROMOTES AN APPROPRIATE
	SCIENTIFIC BASIS FOR EVALUATING THE QUALITY, SAFETY & BENEFITS OF
	DIETARY SUPPLEMENTS, FUNCTIONAL FOOD AND NUTRITIONAL INGREDIENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	GOVERNMENT RELATIONS - ADVOCATES FOR APPROPRIATE REGULATION OF DIETARY
	SUPPLEMENTS AND FUNCTIONAL FOOD WHICH INCLUDES ADDRESSING FEDERAL AND
	STATE LEGISLATIVE PROPOSALS THAT WOULD AFFECT THE INDUSTRY.
<u></u>	Other program parvises (Deperihe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
-+2	

Form	990	(2022)

Form 990 (2022) COUNCIL FOR RESPONSIBLE NUTRITION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
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	45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			v
<u>00</u> -	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	17	

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	330	

			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
Ь	any tax-exempt bonds?	240 24d		
		<u>24u</u>		<u> </u>
zsa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
			Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Ves No. 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 25 Ves No. 3 Diff the organization have ameliade business grass income of \$1,000 or none during the year? 3a Xes Xes 4 Diff the organization have ameliade business grass income of \$1,000 or none during the year? 3a Xes Xes 4 Diff the organization have an interest in, or a signature or other authority (ver, a transmittal account, a scientifie account, or other authority (ver, a transmittal account is a bank account, account is a construct or other authority (ver, a transmittal account is a bank account, accounts (FBAP). Xes Vestar interaction account is a bank account, account is account, or other authority (ver, a transmittal account is any time during the tax year? Xes Vestar interaction account is a bank account, account is account, or other authority (Vestar at the account) or other authority (Vestar at the account) or other authority (Vestar at the account) or other authority (Vestar at the vestar account, or other authority (Vestar at the vestar) account is any contribution ac	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Iteration the calendary space noting with or within the year covered by this return Image: The second				Yes	No		
b It alsot one is reported on line 2a. dd the organization til al required federal employment tax retures? gb X 3a Did the organization here unrefacted busines groups income of \$1,000 or more during the year? gb X 4a At any time during the calandar year, dd the organization have an interest in or a signature or other mathority over, a dan income during the year? gb X b I'''se', renter the name of the forsign country . gs X See instructions for thin grequinements for FIGCN Form 114, Report of Forsign Bank and Financial Accounts (EAR). Gs X b Did sty taxability organization have and groups required that as or or all year or prohibited tax sheller transaction? Gs X b Did sty taxability organization have and groups required that as or or all year or prohibited tax sheller transaction? Gs X c Did sty taxability organization have and groups required that as oronally greater than \$100.000, and did the organization selection and sty time during the year? Gs X did the organization near weary solicitation an express statement that such contributions or gifts were not tax deductible? Gs X did the organization near weary solicitation and express transaction transaction scient statement that groups that as oronaly benefit contract? Te <t< th=""><th>2a</th><th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th><th></th><th></th><th></th></t<>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If a test one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b If Yes, 'hasi if Bud a form SBOF for this year? // All for line 3b, provide an explanation or Schedule O 3b X a At any time during the calendar year? 3a X b If Yes, 'hasi if Bud a form SBOF for this year? // All for line 3b, provide an explanation or Schedule O 3b X b If Yes, 'hasi if Bud a form SBOF for this year? // All for line 3b, provide an explanation or Schedule O 3b X b If Yes, 'hasi if Bud a form SBOF for this year? // All for line 3b, provide an explanation or Schedule O 3b X b If Yes, 'all the the rame of the foreign Statuto in the value of the provide an explanation or schedule Account (EBAF). 5a X c If Wes, 'all the organization have and was or is partly to a prohibited tax scheder transaction? 5b X c If Wes, 'all the organization have and local was or is partly to a prohibited tax scheder transaction? 5b X d If Wes, 'all the organization have an explanation gradue than an explanation gradue tax were returned and tax schedule tax were returned and tax were reture tax were returned and tax		filed for the calendar year ending with or within the year covered by this return 2a 25					
a) Bit the organization have unrelated business gross income of \$1,000 or more during the year? ga ga X b) #1 'vs, 'indicating the calendar year, do the organization have an interest in, or a signature or other authority over, a thinking and the organization have an interest in, or a signature or other authority over, a thinking and the organization have an interest in, or a signature or other authority over, a thinking and the organization have an ophibiot dax shell the transaction, or other financial accounts (FBAF). ga X b) If 'vs, 'indication parts on porticities as shell to compare the organization in a provide and shell the accounts (FBAF). ga X c) If 'vs, 'indication parts on the from 886-17 ga X c) If 'vs, 'indication share annual gross receipts that are normally greater than \$100,000, and did the organization include with wave solicitation are appress tatement that such contributions or gifts wave nor tax deductible as instratels contributions? ga X b) If 'vs, 'indication mature and pross receipts that are normally greater than \$100,000, and did the organization fields wave and tax deductible as the appretion fave annual gross receipts that are normally greater than \$100,000, and did the organization fields wave and tax deductible as the appretion and progress that are normally greater than \$100,000, and did the organization solute wave and tax deductible as the appretion and progress that are normally greater than \$100,000, and did the organization solute wave and tax deductible and progress that are normally greater than \$100,000, and did the organization solute wave appretion than the appretion appretion that the app	b		2b	Х			
b If Yes," that it field a form 500-T for this yaa? (* Ye's to line 3b, provide an explemento on Science albody over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 3b d At any time and the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes," after the rame of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 64 Was the organization the organization that was or is a party to a prohibited tax where for transaction? 6a X 50 Did en yscassical bearty notify the organization that was or is a party to a prohibited tax where for transaction? 6a X 61 Vest" to line 6a or 5b, did the organization that was or is a party to a prohibited tax where for transaction? 6a X 62 Difference that respective that were nonling that was or is a party to a prohibited tax where for transaction? 6a X 63 H'Yes," did the organization nucled with very soleitation an express statement that such contributions or gifts 6b X 7 Organization sele, and, incide with news soleidapood transphy personal property for which it was required to the party? 7a 7a 7 Vest, indicate the number of Forms 5252 field during the year 7d <t< th=""><th>-</th><th></th><th>3a</th><th></th><th>X</th></t<>	-		3a		X		
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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: 11a a Gross income from members or shareholders 11a b Gross income from members or shareholders. 11a b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a 14a X b Enter the amount of reserves on hand 13a 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X b If "Yes," see the instructions and file F	10	Section 501(c)(7) organizations. Enter:					
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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			15				
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		x		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	10		10				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	.,		17				
			17				

