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Form 990

Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

ILSI NORTH AMERICA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1156 15TH STREET NW 2ND FLOORCity or town, state or country, and ZIP + 4
WASHINGTON, DC 20005F Name and address of principal officer
ERIC HENTGES
1156 15TH STREET 2ND FLOOR
WASHINGTON, DC 20005

D Employer identification number

52-1745052

E Telephone number

(202) 659-0074

G Gross receipts \$ 3,783,975

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for
affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW.ILSINA.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1991

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ILSI NORTH AMERICA IS A UNIQUE NONPROFIT ORGANIZATION BASED IN WASHINGTON, DC, THAT PROVIDES A FORUM FOR ACADEMIC, GOVERNMENT, AND INDUSTRY SCIENTISTS TO IDENTIFY IMPORTANT NUTRITION AND FOOD SAFETY ISSUES THROUGH ITS PROGRAMS. ILSI NORTH AMERICA CONTRIBUTES TO AN IMPROVED SCIENTIFIC UNDERSTANDING OF THOSE ISSUES FOR THE BENEFIT OF THE GENERAL PUBLIC. ILSI NORTH AMERICA ADDRESSES IMPORTANT FOOD, NUTRITION, AND WELLNESS TOPICS THROUGH COMMITTEES THAT FOCUS ON VARIOUS ASPECTS OF DIET, NUTRITION, AND HEALTH PROMOTION. ILSI NORTH AMERICA HELPS DEVELOP AND DISSEMINATE SCIENCE RELATED TO FOOD SAFETY, INCLUDING TOXICOLOGY, MICROBIOLOGY, AND PACKAGING ISSUES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 30

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 30

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 12

6 Total number of volunteers (estimate if necessary)

6 150

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,159,651	3,514,569
9 Program service revenue (Part VIII, line 2g)	95,921	98,213
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,289	171,193
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,376,861	3,783,975

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,534	438,461
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,012,285	1,091,779
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 87,494		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,492,264	1,805,901
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,931,083	3,336,141
19 Revenue less expenses Subtract line 18 from line 12	445,778	447,834

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,586,016	6,564,365
21 Total liabilities (Part X, line 26)	1,841,510	1,567,754
22 Net assets or fund balances Subtract line 21 from line 20	4,744,506	4,996,611

Part II Signature Block

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

Sign Here	Signature of officer ERIC HENTGES EXECUTIVE DIRECTOR Type or print name and title	2012-11-13 Date
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Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 JOHNSON LAMBERT LLP 700 SPRING FOREST ROAD STE 115 RALEIGH, NC 27609	Date Check if self-employed ►	Preparer's taxpayer identification number (see instructions)
			EIN ► 52-1446779 Phone no ► (919) 719-6400

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

ILSI NORTH AMERICA WAS INCORPORATED IN ORDER TO ADVANCE THE UNDERSTANDING AND RESOLUTION OF SCIENTIFIC PROBLEMS IN NUTRITION, TOXICOLOGY, AND FOOD SAFETY THROUGH COOPERATIVE PROGRAMS INVOLVING SCIENTISTS IN THE ACADEMIC, GOVERNMENT, INDUSTRIAL, AND PUBLIC SECTORS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a (Code) (Expenses \$ 301,085 including grants of \$ 144,061) (Revenue \$)**

