2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part 1 1 2 2 2 2 3 4 1 2 2 2 2 3 3 4 3 2 2 2 3 3 3 3 3 3	Α	For the 2008 calend	dar year, or tax year beginning	, 2008, and ending		·
New Force Section Se	В		C		D Employer	dentification number
Website: NTAUSA.ORG Website: NTO State		Address change use I	Rs NUTRITION INSTITUTE OF AMERICA,	INC	23-74	28527
New York, NY 10024 September Septemb			oricio cada milit e ve asua bduvima.	Y	E Telephone	number
Record Septical	⊢	Initial return type	NEW YORK, NY 10024		(646)	505-4660
**Section 501(cX3) organizations and 4947(aY1) nonexempt charitable trusts **Section 501(cX3) organizations and 4947(aY1) nonexempt charitable trusts Website: **NTAUSA.ORG	\vdash	Termination Spec	afic			
Website: NTAUSA ORG I webs	E	tions				<u> </u>
Website: NITAUSA, ORG Secretary Solic (3) cinsert no 497(a)X1) or 527 secretary 590-EZ, or 990-EZ, o		• Section 501(d must a	:X3) organizations and 4947(aX1) nonexempt charitab attach a completed Schedule A (Form 990 or 990-EZ).			Cash X Accrual
**Check ** Check ** C	ı			required	to attach Sche	ganization is not dule B (Form 990,
\$25,000 Å Teturn is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 \$3	<u>J</u>			a)(1) UI 1327		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 88, 419.	к —	\$25,000 A return is	s not required, but if the organization chooses to file a	return, be sure to file a comp	ts are normally olete return	not more than
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 3 3 3 3 3 3 3	8	instead of Form 990	D-EZ		<u>-</u> <u>+</u>	
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					/	Form 990-EZ (2008)

		TUTE OF AMERICA, I			742	28527 Page 2						
Part III Stat	<u>tement of Program Se</u>	rvice Accomplishments	See the instruction	ons.)]	Expenses						
Describe what was describe the service	n's primary exempt purpose? <u>Se</u> s achieved in carrying out ti ces provided, the number o	e Statement 3 he organization's exempt purp f persons benefited, or other	ooses In a clear and corelevant information for	oncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional						
program title	<u> </u>	<u> </u>			for o	thers)						
					28 a							
) IT (his amount includes foreign g	rants, check here		28 a	 						
29					4							
		his amount includes foreign g			29 a							
			rants, check here		234							
30												
(Grants \$	(Grants \$) If this amount includes foreign grants, check here											
	m services (attach schedul		·									
(Grants \$		his amou <u>nt</u> includes foreign g	rants, check here	▶ □	31 a							
	m service expenses (add I			•	_							
		, Trustees, and Key Em	plovees. (List each o	ne even if not co		sated See the instrs.)						
1 41(17 213(. 01 01110013, 211001013	(b) Title and average hours		(d) Contributions		(e) Expense account						
	me and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ns and ation	and other allowances						
GARY NULL		Director	0.		0.	0.						
200 OCEAN D MIAMI BEACH	, FL 33139	0										
JOSEPH J. C		_ Secretary	0.		0.	0.						
2307 BROADW	'AY	0										
NEW YORK, N	Y 10024											
DOUG HENDER 2307 BROADW NEW YORK, N	AY	President 0	0.		0.	0.						
NEW TORRY, N	1 10024		<u> </u>									
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ı u	Cite information (Note the statement requirement in deneral instruction V.)			
	•		Yes	No
33	Dig the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
-	each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,			
33	attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
•	proxy tax requirements?	35 a		Х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
20	West have a liquidation, discolution, termination, or substantial contraction division the ward			
30	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
1	b Did the organization file Form 1120-POL for this year?	37 b		Х
20.	Did the every bear house, from a make an ilease to any office, divisite, by attending to a series of the control of the contro			
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
				\vdash
,	5 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40 b		X
,	Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 ▶			Ì
(d Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u> X</u>
41	List the states with which a copy of this return is filed None			
42	a The books are in care of ► JOSEPH_CHUNGA Telephone no ► (646)	505	<u>-466</u>	<u> </u>
	Located at ► 2307 BROADWAY NEW YORK NY ZIP + 4 ► 10024			
		Г		
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country			
	Contho advantage of a contract of the contract			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			37
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
42	Control 4047(1)(1)		_	37 / 3
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		^ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		1	Yes	No
	B.M.		,	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45				
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BAA		m 990	-EZ (