COUNCIL FOR RESPONSIBLE NUTRITION

Form 990 (2022)

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COUNCIL FOR RESPONSIBLE NUTRITION

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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

000	tion A. doverning body and Management				
		.		Yes	No
1a		a 40	긱		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	-	긱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	h any other			37
_	officer, director, trustee, or key employee?		2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the dir	ect supervision			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X	<u> </u>
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi			x	
	more members of the governing body?		7a	<u> </u>	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock		76		x
~	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by The governing body?		0.0	x	
a L			<u>8a</u> 8b	X	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?				
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven				
				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 chapt				
-		,,	10b		
11a			11a	Х	
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 o		12b	Х	
с	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?				
а	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?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat	ion's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE		<u> </u>		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (section 501(c)(3)s on l y)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of interest po l icy, ar	id finan	cial	
	statements available to the public during the tax year.				
		and records			

20	State the name, address, and telephone number of the person who possesses the organization's books and record
	STEVE MISTER - 202-204-7700
	1828 L STREET, 810, WASHINGTON, DC 20036

Part VII	Compensation of Offi	cers, Directors	, Trustees,	, Key Employees,	Highest	Compensated
	Employees, and Indep	endent Contra	ctors			

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, box 6 of 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pei	rson i	s both	nan	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	(ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-M I SC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste(trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	utiona	_	nploy	st cor	ж	1000 NEO,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN MISTER	40.00									
PRESIDENT & CEO	5.00			x				543,319.	0.	89,688.
(2) JAMES GRIFFITHS	40.00									
SVP, INT'L & SCI AFFAIRS	0.00				Х			244,629.	0.	53,226.
(3) JOEL BRIAN WOMMACK	40.00									
SVP, COMMUNICATIONS	5.00				Х			217,699.	0.	58,107.
(4) ANDREA WONG	40.00									
SVP, SCI & REGULATORY	0.00				Х			225,312.	0.	44,634.
(5) LUKE HUBER	40.00									
VP, SCI & REGULATORY	0.00					X		212,793.	0.	53,115.
(6) JULIA GUSTAFSON	40.00									
VP, GOV'T RELATIONS	0.00				Х			206,154.	0.	34,155.
(7) MEGAN OLSEN	40.00									
VP, ASSOC GEN COUNSEL	0.00					X		204,988.	0.	21,722.
(8) CARL HYLAND	40.00									
VP, MEMBERSHIP	0.00					X		155,275.	0.	54,106.
(9) SANDRA KHOURI	40.00									
SVP, FINANCE & ADMIN	0.00					X		148,226.	0.	42,245.
(10) KENDALL C RIDLEY	40.00									
SR DIRECTOR, COMMS	0.00					X		107,406.	0.	17,726.
(11) DAVID CAMPBELL	2.00									
IMMEDIATE PAST CHAIR	0.50	Х		Х				0.	0.	0.
(12) BARRY RITZ	2.00									
CHAIR	0.50	Х		X				0.	0.	0.
(13) TARA MARTIN	2.00									
CHAIR ELECT	0.00	Х		Х				0.	0.	0.
(14) HARVEY KAMIL	2.00									
CHAIR EMERITUS	0.00	Х		Х				0.	0.	0.
(15) LAURA HARKNESS	2.00									
TREASURER	0.00	Х		X				0.	0.	0.
(16) SCOTT RAVECH	2.00							_	_	
SECRETARY	0.00	Х		Х				0.	0.	0.
(17) AARON BARTZ	2.00									
DIRECTOR	0.00	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da		Pos		ר than o		Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for re l ated	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	truste		بو	pens		(W-2/1099-MISC/	1099-NEC)	organization
	below	ual tr	tional		ploye	t con		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) KYLE BLACKBURN	2.00		_				_			
DIRECTOR	0.00	х						0.	0.	0.
(19) AARON BENNETT	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(20) BRUCE BROWN	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(21) CHRISTINE BURDICK-BELL	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(22) SANDY CHIEN	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(23) ERIC CHOBAN	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(24) MICHAEL DIMAGGIO	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(25) SHERRY DUFF	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(26) MIKE FINAMORE	2.00									.
DIRECTOR	0.00	х						0.	0.	0.
dh. Cubbeta								2,265,801.	0.	468,724.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								2,265,801.	0.	468,724.
2 Total number of individuals (including but no							0 re			
compensation from the organization		000		u uu		,	0.10			12
compondation nom the organization										Yes No
3 Did the organization list any former officer,	director, truste	e. k	ev e	mp	ove	e. or	hio	hest compensated emp	ovee on	
line 1a? If "Yes," complete Schedule J for su			-	·	•			· · · · · · · · · · · · · · · · · · ·	-	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	-				-			g		5 X
Section B. Independent Contractors		.0 /(<u> </u>		00/0					
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	-									
(A)	-							(B)		(C)
Name and business	address							Description of s	ervices (Compensation
ALPINE GROUP, 500 NORTH C	APITOL	ST	• ,	Ν	W,					
SUITE 210, WASHINGTON, DC	20001							LOBBYING		180,000.
RSM US LLP										
<u>1250 H ST NW #700, WASHIN</u>	<u>GTON,</u> D	C	20	00	5			ACCOUNTING		157,420.

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 2

Form 990 COUNCIL I									52-097	5324
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average			Posi	tion	I		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	app	y)	compensation	compensation	amount of
	per							from	from related	other
	week	<u> </u>				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and re l ated
	organizations	ruste	trus		/ee	npen				organizations
	below	dual t	utiona	_	mplo	st coi	5			organizationo
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROB FRIED	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) JUSTIN GREEN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) JOHN HELFRICK	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(30) JENNIFER HOLAHAN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(31) JIM HYDE	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(32) KIRK JOWERS	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(33) MANDY KRAYNIK	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(34) KEN MEYERS	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(35) KEITH NELSON	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(36) MICAH OSBORNE	2.00									
DIRECTOR	0.50	х						0.	0.	0.
(37) LISA PANKIEWICZ	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(38) CHRIS REID	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(39) NICK RINI	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(40) CRAIG SHEEHAN	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(41) ROB SINNOTT	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(42) CAMILLA SORENSEN	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(43) MICHELLE STOUT	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(44) TONY TALALAY	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(45) BEN TEICHER	2.00									
DIRECTOR	0.00	x						0.	0.	0.
(46) KAREN TODD	2.00									
DIRECTOR	0.50	х						0.	0.	0.
				- 1						
Total to Part VII, Section A, line 1c										
					<u></u>	<u></u>				L