THE ILSI NORTH AMERICA FOOD MICROBIOLOGY COMMITTEE CONTINUED TO HAVE AN EMPHASIS ON CONTAMINATION OF LOW-MOISTURE FOOD COMMODITIES WITH SALMONELLA, A PRIORITY FOOD SAFETY ISSUE AS A RESULT OF THE COMMITTEE'S REQUEST FOR RESEARCH PROPOSALS RELATED TO "TECHNOLOGY AND PROCESS TO CONTROL SALMONELLA IN LOW-MOISTURE FOODS," THE COMMITTEE PROVIDED FUNDING FOR THREE MULTI-YEAR RESEARCH PROJECTS WHICH BEGAN IN 2010 AND CONTINUED IN 2011. ADDITIONALLY, THE COMMITTEE CONVENED AN EXPERT WORKSHOP IN SPRING 2011 TO DISCUSS THE DATA ON THE PREVALENCE AND CONCENTRATION OF SALMONELLA ON RAW SHELL PEANUTS IN THE U.S., USING DATA PROVIDED BY AMERICAN PEANUT COUNCIL OVER TWO CROP YEARS. THIS IS A VITAL STEP IN THE DEVELOPMENT OF A FRAMEWORK FOR IDENTIFYING AND QUANTIFYING SALMONELLA IN RAW PEANUTS, ESTIMATING POPULATION EXPOSURE RISK, AND DETERMINING MEANS OF CONTROL. THE RESULTS OF THIS EFFORT WERE INCLUDED IN A MANUSCRIPT BEING PREPARED FOR SUBMISSION TO A PEER-REVIEWED SCIENTIFIC JOURNAL. ISOLATES FROM THE ILSI NORTH AMERICA L. MONOCYTOGENES, E. SAKAZAKII, AND SALMONELLA REFERENCE STRAIN COLLECTION, HOUSED AT CORNELL UNIVERSITY, ARE DISTRIBUTED FOR A MINIMAL CHARGE TO RESEARCHERS AROUND THE WORLD. THE COMMITTEE HELD ITS ANNUAL SYMPOSIUM SERIES AT THE 2011 MEETING OF INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION IN MILWAUKEE, WISCONSIN. FEATURED SPEAKERS REPORTED ON "THE DIVERSE AND DISCREPANT NON-O157 STEC DATA, DIFFERENCES AND DISCERNMENT" AND "ARE WE FORGETTING ABOUT THE GRAM POSITIVES - FROM PATHOGENS TO SPOILAGE."

4b (Code) (Expenses \$ 245,560 including grants of \$) (Revenue \$ 98,048)

ILSI NORTH AMERICA 2011 ANNUAL MEETING FEATURED A SCIENTIFIC PROGRAM AND DISCUSSION OF CURRENT EMERGING SCIENTIFIC ISSUES AND NEWLY EMERGING OR RE-EMERGING ISSUES THE ORGANIZATION COULD CONSIDER ADDRESSING THROUGH ITS SCIENTIFIC PROGRAMS. THE 2011 EMERGING ISSUES INCLUDED DEFINING A HEALTHY GUT MICRO BIOME, TOXICOLOGICAL TESTING REQUIREMENTS, HEAVY METAL TOXICITY, CONTRIBUTION OF PROCESSED FOODS TO A HEALTHY DIET, REPRODUCIBILITY OF RESEARCH STUDIES, AND REFINED CARBOHYDRATES. ILSI NORTH AMERICA ORGANIZED A SERIES OF SCIENTIFIC SESSIONS ON THE FOLLOWING TOPICS: ENDOCRINE DISRUPTION, HOT TOPICS AND CONTROVERSIES IN NUTRITION AND FOOD SAFETY, AND SCIENTIFIC STANDARDS OF EVIDENCE.

4c (Code) (Expenses \$ 216,251 including grants of \$ 91,360) (Revenue \$)

CREATING A UNIFIED, SUCCESSFUL OBESITY REDUCTION STRATEGY RELIES ON UNDERSTANDING THE UNDERLYING CAUSES OF OBESITY. TO ASSIST IN THIS EFFORT, THE ILSI NORTH AMERICA ENERGY BALANCE AND ACTIVE LIFESTYLE COMMITTEE ORGANIZED A CONSENSUS-STYLE CONFERENCE IN SPRING 2011 TO ASSESS THE STATE OF THE SCIENCE ON UNDERSTANDING ENERGY BALANCE AND THE DEVELOPMENT OF PARAMETERS TO HELP INDIVIDUALS UNDERSTAND AND ACHIEVE ENERGY BALANCE. THE CONFERENCE WAS A JOINT VENTURE BETWEEN ILSI NORTH AMERICA, THE AMERICAN SOCIETY FOR NUTRITION (ASN), AND THE AMERICAN COLLEGE OF SPORTS MEDICINE (ACSM) AND IT RESULTED IN A PUBLICATION IN THE AMERICAN JOURNAL OF CLINICAL NUTRITION DESCRIBING THE MAJOR THEMES. KEY ASPECTS FROM THE CONFERENCE WERE ALSO INCLUDED IN A SESSION PLANNED FOR PRESENTATION AT EXPERIMENTAL BIOLOGY 2012, THE LARGE ANNUAL SCIENTIFIC MEETING OF THE FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY (FASEB).