Form 990-EZ (2008) NUTRITION INSTITUT	TE OF AMERICA, I	NC	23-7428	3527	Page 4
Part VI Section 501(c)(3) organization and complete the tables for li	ns only. All section		tions must answer qu	uestions 4	6-49
46 Die the organization engage in direct or indi		ctivities on behalf of or		es \	es No
for public office? If 'Yes,' complete Schedul	e C, Part I		ar opposition to canadate	46	X
47 Did the organization engage in lobbying act48 Is the organization operating a school as de	•		plete Schedule F	47	X
49 a Did the organization make any transfers to	• • •		proto concadio L	49 a	$\frac{1}{X}$
b If 'Yes,' was the related organization(s) a se	ction 527 organization?			49 b	
50 Complete this table for the five highest com received more than \$100,000 of compensations.	pensated employees (oth on from the organization	ner than officers, directors. If there is none, enter	ors, trustees and key emp	oloyees) who	each
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account other allow	and
None					
	-				
Total number of other employees paid over \$100,000	<u> </u>				
51 Complete this table for the five highest com from the organization. If there is none, enter	pensated independent co r 'None '	ontractors who each rec	eived more than \$100,000	0 of comper	isation
(a) Name and address of each independent co	intractor paid more than \$100,000	0	(b) Type of service	(c) Comper	ısatıon
None					
Tabal assertion of all the same days and a same days and a same days are same days and a same days are same days and a same days are same days	#100.000				
Total number of other independent contractors re Under penalties of perjury, I declare that I have ex-	amined this return, including acco	ompanying schedules and state	ments, and to the best of my know	wledge and belie	ef, it is
true, correct, and complete Declaration of prepare	er (other than officer) is based				
Sign Here Signature of officer	0.00				
5 1 W	y / del				
Type or print name and title	1)//				
Paid Pre- Preparer's Stacey Mirinav	1ciene MBA,CPA				
Pre-					

Firm's name (or yours if self-employed), address, and ZIP + 4 parer's Use 95 EDWARDS ST # 2A ROSLYN HEIGHTS, NY 11577-110 Only May the IRS discuss this return with the preparer shown above? See in BAA

ROSLYN ACCOUNTING SERVICES,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Open to Public Inspection