Form 990 COUNCIL F									52-097	5324
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl				app	V)	compensation	compensation	amount of
	per		1		I	999 	.,,	from	from related	other
	week					e		the	organizations	compensation
	(list any	ы				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direct				dem		(W-2/1099-MISC)	(1033-10100)	organization
	related	e or (tee			sated		(00-2/1033-00000)		and related
	organizations	uste	trus		ee	npen				organizations
	below	ual tr	iona		ploy	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARK WALSH	,	Ē	Ē	đ	Ke	Ξ	Fo			
DIRECTOR	2.00	x						0.	0.	0.
(48) TYLER WHITEHEAD	2.00								0.	
		~~							0	•
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0.
(49) RUTH WINKER	2.00	l								
DIRECTOR	0.00	X						0.	Ο.	Ο.
(50) MIKE YATCILLA	2.00									
DIRECTOR	0.00	x						0.	Ο.	0.
	0.00									
			_							
		-	-	-	-					
	1		<u> </u>	<u> </u>						
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u>			

Form	990 ((2022) COU	JNC	LIL FOR	RESP	ONSIB	LE NUTRITIO	ON	52-0975	324 Page 9
Pa	t VII	Statement of Re	ver	nue						
		Check if Schedule O	cont	ains a respons	e or not	e to any l in	e 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
n n	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b]			
<u>m</u>	с	Fundraising events]			
ar /	d	B I I I I I I		1d						
m	е	Government grants (contr	ribut	ions) 1e						
ŝ	f	All other contributions, gifts,	gran	its, and						
the		similar amounts not included	l abo	ve 1f			-			
p	g	Noncash contributions included in	lines	1a-1f 1g \$						
an	h	Total. Add lines 1a 1f			·····					
						ness Code				
	2 a						5,784,713.			
e	b		(EN	CE)0099)0099	633,654. 75,467.	633,654.		
Revenue	c		<u></u>	TIED CON		0099	7,347.	75,467. 7,347.		
Re∖	d	WEBINARS AND	01	HER CON	- 90	10099	/,34/.	/,34/.		
	e				-					
	f	All other program service Total. Add lines 2a-2f					6,501,181.			
1	<u>y</u> 3	Investment income (includ					0,001,1010			
	U		-				45,613.			45,613.
	4	Income from investment of								
	5	Royalties			•					
	-	,	Γ	(i) Real		Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b				1			
	с	Rental income or (loss)	6c	:						
l	d	Net rental income or (loss	s)							
	7 a	Gross amount from sales of		(i) Securities		i) Other				
l		assets other than inventory	7a	480,000	•					
l	b									
		and sales expenses	7b	568,188	•		-			
		Gain or (loss)	-	-88,188			00.100			
		Net gain or (loss)			·····	<u></u>	-88,188.			-88,188.
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on								
		Part IV, line 18					-			
		Less: direct expenses			ßb					
		Net income or (loss) from Gross income from gamir								
	9 a	•	-							
	h	Part IV, line 19 Less: direct expenses			b					
		Net income or (loss) from								
		Gross sales of inventory,	-	-						
	io u	and allowances			0a					
	b	Less: cost of goods sold			0b					
		Net income or (loss) from								
1						ness Code				
	11 a	OTHER REVENUE	<u> </u>		90	0099	2,366.			2,366.
<u>pu</u>	b									
Kevenue	С									
đ	d	All other revenue								
Revenue		Total. Add lines 11a-11d					2,366.			
_	12	Total revenue See instruction	one		_		6,460,972.	6.501.181.	0.	-40,209.

COUNCIL FOR RESPONSIBLE NUTRITION

Page **9**

52-0975324

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				
Doi	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	his Part IX (B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	48,454.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 = 0 0 4 0 0			
	trustees, and key employees	1,739,409.			
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 620 620			
7	Other salaries and wages	1,632,639.			
8	Pension plan accruals and contributions (include	1 4 1 4 4 4 4			
	section 401(k) and 403(b) employer contributions)	141,433.			
9	Other employee benefits	240,529.			
0	Payroll taxes	202,771.			
1	Fees for services (nonemployees):				
а	Management	100.005			
b	Legal	100,937.			
С	Accounting	145,686.			
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	616,648.			
2	Advertising and promotion	69,642.			
3	Office expenses	80,400.			
4	Information technology	248,857.			
5	Royalties	461 450			
6	Occupancy	461,452.			
7	Travel	198,606.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	675,656. 24.			
0					
1	Payments to affiliates	41,868.			
2	Depreciation, depletion, and amortization	12,041.			
3		12,041.			
4	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 0.)				
а	DUES & SUBSCRIPTIONS	150,701.			
b	SURVEYS	50,000.			
č	TRAINING AND DEVELOPMEN	36,919.			
d	PAYROLL/ADMINISTRATION	22,347.			
	All other expenses	33,623.			
5	Total functional expenses. Add lines 1 through 24e	6,960,642.			
6	Joint costs. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
				1	

Check here

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

COUNCIL	FOR	RESPONSIBLE	NUTRITION
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			678,439.	1	311,749.
	2	Savings and temporary cash investments			2,031,803.	2	1,986,476.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		80,833.	4	81,641.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso		5		
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				174,092.	9	115,935.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	635,549.			
	b	Less: accumulated depreciation		380,252.	292,750.	10c	255,297.
	11	Investments - publicly traded securities				11	
	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			177,910.	15	2,926,889.
	16	Total assets. Add lines 1 through 15 (must equ			3,435,827.	16	5,677,987.
	17	Accounts payable and accrued expenses			459,475.	17	462,613.
	18	Grants payable				18	
	19	Deferred revenue		79,800.	19	104,410.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part I V c	of Schedule D		21	
S	22	Loans and other payables to any current or forn					
iliti		trustee, key employee, creator or founder, subs	tantia l co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			795,130.	25	3,509,212.
	26	Total liabilities. Add lines 17 through 25			1,334,405.	26	4,076,235.
w		Organizations that follow FASB ASC 958, che	eck here	X			
jce;		and complete lines 27, 28, 32, and 33.			0 1 0 1 4 0 0		1 (01 750
alar	27	Net assets without donor restrictions			2,101,422.	27	1,601,752.
Ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
г		and complete lines 29 through 33.					
ţs	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid in or capital surplus, or land, building, or ed				30	
ťΑ	31	Retained earnings, endowment, accumulated in			2 1 0 1 4 2 2	31	1 601 750
Re	32	Total net assets or fund balances			2,101,422.	32	1,601,752.
	33	Total liabilities and net assets/fund balances			3,435,827.	33	5,677,987.