(Code) (Expenses \$ 1,720,816 including grants of \$ 203,040) (Revenue \$ 165)

ADDITIONAL PROGRAMS ENERGY BALANCE & ACTIVE LIFESTYLE, CONFLICT OF INTEREST/SCIENTIFIC INTEGRITY, CARBOHYDRATES COMMITTEE, DIETARY LIPIDS COMMITTEE, EMERGING ISSUES, HYDRATION, EARLY NUTRITION, PC ON FLAVONOIDS, COMMUNICATIONS, FUTURE LEADER AWARDS, FOOD PACKAGING SAFETY, CAFFEINE COMMITTEE, GUT MICROBES AND HEALTH, FOOD NUTRITION & SAFETY COMMITTEE, OTHER SCIENTIFIC PROGRAMS, NUTRIENT FORTIFICATION, OTHER, LOW-CALORIE SWEETENERS, PC ON SODIUM, TC ON ENERGY

4d Other program services (Describe in Schedule O)**(Expenses \$ 1,720,816 including grants of \$ 203,040) (Revenue \$ 165)****4e Total program service expenses \$ 2,483,712**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b	Yes	
15	Yes	
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
25b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
35b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter	12a	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	30
b Enter the number of voting members included in line 1a, above, who are independent	1b	30
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed CA, GA, IL, KS, MA, MI, MN, MO, NC, NJ, NY, OH, PA, TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 BETH-ELLEN BERRY
 1156 15TH STREET 2ND FLOOR
 WASHINGTON, DC 20005
 (202) 659-0074

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

Check if Schedule O contains a response to any question in this Part VI

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee							
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Highest compensated employee	Former	

See Additional Data Table

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

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

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

Section B. Independent Contractors

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b 1,667,790			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,846,779			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f ►	3,514,569			
Program Service Revenue	2a REGISTRATIONS	Business Code 900099	98,048	98,048	
	b FEES FOR SERVICES	900099	165	165	
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►	98,213			
	3 Investment income (including dividends, interest and other similar amounts) ►		171,193		171,193
4 Income from investment of tax-exempt bond proceeds . . . ►					
5 Royalties ►					
6a Gross rents	(I) Real				
b Less rental expenses	(II) Personal				
c Rental income or (loss)					
d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(I) Securities				
b Less cost or other basis and sales expenses	(II) Other				
c Gain or (loss)					
d Net gain or (loss) ►					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses b					
c Net income or (loss) from fundraising events . . . ►					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ►					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory . . . ►					
Miscellaneous Revenue	Business Code				
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d ►					
12 Total revenue. See Instructions ►	3,783,975	98,213	0	171,193	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	389,421	389,421		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	49,040	49,040		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	246,115		246,115	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	669,708		669,708	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,515		36,515	
9 Other employee benefits	78,887		78,887	
10 Payroll taxes	60,554		60,554	
11 Fees for services (non-employees)				
a Management				
b Legal	7,594		7,594	
c Accounting	16,830		16,830	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees	9,198		9,198	
g Other	218,969	218,843	126	
12 Advertising and promotion				
13 Office expenses	55,861	31,133	23,038	1,690
14 Information technology	6,565	201	6,033	331
15 Royalties				
16 Occupancy	184,734		184,734	
17 Travel	223,600	166,477	50,401	6,722
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	18,253	17,847	406	
19 Conferences, conventions, and meetings	306,597	279,415	24,122	3,060
20 Interest				
21 Payments to affiliates	150,000		150,000	
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SHARED SERVICES	433,611		433,611	
b RESEARCH SUPPORT	124,829	124,829		
c PUBLICATION	49,260	49,260		
d STAFF & OH ALLOCATION	0	1,157,246	-1,232,937	75,691
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,336,141	2,483,712	764,935	87,494
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	4,853,254	2 5,210,179
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	195,517	4 5,694
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	11,059	9 7,475
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	39,339	
	10a	10a	
	b Less accumulated depreciation	39,339	10b 0 10c 0
	11 Investments—publicly traded securities	1,410,186	11 1,225,017
	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	116,000	15 116,000
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,586,016	16 6,564,365
Liabilities	17 Accounts payable and accrued expenses	295,815	17 440,964
	18 Grants payable	18	
	19 Deferred revenue	1,545,695	19 1,126,790
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	1,841,510	26 1,567,754
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	4,697,207	27 4,931,911
	28 Temporarily restricted net assets	47,299	28 64,700
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	4,744,506	33 4,996,611
	34 Total liabilities and net assets/fund balances	6,586,016	34 6,564,365