	of the organization							Employ	er identific	cation number	
NUT	RITION INSTITU	TE OF AMERICA	, INC				_	23-7	742 <u>85</u> 2	27	
Par	t Reason for Pu	ublic Charity Stat	us (All organizations	must	compl	ete th	is part	.) (see	ınstru	ctions)	
The c	organization is not a pr	ivate foundation beca	iuse it is: (Please check	only on	e organiz	zation.)					
1	A church, convent	ion of churches or as	sociation of churches des	scribed	ın sectio	on 170(b)(1)(A)(i	i).			
2	A school described	d in section 170(b)(1)	(A)(iı). (Attach Schedule	E)							
3	A hospital or coop	erative hospital servi	ce organization described	d in sec	tion 170	(b)(1)(A)(iii) . (A	ttach So	chedule	H)	
4	A medical researc	h organization operat	ed in conjunction with a	hospital	describ	ed in se	ection 1	70(b)(1)	(A)(iii) E	Enter the hospital's	
	name, city, and st								- -		
5	170(b)(1)(A)(iv). (Complete Part II.)	t of a college or universit						al unit d	escribed in sectior	t
6 7	An organization th		governmental unit descr a substantial part of its s Part II)						m the g	eneral public descr	ıbed
8			170(b)(1)(A)(vi). (Comple	ete Part	11)						
9	from activities relate	ed to its exempt functio	more than 33-1/3 % of its ns – subject to certain exc ess taxable income (less Complete Part III)	eptions.	and (2)	no more	than 33	-1/3 % o	fits supr	oort from aross	iter
10	An organization or	ganized and operated	d exclusively to test for p	ublic sa	fety See	e sectio	n 509(a)(4). (se	e instru	ctions)	
11	more publicly supr	ported organizations	d exclusively for the bene described in section 509(zation and complete line	(a)(1) or	section	509(a)	nctions (2) See	of, or ca section	arry out 1 509(a)(the purposes of on 3). Check the box	e or that
	a Type I	b Type II	c ☐ Type II				ated		d 🗌	Type III- Other	
е	By checking this be than foundation me 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control an one or more publicly s	lled dire supporte	ctly or ind d organi	ndırectly ızatıons	by one describ	or more ed in se	e disqua ection 50	lified persons othe 9(a)(1) or section).
f	If the organization check this box	received a written de	termination from the IRS	that is	a Type I	, Type	ll or Typ	e III sup	oporting	organization,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	or contri	bution fr	om any	of the f	ollowing	person	s?	_
											No
	(i) a person who	o directly or indirectly everning body of the s	controls, either alone or supported organization?	togethe	r with pe	ersons c	lescribe	d in (ii)	and (III)	11g(i)	
	=	nber of a person des								11 g (ii)	
	• • • • • • • • • • • • • • • • • • • •	•	n described in (i) or (ii) a	hove?						11 g (iii)	
h	` '		the organizations the org		ก รมถอด	orts				(3 ()	
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organiza (i) liste gov	Is the tion in col d in your erning iment?	(v) Did the organ	you notify nization in (i) of upport?	organiza	Is the tion in col ized in the S?	(vii) Amount of Supp	ort
				Yes	No	Yes	No	Yes	No		
_]		}				
					-		 				
				-							
Total				Į.	, ,	ļ					

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

Schedule A (Form 990 or 990-EZ) 2008

	Support Schedule for	-			(b)(1)(A)(IV) al	י(ם) שלו מר	(I)(A)(VI)
Se	(Complete only if you check ction A. Public Support	ked the box on lin	ie 5, 7, or 8 of Pa	art 1)				
Cal	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08	(f) Total
1								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3							
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 	Public support. Subtract line 5 from line 4				•			_
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on						_	
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see ins	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 5	601(c)((3)
Sec	tion C. Computation of Pub	olic Support P	ercentage					
14	Public support percentage for 20	08 (line 6, columi	n (f) divided by lir	ne 11, column (f)			14	%_
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			L	15	%
16 a	33-1/3 support test – 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or mo	ore, ch	neck this box ►
b	33-1/3 support test — 2007. If the and stop here. The organization of	e organization did qualifies as a , 5	not check a box licly supported or	on line 13, or 16a rganization	, and line 15 is 33	1-1/3% or m	ore, cl	heck this box
17 a	10%-facts-and-circumstances teror more, and if the organization rete the organization meets the 'facts'	neets the 'facts-a	nd-circumstances	s' test, check this	box and stop here	e. Explain ir	Part	IV how
b	10%-facts-and-circumstances test or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-a	nd-circumstances	s' test, check this i	box and stop here	e. Explain in	Part	15 is 10% IV how the
18 3AA	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a				tructions ► 0 or 990-EZ) 2008