Form **990** (2022)

Part X | Balance Sheet

Form	aan	(2022)
гопп	990	(2022)

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 6,460,972. 2 Total expenses (must equal Part XI, column (A), line 25) 2 6,960,642. 3 Revenue less expenses. Subtract line 2 from line 1 3 -499,670. 4 4 2,101,422. 6 5 Net unrealized gains (losses) on investments 6 6 7 7 7 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 1, 601, 752. Part XII X Part XIII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X		990 (2022) COUNCIL FOR RESPONSIBLE NUTRITION	52-	0975324	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 6,460,972. 2 Total expenses (must equal Part X, column (A), line 25) 2 6,960,642. 3 Revenue less expenses. Subtract line 2 from line 1 3 -499,670. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,101,422. 5 Net unrealized gains (losses) on investments 6 - 6 7 Investment expenses 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H * Cosh dubus bolo to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 6,960,642. 3 Revenue less expenses. Subtract line 2 from line 1 3 -499,670. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,101,422. 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 7 6 7 Investment expenses 7 6 8 Prior period adjustments 8 9 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)) 1 6.61, 752. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 6,960,642. 3 Revenue less expenses. Subtract line 2 from line 1 3 -499,670. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,101,422. 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 7 6 7 Investment expenses 7 6 8 Prior period adjustments 8 9 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)) 1 6.61, 752. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X						
3 Revenue less expenses. Subtract line 2 from line 1 3 -499,670. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,101,422. 5 6 6 7 7 8 6 7 8 9 0. 6 9 0.ther 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 1,601,752. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If fries, 'check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Both consolidated and separate basis. Za X If 'Yes,' check ab box below to indicate whether the fi	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,101,422. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 8 7 8 9 0. 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) 1, 601, 752. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Yes No X X Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Yes Yes No 1 Separate basis, consolidated basis Both consolidated and separate basis,	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 6 6 7 8 9 7 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 1, 601, 752. Part XII Financial Statements and Reporting X X 1 Check if Schedule O contains a response or note to any line in this Part XII X X 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis 2b X I 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: Separate basis 2b X I If "Yes," then 2a or 2b, does the organization have a committee that assumes responsibility for	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 1, 601, 752. Part XII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yees, 'ncheck a box belw to indicate whether the financial statements accountant? 2a X Yees No 1 F'res,'' check a box belw to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Yees 1 F'res,'' check a box belw to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X<	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,10	1,4	<u>22.</u>
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 Part XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 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 compiled or reviewed on a separate basis consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis 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 t	5	Net unrealized gains (losses) on investments	5			
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 1, 601, 752. Part XII Financial Statements and Reporting 10 1, 601, 752. Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 0 2b X b Were the organization's financial statements and/led by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: 2b X Separate basis Imancial statements and selection of an independent accountant? 2b X	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,601,752. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other "explain on Schedule O. 2a Were 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: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or solth: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and se	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 601, 752. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dot noisolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Dot noisolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Dot noisolidated basis Dot noisolidated basis Dot noisolidated and separate basis 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: 2b X Image: Consolidated basis Dot noisolidated basis Dot noisolidated basis Dot noisolidated basis Dot noisolidated and separate basis Dot noisolidated basis Dot noisolidate	8	Prior period adjustments	8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis 2b X 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? 2c X		Check if Schedule O contains a response or note to any line in this Part XII				X
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2022)

SCHEDULE C	Pc	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	501(c) and section 5	27	2022
Department of the Treasury Internal Revenue Service	Complete	if the organization is described b o to www.irs.gov/Form990 for ins	elow. Attach to Fo	orm 990 or Form 99		Open to Public Inspection
 Section 501(c)(3) org 	anizations: Com r than section 50	n Form 990, Part IV, line 3, or Form nplete Parts I-A and B. Do not comp D1(c)(3)) organizations: Complete Part Part I-A only.	olete Part I-C.			ctivities), then
 Section 501(c)(3) org Section 501(c)(3) org 	ganizations that l ganizations that l	Form 990, Part IV, line 4, or For have filed Form 5768 (election und have NOT filed Form 5768 (election	er section 501(h)): Con n under section 501(h)	mplete Part II-A. Do r)): Complete Part II-B	not com . Do not	plete Part II-B. t complete Part II-A.
Tax) (See separate inst	ructions), then	n Form 990, Part IV, line 5 (Proxy	rax) (See separate ir	istructions) or Form	1990-E	z, Part V, line 350 (Proxy
Name of organization		tions: Complete Part III. FOR RESPONSIBLE I	NUTRITION		Emplo	over identification number 52–0975324
Part I-A Comple		anization is exempt under		or is a section 52	27 org	
 Provide a description Political campaign Volunteer hours for 	activity expendit				-	
Part I-B Compl	ete if the orc	anization is exempt under	section 501(c)(3	3).		
	-	incurred by the organization under		<i>,</i> ,-	\$	
		incurred by organization managers				
		n 4955 tax, did it fi l e Form 4720 fo				
4a Was a correction m b If "Yes," describe ir						. Yes No
		anization is exempt under	section 501(c), e	except section {	501(c)	(3).
	-	d by the filing organization for section		-		
		ization's funds contributed to othe	-			
exempt function ac					\$	
•		s. Add lines 1 and 2. Enter here and				
		1120-POL for this year?				
00		nployer identification number (EIN)	of all section 527 poli			
made payments. For contributions received	or each organiza /ed that were pr	tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide	rom the filing organiza eparate political organ	ation's funds. Also er nization, such as a s	nter the	amount of political
(a) Name		(b) Address		1	from	(e) Amount of political
(a) Name			(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's	(e) Amount of pointcal contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		WASHINGTON, DC				
CRN PAC		20036			0.	4,778.