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,783,975
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,336,141
3	Revenue less expenses Subtract line 2 from line 1	3	447,834
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,744,506
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-195,729
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,996,611

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
ILSI NORTH AMERICA**Employer identification number**

52-1745052

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support?
			Yes	No			
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,239,810	3,359,583	3,106,869	3,159,651	3,514,569	16,380,482
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,239,810	3,359,583	3,106,869	3,159,651	3,514,569	16,380,482
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,387,599
6 Public Support. Subtract line 5 from line 4						9,992,883

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,239,810	3,359,583	3,106,869	3,159,651	3,514,569	16,380,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	191,402	166,500	86,114	121,289	171,193	736,498
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		8,494				8,494
11 Total support (Add lines 7 through 10)						17,125,474
12 Gross receipts from related activities, etc (See instructions)				12		468,100

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	58 350 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	57 640 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

OMB No 1545-0047

2011**Open to Public
Inspection****Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ILSI NORTH AMERICA

Employer identification number

52-1745052

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

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

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		39,339		39,339	0
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					0

Part VII Investments—Other Securities. 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		
Other		
Total (Column (b) should equal Form 202, Part X, col (B), line 12.)		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

3. For 18 (ASC 740) Footnote. In Part XIV, provide the

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,783,975
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,336,141
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	447,834
4	Net unrealized gains (losses) on investments	4	-195,729
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-195,729
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	252,105

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,588,246
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-195,729
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-195,729
3	Subtract line 2e from line 1	3	3,783,975
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,783,975

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,336,141
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,336,141
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,336,141

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ILSI N A BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Employer identification number

52-1745052

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Part V if additional space is needed.)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ► Use Part V if additional space is needed.

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) Yes No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

2011

Open to Public
InspectionSchedule I
(Form 990)Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Department of the Treasury
Internal Revenue ServiceName of the organization
ILSI NORTH AMERICAEmployer identification number
52-1745052

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TUFTS MEDICAL CENTER800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)3	63,950				RELATIONSHIP OF FRUCTOSE AT TYPICAL INTAKE LEVELS TO FATTY LIVER DEVELOPMENT OR INDICES OF LIVER HEALTH RESEARCH
(2) AMERICAN SOCIETY FOR NUTRITION9650 ROCKVILLE PIKE BETHESDA, MD 20814	31-1507752	501(C)3	91,360				SUPPORT FOR CONFERENCE AND PAPER ON ENERGY BALANCE
(3) TUFTS UNIVERSITY - NUTRITIONAL EPIDEMIOLOGY PROGRAM 711 WASHINGTON STREET BOSTON, MA 02111	04-2103634	501(C)3	28,600				FLAVENOID INTAKE AND HEALTH OUTCOMES RELATION OF INTAKE OF SPECIFIC FLAVENOID CLASSES TO HEALTH OUTCOMES IN THE FRAMINGHAM HEART STUDY OFFSPRING COHORT RESEARCH
(4) GMA SCIENCE AND EDUCATION FOUNDATION 1350 I STREET NW WASHINGTON, DC 20005	52-2088235	501(C)3	33,000				THERMAL INACTIVATION AND SURVIVAL OF SALMONELLA IN FOOD AS A FUNCTION OF WATER ACTIVITY AND FAT LEVEL RESEARCH
(5) UNIVERSITY OF GA RESEARCH FOUNDATION FOOD SCIENCE BUILDING ATHENS, GA 30602	58-1353149	501(C)3	53,860				INFLUENCE OF WATER MOBILITY ON PERSISTENCE OF SALMONELLA IN LOW MOISTURE FOODS RESEARCH
(6) NORTH CAROLINA STATE UNIVERSITY OFFICE OF CONTRACTS AND GRANTS RALEIGH, NC 27695	58-1524289	501(C)3	14,075				CAPTURE AND CONCENTRATION OF SELECTED FOOD BORNE PATHOGENS IN COMPLEX SAMPLE MATRICES USING DNA AND RNA APTAMERS RESEARCH
(7) MICHIGAN STATE UNIVERSITY MICHIGAN STATE UNIVERSITY LANSING, MI 48824	38-6005984	501(C)3	35,626				IMPROVED PROCESS VALIDATION STRATEGIES FOR SALMONELLA INACTIVATION ON LOW MOISTURE FOOD PRODUCTS SUBJECTED TO THERMAL PASTEURIZATION PROCESSES RESEARCH
(8) CORNELL UNIVERSITY CORNELL UNIVERSITY ITHACA, NY 14851	15-0532082	501(C)3	7,500				LISTERIA MONOCYTOGENES, CRONOBACTER SAKAZAKII, AND SALMONELLA REFERENCE STRAIN COLLECTION RESEARCH
(9) TEXAS A&M RESEARCH TEXAS A&M UNIVERSITY COLLEGE STATION, TX 77843	74-6000541	501(C)3	10,000				NOVEL DIETARY APPROACHES FOR PREVENTING COLON CANER RESEARCH
(10) UNIVERSITY OF ILLINOIS 1919 WEST TAYLOR STREET CHICAGO, IL 60612	37-6000511	501(C)3	10,000				ALTERNATE DAY FASTING FOR WEIGHT LOSS AND CARDIO PROTECTION IN OBESE ADULTS RESEARCH
(11) CORNELL UNIVERSITY CORNELL UNIVERSITY ITHACA, NY 14851	15-0532082	501(C)3	15,000				POPULATION DIVERGENCE OF HUMAN METABOLIC
(12) UNIVERSITY OF WASHINGTON CENTER FOR OBESITY RESEARCH SEATTLE, WA 98195	91-6001537	115(1)	15,027				HELPING AMERICANS ACHIEVE 2010 DIETARY GUIDELINES FOR POTASSIUM AND SODIUM RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. ► 12

3 Enter total number of other organizations listed in the line 1 table. ► 12

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DEPENDING ON THE NATURE OF THE GRANT, AND THE TYPE OF RECIPIENT, ILSI NORTH AMERICA WILL GENERALLY HAVE SIGNED AGREEMENTS THAT SPECIFY REQUIRED REPORTS OR OTHER COMMUNICATIONS STAFF MONITOR PROJECTS AS REQUIRED TO ENSURE FUNDS ARE USED FOR THE INTENDED PURPOSE

Software ID:
Software Version:
EIN: 52-1745052
Name: ILSI NORTH AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)3	63,950				RELATIONSHIP OF FRUCTOSE AT TYPICAL INTAKE LEVELS TO FATTY LIVER DEVELOPMENT OR INDICES OF LIVER HEALTH RESEARCH
AMERICAN SOCIETY FOR NUTRITION 9650 ROCKVILLE PIKE BETHESDA, MD 20814	31-1507752	501(C)3	91,360				SUPPORT FOR CONFERENCE AND PAPER ON ENERGY BALANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY - NUTRITIONAL EPIDEMIOLOGY PROGRAM 711 WASHINGTON STREET BOSTON, MA 02111	04- 2103634	501(C)3	28,600				FLAVENOID INTAKE AND HEALTH OUTCOMES RELATION OF INTAKE OF SPECIFIC FLAVENOID CLASSES TO HEALTH OUTCOMES IN THE FRAMINGHAM HEART STUDY OFFSPRING COHORT RESEARCH
GMA SCIENCE AND EDUCATION FOUNDATION 1350 I STREET NW WASHINGTON, DC 20005	52- 2088235	501(C)3	33,000				THERMAL INACTIVATION AND SURVIVAL OF SALMONELLA IN FOOD AS A FUNCTION OF WATER ACTIVITY AND FAT LEVEL RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GA RESEARCH FOUNDATION FOOD SCIENCE BUILDING ATHENS, GA 30602	58- 1353149	501(C)3	53,860				INFLUENCE OF WATER MOBILITY ON PERSISTENCE OF SALMONELLA IN LOW MOISTURE FOODS RESEARCH
NORTH CAROLINA STATE UNIVERSITY OFFICE OF CONTRACTS AND GRANTS RALEIGH, NC 27695	58- 1524289	501(C)3	14,075				CAPTURE AND CONCENTRATION OF SELECTED FOOD BORNE PATHOGENS IN COMPLEX SAMPLE MATRICES USING DNA AND RNA APTAMERS RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY MICHIGAN STATE UNIVERSITY LANSING, MI 48824	38-6005984	501(C)3	35,626				IMPROVED PROCESS VALIDATION STRATEGIES FOR SALMONELLA INACTIVATION ON LOW MOISTURE FOOD PRODUCTS SUBJECTED TO THERMAL PASTEURIZATION PROCESSES RESEARCH
CORNELL UNIVERSITY CORNELL UNIVESRITY ITHACA, NY 14851	15-0532082	501(C)3	7,500				LISTERIA MONOCYTOGENES, CRONO BACTER SAKAZAKII, AND SALMONELLA REFERENCE STRAIN COLLECTION RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS AGRILIFE RESEARCH TEXAS AM UNIVERSITY COLLEGE STATION, TX 77843	74-6000541	501(C)3	10,000				NOVEL DIETARY APPROACHES FOR PREVENTING COLON CANER RESEARCH
UNIVERSITY OF ILLINOIS 1919 WEST TAYLOR STREET CHICAGO, IL 60612	37-6000511	501(C)3	10,000				ALTERNATE DAY FASTING FOR WEIGHT LOSS AND CARDIO PROTECTION IN OBESE ADULTS RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY CORNELL UNIVERSITY ITHACA, NY 14851	15- 0532082	501(C)3	15,000				POPULATION DIVERGENCE OF HUMAN METABOLIC
UNIVERSITY OF WASHINGTON CENTER FOR OBESITY RESEARCH SEATTLE, WA 98195	91- 6001537	115(1)	15,027				HELPING AMERICANS ACHIEVE 2010 DIETARY GUIDELINES FOR POTASSIUM AND SODIUM RESEARCH