Schedule C (Form 990) 2022 Part II-A Complete if the org			E NUTRITION		<u>)975324</u>	
section 501(h)).		npt under sectio				er
	tion belongs to an aff	iliated group (and list i	n Part IV each affiliated g	aroup member's nam	e. address. El	N.
0 0	e of excess lobbying			,	,,,	,
B Check if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.			
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred.	.)	(a) Filing organization's tota l s	(b) Affiliate tota	
1a Total lobbying expenditures to influ	uence public opinion (arassroots lobbving)				
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li	nes 1a and 1b)					
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	s (add lines 1c and 1c	(k				
f Lobbying nontaxable amount. Ente	er the amount from th	e following tab l e in bo	th columns.			
If the amount on line 1e, column (a) o		bying nontaxable an				
Not over \$500,000		the amount on line 1e				
Over \$500,000 but not over \$1,000		00 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.				
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ro on either line 1h or	, 0			Yes	No
		eraging Period Unde				
(Some organizations tl	nat made a section 5	• •	have to complete all of	f the five co l umns b	elow.	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) To	tal
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures					lulo C /Form (

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION 52-09753 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b)		
of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), 501(c)(6).	section 501(c))(5), or sec	tion		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditure			Х		
Part III-B Complete if the organization is exempt under section 501(c)(4),			tion	·	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans	wered "No" OF	R (b) Part I	III-A, line	e 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1	5,784	4,713.	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of political				
expenses for which the section 527(f) tax was paid).					
a Current year				5,616.	
b Carryover from last year				5,790.	
c Total				0,826.	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues	3	846	5,303.	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	ng and political				
expenditures next year?		4	-12	5,477.	
5 Taxable amount of lobbying and political expenditures. See instructions		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliat	ed group list); Part	II-A, lines 1 a	nd 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART I-A, LINE 1:					
THE CRN POLITICAL ACTION COMMITTEE (PAC) IS A SEP.	ARATELY SE	rap Faam	ריד		
THE CAR FORTICAL ACTION COMMITTEE (TAC) IS A BEF.	MALINI DI	1 ADULION I			
FUND ESTABLISHED BY CRN. CRN PAC IS OPERATED PRIM	ARILY FOR	THE PU	RPOSE		
OF ACCEPTING CONTRIBUTIONS AND MAKING EXPENDITURE	פ ה∪ דאו דיז	JENCE T	HE		
OF ACCELLING CONTRIBUTIONS AND MAKING EXPENDITORE					
SELECTION, NOMINATION, AND APPOINTMENT OF PUBLIC	OFFICALS A	ND			
CANDIDATES FOR PUBLIC OFFICE WITHOUT REGARD TO PO	LITICAL AF	<u>FI</u> LIAT	ION,		
				n 990) 2022	

WHO SUPPORT THE GOALS AND OBJECTIVE OF CRN.

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

CRN PAC

1828 L STREET NW, SUITE 810 WASHINGTON, DC 20036

Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or),	OMB No. 1545-0047 2022 Open to Public
		nation.	Inspection
ion COUNCIL FOR RESPON	SIBLE NUTRITION		Employer identification number $52 - 0975324$
÷		s or Ac	counts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
nd of year			
of contributions to (during year)			
of grants from (during year)			
It end of year			
on inform all donors and donor advisors in	writing that the assets held in donor adv	ised func	ls
on's property, subject to the organization's	exclusive legal control?		Yes 🛄 No
on inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used o	nly
poses and not for the benefit of the donor o	or donor advisor, or for any other purpos	e conferri	ng
			Yes No
	°	, Part IV,	line 7.
, ,			
	· _		
of natural habitat	Preservation	ot a certi	fied historic structure
n of open space			
		n of a coi	nservation easement on the last Held at the End of the Tax Year
	Complete if the organization inform all grantes, donors, and donor advisors in on's property, subject to the organization's to inform all grantes, donors, and donor all grantes or inform all grantes, donors, and donor all grantes and not for the benefit of the donor or inform all grantes. Complete if the organization is property, subject to the organization's in inform all grantes, donors, and donor all grantes and not for the benefit of the donor or is property. Subject to the organization's is in inform all grantes, donors, and donor all grantes and not for the benefit of the donor or is property. Subject to the organization's is inform all grantes, donors, and donor all grantes benefit?	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 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest inform tion COUNCIL FOR RESPONSIBLE NUTRITION rations Maintaining Donor Advised Funds or Other Similar Funds on answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds end of year of contributions to (during year) of grants from (during year) at end of year ion inform all donors and donor advisors in writing that the assets held in donor adv on's property, subject to the organization's exclusive legal control? ion inform all grantees, donors, and donor advisors in writing that grant funds can b poses and not for the benefit of the donor or donor advisor, or for any other purpose vate benefit? vation Easements. Complete if the organization answered "Yes" on Form 990 reservation easements held by the organization (check all that apply).	Go to www.irs.gov/Form990 for instructions and the latest information. tion COUNCIL FOR RESPONSIBLE NUTRITION tations Maintaining Donor Advised Funds or Other Similar Funds or Accord and severed "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (a) and of year (a) Donor advised funds (b) at end of year (c) (c) at end of year (c) (c) ion inform all donors and donor advisors in writing that the assets held in donor advised funds (c) on inform all grantees, donors, and donor advisors in writing that grant funds can be used on poses and not for the benefit of the donor or donor advisor, or for any other purpose confermination to the purpose confermination answered "Yes" on Form 990, Part IV, inservation easements held by the organization (check all that apply).

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

historic structure listed in the National Register

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

and section 170(h)(4)(B)(ii)?

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

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

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,

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

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

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Number of conservation easements included in (c) acquired after July 25,2006, and not on a

Number of states where property subject to conservation easement is located

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

the following amounts required to be reported under FASB ASC 958 relating to these items:

violations, and enforcement of the conservation easements it holds?

organization's accounting for conservation easements.

provide the following amounts relating to these items:

Assets included in Form 990, Part X

b

С

d

3

4

5

6

7

8

9

2

Part III

vear

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

Schedule	D (Form	990) 2022
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Yes

Yes

No

No

2b

2c

2d

\$

\$

\$

<u>Sche</u>		FOR RESPO						<u>52-09</u>		1 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	^r Other	Simila	^r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	/ further th	e organizatio	n's exerr	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hist	orical treas	ures, or othe	r simi l ar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the c	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ntributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		·							Amount	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	T V Endowment Funds. Complete in	f the organization an	swered "	/es" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two year	's back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end ba l ance	e (line 1g,	co l umn (a)) he l d as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are he l d ar	d administer	ed for the	e		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm				F	DIIX					
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	ed	(d) Bool	< value	э
1a	Land										
	Buildings								-		
С	Leasehold improvements				5,461.	1	.83,32				36.
d	Equipment				0,588.		37,42			3,10	
	Other				9,500.	1	.59,50	.0.			0.
<u>Total</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part .	X. column	<u>(B). line 1</u>	Dc <u>.)</u>				25	5,29	97.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book va l ue	(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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book va l ue
(1) SECURITY DEPOSITS			86,241.
(2) DEFERRED COMPENSATION PLAN	[71,222.
(3) DUE FROM FOUNDATION			4,744.
(4) RIGHT-OF-USE ASSET			2,764,682.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		2,926,889.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book va l ue
(1) Federal income taxes			
(2) DEFERRED COMPENSATION PLAN	[71,222.
(3) RIGHT-OF-USE LIABILITY			3,437,990.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		3,509,212.

COUNCIL FOR RESPONSIBLE NUTRITION

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 ... X

52-0975324 Page 3

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 COUNCIL FOR RESPONSIBLE	NUTRITION		52-0	0975324 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue per Re		<u>U</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,468,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d			7,277.		
е	Add lines 2a through 2d			2e	7,277.
3	Subtract line 2e from line 1			3	6,460,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12				6,460,972.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Ex	penses per l	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	6,963,640.
2					
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities				
a b		2a			
-	Donated services and use of facilities	2a 2b		-	
-	Donated services and use of facilities Prior year adjustments	2a 2b 2c	2,998.	-	
-	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2,998.	2e	2,998.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2,998.	2e 3	
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2,998.		2,998.
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2,998.		2,998.
b c d e 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d 4a	2,998.		2,998.
b c d e 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	2,998.		2,998. 6,960,642. 0.
b c d e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 1)</i>	2a 2b 2c 2d 2d 4a 4b	2,998.	3	2,998.
b c d e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	2,998.	3	2,998. 6,960,642. 0.

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 X, LINE 2:

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS

DETERMINED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT

REQUIRE EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PAC INCOME

7,277.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAC EXPENSES

2,998.

	(Form 990) 2022
Part XIII	Supplemen

Fart Am Supplemental Informati	(continued)		

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	990 for instructions and the latest in	formation.		n to Public ection
Name of the organization		j			Employer identi	fication number
COUNCIL FOR RES	DONGTRI.F	<u>ΜΙΙΨΩ</u> ΤΨΤ(זאר		52-09753	57
			side the United States. Comple	te if the organ		
Form 990, Part I				Je n n e e gun		
-	-		ds to substantiate the amount of its grar he selection criteria used to award the g			Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
			an be duplicated if additional space is ne		vite a line (al)	(f) Tatal
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			10,000.
3 a Subtotal	0	0				10,000.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						0.
and 3b)	0	0				10,000.

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.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

(Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION 52-0975324 Page 2 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. Page 2	er of (g) Amount of (h) Description (i) Method of noncash of noncash valuation (book, FMV, assistance assistance of noncash valuation (book, FMV, assistance)					s a tax
mplete if the organization led.	(e) Amount (f) Manner of of cash grant cash disbursement	10,000. WIRE				areign country, recognized on 501(c)(3) equivalency le
(Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION Grants and Other Assistance to Organizations or Entities Outside the United States. Comp recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant	MIND THE GAP COMMUNICATION PROGRAM SUPPORT				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 <u>Enter total number of other organizations or entities</u> .
IL FOR RESPONSIBLE Interpretation I	(c) Region	EUROPE (INCLUDING ICELAND & M GREENLAND) - C ALBANIA, ANDORRA, S				is listed above that are re in for which the grantee of r entities
COUNCIL Assistance to Organiz seived more than \$5,000.	(b) IRS code section and EIN (if applicable)					recipient organizatior nization by the IRS, c other organizations o
Schedule F (Form 990) 2022 Part II Grants and Othe recipient who rece	1 (a) Name of organization					 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whi Enter total number of other organizations or entities

232072 10-17-22

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	V, line 16.	(g) Description of noncash assistance					Sched
52-0975324	on Form 990, Part I	(f) Amount of noncash assistance					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
LE NUTRITION		(d) Amount of cash grant					
ESPONSIBI	e the United Stat	(c) Number of recipients					
COUNCIL FOR RESPONSIBLE	e to Individuals Outside dditional space is needed	(b) Region					
Schedule F (Form 990) 2022 C	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

			FOR	RESPONSIBLE	NUTRITION	
Part IV	Foreign Forn	ns				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION 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:

CRN WORKS CLOSELY WITH GRANTEES TO ENSURE APPROPRIATE USE OF THE FUNDS

AND THAT ALL GRANT RELATED DELIVERABLES ARE MET.

SCHEDULE I (Form 990)			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.}	er Assistand d Individuals answered "Yes"	te to Organi s in the Unit on Form 990, Part	zations, ed States IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. www.irs.gov/Form990 for the latest information.	990. the latest informat	ion.		Open to Public Inspection
Name of the organization	DI COUNCIL FOR RESPONSIBLE	IR RESPON	Z	NOI				Employer identification number 52-0975324
Part I General Inf	General Information on Grants and Assistance	d Assistance						
1 Does the organize	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	substantiate the	amount of the grants o	or assistance, the g	rantees' eligibility f	or the grants or assis	tance, and the selectio	
criteria used to av	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant fi	of grant funds in the United States.	States.			
Part II Grants and recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	omestic Organiz 5,000. Part II can	cations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	omplete if the organ d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ided.	IV, line 21, for any
1 (a) Name and add or gove	1 (a) Name and address of organization or government	(p) 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
AMERICAN SOCIETY FOR NUTRITION 9211 CORPORATE BLVD STE 300 ROCKVILLE, MD 20850	OR NUTRITION 7D STE 300 50	31-1507752	501(C)3	25,504.	.0			RESEARCH AWARD
GLOBAL RETAIL AND MANUFACTURER	MANUFACTURER							
ALLIANCE, INC - 11 STE 501 - KING OF	INC - 1150 1ST AVENUE KING OF PRUSSIA, PA							
19406		82-3912325	501(C)6	17,950.	0.			RESEARCH AWARD
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations list	d government org	janizations listed in the	ted in the line 1 table				1.
3 Enter total numbe	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					1.
LHA For Paperwork I	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

Schedule I (Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION	PONSIBLE	NUTRITION			52-0975324 Page 2
er Assist a uplicated i	. Complete if the	organization answe	rred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
CRN WORKS CLOSELY WITH GRANTEES TO	ENSURE	APPROPRIATE	USE OF THE	FUNDS AND	
THAT ALL GRANT RELATED DELIVERABLES ARE MET	S ARE MET	_•			
232102 10-31-22					Schedule I (Form 990) 2022