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**
ILSI NORTH AMERICA**Employer identification number**

52-1745052

Part I Questions Regarding Compensation

Yes No

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	BETH-ELLEN BERRY WAS COMPENSATED A TOTAL OF 172,212 BY THE INTERNATIONAL LIFE SCIENCES INSTITUTE, AN ORGANIZATION WITH WHICH IT IS AFFILIATED PURSUANT TO A BRANCH AGREEMENT

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
ILSI NORTH AMERICA**Employer identification number**

52-1745052

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	ILSI NORTH AMERICA HAS AN EXECUTIVE COMMITTEE THAT IS COMPOSED OF ITS OFFICERS AND UP TO 5 MEMBERS-AT-LARGE FROM THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE HAS ALL OF THE POWERS OF THE BOARD TO TRANSACT BUSINESS AND HANDLE ROUTINE AFFAIRS BETWEEN MEETINGS, BUT IT IS NOT AUTHORIZED TO TAKE EXTRAORDINARY ACTIONS. ALL TRANSACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED IN FULL AT THE NEXT REGULARLY-SCHEDULED BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IS OPEN TO BUSINESSES THAT ARE PRODUCERS OF FOOD, BEVERAGES, PHARMACEUTICALS, COSMETICS, AGRICULTURAL AND OTHER CHEMICALS, PERSONAL CARE AND HOUSEHOLD PRODUCTS, OR CONTAINERS THEREOF, OR ARE PRODUCERS OF INGREDIENTS USED THEREIN OR IN CONNECTION THEREWITH, ARE INTERESTED IN FURTHERING THE PURPOSES OF ILSA NA AND APPLY FOR MEMBERSHIP NO TRADE ASSOCIATION MAY BE A MEMBER. ASSOCIATE MEMBERSHIP IS OPEN TO BUSINESSES THAT ARE PRODUCERS OF FOOD BEVERAGES, PHARMACEUTICALS, COSMETICS, AGRICULTURAL AND OTHER CHEMICALS, PERSONAL CARE AND HOUSEHOLD PRODUCTS, OR CONTAINERS THEREOF, OR ARE PRODUCERS OF INGREDIENTS USED THEREIN OR IN CONNECTION THEREWITH, AND ARE INTERESTED IN FURTHERING THE PURPOSES OF ILSA NA AND APPLY FOR ASSOCIATE MEMBERSHIP NO TRADE ASSOCIATION MAY BE AN ASSOCIATE MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO ARTICLE V, SECTION 3 OF THE BYLAWS, ILSI NORTH AMERICA'S MEMBERS ELECT MEMBERS OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE CFO, GENERAL COUNSEL, AND EXECUTIVE DIRECTOR AND/OR DEPUTY EXECUTIVE DIRECTOR REVIEW THE RETURN ONCE IT IS IN ITS FINAL FORM, A COPY IS SENT ELECTRONICALLY TO THE BOARD OF TRUSTEES FOR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE DIRECTOR, TRUSTEES AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. COMPLETED CONFLICT OF INTEREST FORMS ARE REVIEWED BY IN-HOUSE COUNSEL, WHOSE OBSERVATIONS ARE SHARED WITH THE CHAIR AND THE EXECUTIVE COMMITTEE. IN THE EVENT THAT A CONFLICT SHOULD ARISE ON THE PART OF A TRUSTEE, THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE WILL COMMUNICATE WITH THE INTERESTED TRUSTEE TO DETERMINE THE NATURE OF THE CONFLICT AND WHETHER THE TRUSTEE SHOULD ABSTAIN FROM DECIDING ON MATTERS AFFECTED BY THE INTEREST. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO REMOVE THE TRUSTEE WITH THE INTEREST FROM CONSIDERATION OF THE MATTER TO WHICH THE INTEREST PERTAINS. THE ILSI NORTH AMERICA PRESIDENT REVIEWS THE EXECUTIVE DIRECTOR'S CONFLICT OF INTEREST DECLARATION AND MANAGES ANY DECLARED INTERESTS. THE EXECUTIVE DIRECTOR REVIEWS DECLARATIONS OF KEY EMPLOYEES AND MANAGES DECLARED INTERESTS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	<p>THE ILSI NORTH AMERICA BYLAWS ESTABLISH A FORMAL PROCESS FOR SETTING EXECUTIVE COMPENSATION IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE SAFE HARBOR REGULATION REGARDING EXCESS BENEFITS. UNDER THIS PROCEDURE, AT LEAST THREE INDEPENDENT MEMBERS OF THE FINANCE COMMITTEE ANNUALLY REVIEW THE COMPENSATION OF THE COMPENSATED OFFICERS (INCLUDING THE EXECUTIVE DIRECTOR). THE REVIEW INCLUDES CONSIDERATION OF COMPARABILITY DATA. THE COMPENSATION REVIEWERS ESTABLISH A RANGE OF COMPENSATION THAT THE COMMITTEE DEEMS REASONABLE. THAT RANGE IS PROVIDED TO THE ILSI NORTH AMERICA PRESIDENT, WHO SETS THE EXECUTIVE DIRECTOR'S COMPENSATION AT A FIGURE THAT IS WITHIN THE RANGE DETERMINED BY THE COMPENSATION REVIEWERS TO BE REASONABLE. THE COMPENSATION REVIEWERS RECORD THEIR DECISION IN CONTEMPORANEOUS WRITTEN MINUTES IN ACCORDANCE WITH THE IRS SAFE HARBOR REGULATION WITH REGARD TO EXCESS BENEFITS. THERE ARE NO COMPENSATED OFFICERS OTHER THAN THE EXECUTIVE DIRECTOR. THE COMPENSATION OF OTHER ILSI NORTH AMERICA EMPLOYEES IS NOT DETERMINED IN ACCORDANCE WITH THE PROCEDURE DESCRIBED ABOVE. INSTEAD, THOSE EMPLOYEES' COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH HIGH-TO-LOW RANGES ESTABLISHED BY THE DIRECTOR OF HUMAN RESOURCES IN COOPERATION WITH THE EXECUTIVE DIRECTOR. THE COMPENSATION REVIEW FOR THE COMPENSATED OFFICERS (CURRENTLY ONLY THE EXECUTIVE DIRECTOR) DOES INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. COMPENSATION OF EMPLOYEES THAT IS NOT SUBJECT TO SUCH A REVIEW IS ESTABLISHED BY THE EXECUTIVE DIRECTOR, WHO IS INDEPENDENT OF THE EMPLOYEES, AND IT IS NORMALLY BASED ON AN INFORMAL REVIEW OF COMPARABLE COMPENSATION IN NON-PROFIT CORPORATIONS OF THE SAME SIZE IN THE WASHINGTON, DC AREA. THE PROCESS BY WHICH COMPENSATION IS SET IS DOCUMENTED IN WRITING, BUT THIS IS NOT DONE IN THE SAME FORMAL MANNER AS REVIEW BY THE COMPENSATION COMMITTEE.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND AN ANNUAL REPORT CONTAINING A FINANCIAL REPORT ARE POSTED ON WEBSITE AUDITED FINANCIAL STATEMENTS WILL BE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -195,729