SCI	IEDULE J	Compensation Information	OME	3 No. 1545-0	047
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest)
•		Compensated Employees	2	2022	
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Op	en to Pub	lic
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	I	nspectior	ı
Nam	e of the organizatior	1	Employer identifi	cation nu	umber
		COUNCIL FOR RESPONSIBLE NUTRITION	52-0975	324	
Pa	rt I Question	s Regarding Compensation			
			-	Yes	No
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
		line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or c				
	Travel for com				
		ation and gross-up payments Health or social club dues or initiation fees			
	Discretionary s	spending account Personal services (such as maid, chauffeu	ır, chef)		
b		on line 1a are checked, did the organization follow a written policy regarding payment or			
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	
	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
3	Indicate which if or	ny, of the following the organization used to establish the compensation of the organization's			
3	,	by, of the following the organization used to establish the compensation of the organization s			
		ation of the CEO/Executive Director, but explain in Part III.			
	X Compensation				
		ompensation consultant X Compensation survey or study			
	X Form 990 of of		ommittee		
			onninitiee		
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 re	ated organization:			
а	Receive a severanc	e payment or change-of-control payment?		4a	X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?	L	4c	X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the re				
				5a	
		ation?	····· -	<u>5b</u>	
		r 5b, describe in Part III.			
	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the n	•		0	
				6a	<u>+</u>
		ation?	·····	<u>6b</u>	
		r 6b, describe in Part III.			
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-	
		ies 5 and 6? If "Yes," describe in Part III		7	
	=	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		•	
				8	
9		id the organization also follow the rebuttable presumption procedure described in		9	
		: 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.	Schedule J (1 2022
LIA			Schedule J (1 0111 990	1 2022

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 COUNCIL	CIL	FOR	RESPONSIBLE NUTRITION	NOLTIN	52-0975324	324		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldm	yees, and Highest C	compensated Empl	oyees. Use duplica	te copies if additional s	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.	be rel	ported on Schedule J 990, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed inc	dividual must equal th	ne total amount of F	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN MISTER	Ξ	518,319.	25,000.	•0	48,000.	47,318.	638,637.	•0
PRESIDENT & CEO		.0	.0	.0	.0	.0	.0	.0
(2) JAMES GRIFFITHS	Ξ	237,629.	7,000.	.0	24,660.	30,636.	299,925.	0.
SVP, INT'L & SCI AFFAIRS	(ii)		0.	0.				0.
(3) JOEL BRIAN WOMMACK	(i)	217,699.	•0		22,213.	41,067.	280,979.	.0
SVP, COMMUNICATIONS	(ii)	0.	0.	.0	0.	0.	.0	.0
(4) ANDREA WONG	(i)	216,312.	9,000.		23,285.	28,681.	277,278.	0.
SVP, SCI & REGULATORY	(ii)							.0
(5) LUKE HUBER	Ξ	202,793.	10,000.	.0	21,310.	34,084.	268,187.	.0
VP, SCI & REGULATORY	0			.0				.0
	Ð	199,154.	7,000.		20,960.	15,4	242,	.0
		- I-	.0.	.0	.0.	ľ	•	.0
(7) MEGAN OLSEN	Ξ	194,988.	10,000.	0.	21,010.	7,959.	233,95	•
VP, ASSOC GEN COUNSEL	<u>(</u>			.0				.0
(8) CARL HYLAND	(i)	151,275.	4,000.	• 0	16,330.	39,721.	211,326.	• 0
VP, MEMBERSHIP	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(9) SANDRA KHOURI	Ξ	136,726.	11,500.	• 0	15,082.	31,627.	194,935.	.0
SVP, FINANCE & ADMIN	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	.0
	(i)							
	(ii)							
	Ξ							
	0							
	Ξ							
	0							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

232112 10-18-22

COUNCIL FOR RESPONSIBLE NUTRITION 52-0975324 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. 52-0975324		Page 3
	Schedule J (Form 990) 2022	90) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



52 - 0975324

COUNCIL FOR RESPONSIBLE NUTRITION

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

TO SUSTAIN AND ENHANCE A CLIMATE FOR OUR MEMBERS TO RESPONSIBLY

DEVELOP, MANUFACTURE AND MARKET DIETARY SUPPLEMENTS, FUNCTIONAL FOOD

AND THEIR NUTRITIONAL INGREDIENTS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL HAVE AND EXERCISE THE POWERS OF THE BOARD OF DIRECTORS WITH RESPECT TO OPERATING ISSUES BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND THE POWERS SPECIFICALLY THE EXECUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY PROVIDED IN THE BYLAWS. TO ACT FOR THE BOARD REGARDING ELECTION OF OFFICERS, DUES AND ASSESSMENTS OR AMENDMENTS TO THE BYLAWS. THE EXECUTIVE COMMITTEE SHALL NOT TAKE ANY ACTION THAT WOULD CONTRAVENE OR NEGATE PREVIOUS ACTIONS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL MEET UPON THE CALL OF THE CHAIR OR ANY TWO OTHER MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESENCE OF A MAJORITY OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A OUORUM FOR THE TRANSACTION OF BUSINESS. THE EXECUTIVE COMMITTEE MAY DISCUSS MATTERS, BUT NOT TAKE ACTION, IN THE ABSENCE OF A OUORUM.

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

CRN OFFERS THREE CLASSES OF MEMBERSHIP:

 VOTING MEMBERSHIP FOR ANY COMPANY OR PERSON WHO MANUFACTURES A DIETARY

 SUPPLEMENT, A FUNCTIONAL FOOD OR AN INGREDIENT INTENDED FOR ONE OF THESE

 PRODUCTS, OR WHO MARKETS OR DISTRIBUTES A DIETARY SUPPLEMENT OR FUNCTIONAL

 FOOD UNDER ITS OWN BRAND OR LABEL, OR WHO FACILITATES THE SALE OF THESE

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

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 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization COUNCIL FOR RESPONSIBLE NUTRITION	Employer identification number 52-0975324
PRODUCTS, SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE COUNCIL	AS A VOTING
MEMBER. VOTING MEMBERS SHALL BE DIVIDED INTO TWO CATEGORI	ES: FINISHED
PRODUCT MEMBERS AND INGREDIENT MEMBERS.	