Additional Data

Software ID:
Software Version:
EIN: 52-1745052
Name: ILSI NORTH AMERICA

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code	(Expenses \$	1,720,816	including grants of \$	203,040	(Revenue \$	165
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ADDITIONAL PROGRAMS ENERGY BALANCE &ACTIVE LIFESTYLE, CONFLICT OF INTEREST/SCIENTIFIC INTEGRITY,CARBOHYDRATES COMMITTEE, DIETARY LIPIDS COMMITTEE, EMERGING ISSUES, HYDRATION, EARLY NUTRITION, PC ON FLAVONOIDS, COMMUNICATIONS, FUTURE LEADER AWARDS, FOOD PACKAGING SAFETY, CAFFEINE COMMITTEE, GUT MICROBES AND HEALTH, FOOD NUTRITION & SAFETY COMMITTEE, OTHER SCIENTIFIC PROGRAMS, NUTRIENT FORTIFICATION, OTHER, LOW-CALORIE SWEETENERS, PC ON SODIUM, TC ON ENERGY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
ROBERT D STEELE PHD CHAIR	2 00	X		X				0	0
DAVID B BALLISON PHD VICE CHAIR	2 00	X		X				0	0
RHONDA S APPLEBAUM PHD PRESIDENT	2 00	X		X				0	0
F KERR DOW PHD VICE PRESIDENT	2 00	X		X				0	0
JAMES M MEAD SECRETARY/TREASURER	2 00	X		X				0	0
JOHN W ERDMAN PHD MEMBER AT LARGE	2 00	X		X				0	0
NANCY A HIGLEY PHD MEMBER AT LARGE	2 00	X		X				0	0
STEPHANIE A ATKINSON PHD TRUSTEE	2 00	X						0	0
DOUGLAS BAILENTINE PHD TRUSTEE	2 00	X						0	0
GARY BEAUCHAMP PHD TRUSTEE	2 00	X						0	0
AL BOLLES TRUSTEE	2 00	X						0	0
BENJAMIN CABALLERO MD PHD TRUSTEE	2 00	X						0	0
FERGUS M CLYDESDALE PHD TRUSTEE	2 00	X						0	0
ADAM DREWNOWSKI PHD TRUSTEE	2 00	X						0	0
MICHAEL P DOYLE PHD TRUSTEE	2 00	X						0	0
GEORGE DUNAIF PHD TRUSTEE (TO JUN '11)	2 00	X						0	0
JOHANNA T DWYER DSC RD TRUSTEE	2 00	X						0	0
MARK W EMPIE PHD TRUSTEE	2 00	X						0	0
KENNETH FALCI PHD TRUSTEE	2 00	X						0	0
JAMES O HILL PHD TRUSTEE	2 00	X						0	0
JANET C KING PHD TRUSTEE	2 00	X						0	0
KARL C KRAMER TRUSTEE	2 00	X						0	0
DARYL LUND PHD TRUSTEE	2 00	X						0	0
JOANNE R LUPTON PHD TRUSTEE	2 00	X						0	0
MARK NELSON PHD TRUSTEE	2 00	X						0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
SUSAN OFFUTT PHD TRUSTEE	2 00	X					0	0	0
RICHARD RAYMOND MD TRUSTEE	2 00	X					0	0	0
STEVEN W RIZK PHD TRUSTEE	2 00	X					0	0	0
FRANK SABELLA TRUSTEE	2 00	X					0	0	0
DAVID THOMAS PHD TRUSTEE	2 00	X					0	0	0
M ELIZABETH WESTRING PHD TRUSTEE	2 00	X					0	0	0
ERIC J HENTGES EXECUTIVE DIRECTOR	40 00			X			220,858	0	25,257
BETH-ELLEN BERRY CHIEF FINANCIAL OFFICER	10 00			X			0	0	0
SHARON WEISS DEPUTY EXECUTIVE DIRECTOR	40 00				X		133,619	0	34,803