ASSOCIATE MEMBERSHIP FOR ANY COMPANY OR PERSON WHO IS ELIGIBLE FOR

MEMBERSHIP IN THE COUNCIL AND IS NOT ACTIVELY ENGAGED IN THE MANUFACTURE OF AN INGREDIENT, A DIETARY SUPPLEMENT OR A FUNCTIONAL FOOD BUT WHO PROVIDES PRODUCTS, SERVICES, OR OTHER SUPPORT TO VOTING MEMBERS, OR WHO SUPPORTS THE PURPOSE OF THE COUNCIL

INTERNATIONAL MEMBERSHIP FOR ANY COMPANY OR PERSON WHO IS OTHERWISE ELIGIBLE FOR MEMBERSHIP IN THE COUNCIL BUT DOES BUSINESS EXCLUSIVELY OUTSIDE THE UNITED STATES SHALL BE ELIGIBLE TO JOIN THE COUNCIL AS AN INTERNATIONAL MEMBER. A FOREIGN AFFILIATE OF A COMPANY OR PERSON ELIGIBLE TO BE A VOTING MEMBER SHALL BE ELIGIBLE FOR INTERNATIONAL MEMBERSHIP ONLY IF THE COMPANY/PERSON ELIGIBLE FOR VOTING MEMBERSHIP IS IN FACT A VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: WITH DUE CONSIDERATION TO THE QUALIFICATIONS OF THE CANDIDATES, THE NOMINATING COMMITTEE OF THE ORGANIZATION SHALL COMPOSE A SLATE OF CANDIDATES EQUAL TO THE NUMBER OF AVAILABLE BOARD POSITIONS FOR SMALL VOTING MEMBERS OF EACH CATEGORY WHICH SHALL BE PRESENTED TO THE MEMBERSHIP OF THE COUNCIL FOR RATIFICATION. ONLY SMALL VOTING MEMBERS OF THE COUNCIL SHALL BE ELIGIBLE TO VOTE. SMALL VOTING MEMBERS WHO PAY DUES IN BOTH THE FINISHED PRODUCT AND THE INGREDIENT CATEGORIES SHALL BE PERMITTED TO VOTE IN BOTH CATEGORIES. THE MEMBERS SHALL VOTE WHETHER TO RATIFY THE SLATE OF NOMINEES FOR THE DIRECTORS. COUNCIL FOR RESPONSIBLE NUTRITION

Employer identification number 52-0975324

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE PRESIDENT & CEO AND VP, FINANCE &

ADMINISTRATION. COPIES OF THE RETURN ARE SENT TO THE BOARD PRIOR TO FILING.

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

CRN BOARD MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST POLICY AND ARE

ALSO GIVEN ETHICAL PRINCIPLES, WHISTLEBLOWER AND SOCIAL MEDIA POLICIES IN

THEIR ANNUAL MANUAL.

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

THE COMPENSATION COMMITTEE MEETS AT THE END OF EACH YEAR TO DETERMINE THE

ADEQUACY OF OFFICERS AND KEY EMPLOYEE COMPENSATION. THE COMMITTEE USES

COMPENSATION SURVEYS AND STUDIES IN MAKING THIS DETERMINATION.

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

AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS

YEAR.

	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.	ons and Unrelated Par ed "Yes" on Form 990, Part IV, line Attach to Form 990.	t nerships 33, 34, 35b, 36,	or 37.	<u> </u>	OMB No. 1545-0047 2022 Open to Public
Department or the reasony Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	instructions and the latest i	nformation.			Inspection
Name of the organization COUNCIL FOR	FOR RESPONSIBLE NUTRITION	Ν			Employer identification number 52-0975324	fication number 324
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	plete 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	ne 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.	izations. Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one c	r more related tax-ex	empt
(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
THE CRN FOUNDATION - 26-4677478 1828 L STREET, NO. 810, NW WASHINGTON, DC 20036	EDUCATIONAL AWARENESS ABOUT THE BENEFITS AND SAFETY OF DIETARY	DISTRICT OF COLUMBIA 5	501(C)(3)	LINE 7		_
CRN POLITICAL ACTION COMMITTEE 1828 L STREET, NO. 810, NW WASHINGTON, DC 20036	POLITICAL ACTION	DISTRICT OF COLUMBIA 5	527			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990. SRF、DART VTT FOR CO	ions for Form 990. バエエ	- v			Schedule F	Schedule R (Form 990) 2022

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SEE PART VII FOR CONTINUATIONS

LHA

Schedule R (Form 990) 2022 COUNCIL FOR RESPONSIBLE Part III Identification of Related Organizations Taxable as a Partnership.	CIL FOR RES anizations Taxable	RESPONSIBLE (able as a Partnership the tay wear		ION the organiza	NUTRITION 52-0975324 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ss" on Form 990), Part IV, line	∋ 34, becaus	52-0 se it had one or	- 0 9 7 5 3 2 4	e Page 2 d
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under		(f) Share of total income	(g) Share of end-of-year assets		(i) Code V-UBI amount in box 20 of Schedule	(j) General or F Dox managing partner?	(k) Percentage ownership
		country)		Sections	016-014)			Yes No			
	anti-actions Toyotla		or Truet	molate if the	Commister if the organization answered "Ves"	no "Yes"		1 1 1 1 1 1 1 1 1 2	on Form QQD Dart IV line 34 harause if had one or more related		ore related
part IV organizations treated as a corporation or trust during the tax year.	poration or trust durin	ng the tax y	0 11 434		o organization and		- 000				
(a) Name, address, and EIN of related organization	Ze	Prim	(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
232162 09-14-22									Sche	dule R (For	Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 COUNCIL FOR RESPONSIBLE NUTRITION

Page 3 52-0975324

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 Darts II III or IV of this schedule				>	Vac 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?	s with one or more re	lated organizations listed	in Parts II-IV?	•	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a	X
				1b	×
Gift. grant. or capital contribution from related organization(s)				ę	×
Loans or loan di jarantees to or for related organization(s)				7	×
				2	4 Þ
e Loans or loan guarantees by related organization(s)				1 e	~
f Dividends from related organization(s)				¥	×
g Sale of assets to related organization(s)				1a	×
Purchase of assets from related organization(s)				÷	×
				;	>
i Exchange of assets with related organization(s)				-	4
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×
					;
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			Ŧ	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			t T	×
				+	┢
	011(5)			+	4 2
 Sharing of paid employees with related organization(s) 				י 9	4
b Reimbursement paid to related organization(s) for expenses				ę	×
				1	×
d neillinguisellieilt paid by telated organization(s) for expenses				2	4
					Þ
r Other transfer of cash or property to related organization(s)				÷	4
s Other transfer of cash or property from related organization(s)				1s	×
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.	ho must complete th	is line, including covered r	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved	
	type (a-s)				
(1)					
(2)					
(3)					
(4)					
(6)					
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Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE CRN FOUNDATION

PRIMARY ACTIVITY: EDUCATIONAL AWARENESS ABOUT THE BENEFITS AND SAFETY OF

DIETARY SUPPLEMENTS