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

	(Ccmplete only if you che	cked the box on li	ine 9 of Part I)				
Sect	ion A. Public Support						
Calend	dar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	315,777.	7,652.	15,394.	7,200.		346,023
- ; ; ;	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 (Gross receipts from activities that are not an unrelated trade or business under section 513						0.
(€ 1	Tax revenues levied for the organization's benefit and either paid to or expended on ts behalf						0.
f	The value of services or acilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1-5	315,777.	7,652.	15,394.	7,200.	0.	346,023.
	Amounts included on lines 1, 2, 3 received from disqualified	1		ļ			
Þ	persons	0.	0.	0.	0.	0.	0.
c e t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, 10c, 11c, 11	0.	0.	0.	0.	0.	0
	and 12 for the year or \$5,000 Add lines 7a and 7b	0.	0.	0.	0.	0.	0. 0.
	Public support (Subtract line						
	'c from line 6)						346,023.
	on B. Total Support				_ _	<u>-</u>	0.107.020.
	dar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	315,777.	7,652.	15,394.	7,200.	0.	346,023.
10 a C d o rc	Gross income from interest, lividends, payments received in securities loans, rents, oyalties and income form imilar sources	709.	7,002.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		709.
ır ta	Inrelated business taxable ncome (less section 511 axes) from businesses cguired after June 30, 1975	709.					0.
c A	dd lines 10a and 10b	709.	0.	0.	0.	0.	709.
ac w	et income from unrelated business ctivities not included inline 10b, hether or not the business is egularly carried on						0.
a.	Other income Do not include ain or loss from the sale of apital assets (Explain in art IV)						0.
	otal support. (add Ins 9, 10c, 11, and 12)						346,732.
01	irst five years. If the Form 990 irganization, check this box and on C. Computation of Pub	stop nere		, third, fourth, or	fifth tax year as	a section 501(c)(3)	► [X]
	ublic support percentage for 200			13 column (f))		15	%
	ublic support percentage for 200 ublic support percentage from 2	•	• •			16	
	on D. Computation of Inve					1 10 1	70
	ivestment income percentage fo			hy line 13 colum	n (f))	17	
	ivestment income percentage for		= -	=	(1)	18	
19 a 33 m	3-1/3 support tests – 2008. If the or ore than 33-1/3%, check this bo	rganization did not cl ox and stop here. "	heck the box on line The organization o	e 14, and line 15 is qualifies as a publ	licly supported or	, and line 17 is not ganization	▶ □
	3-1/3 support tests – 2007. If the not more than 33-1/3%, check rivate foundation. If the organiz						and line 18

Schodulo A	A (Form 990 o	. 000 E7\ 2	חווות פחח	וא∩דידדםי	TNC	דייוויד	OF :	AMERT	רא דו	ıc	23-7	428527		Page 4
Part IV	Suppleme Past II, In	ental Infor	mation.	Complete	e this	part to	provid	de the	explan	ation re	equired by	y Part II,	line 10	i age
	Past II, Im	e 17a or 1	17b; or P	art III, lır	ne 12.	Provide	e any	other	additio	nal ınfo	rmation.	(see ins	tructions	s)
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TEEA0404L 10/07/08

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Schedule A (Form 990 or 990-EZ) 2008

2008	Federal Sta	atements		Page 1
•	NUTRITION INSTITUTE	OF AMERICA, INC		23-742852
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses	5			
BANK AND CREDIT CARD I FILLING FEES PRN PRODUCTION	FEES		\$ Total <u>\$</u>	2,504. 1,980. 70,242. 6,151. 80,877.
Statement 2 Form 990-EZ, Part II, Line 2 Total Liabilities	6			
Payable to Officers, I	Directors, Etc.	<u>Begi</u> Total <u>\$</u>	1,600. \$ 1,600. \$	2,382. 2,382.
	empt Purpose ATED VIDEOS AND RADIO I AL AND NUTRITIONAL ISS		D THE PUBLI	C
Statement 4 Form 990-EZ, Part VI Regarding Transfers Assoc	ciated with Personal Benefit	Contracts		
indirectly, to pay pre (b) Did the organizat	tion, during the year, emiums on a personal be tion, during the year, onal benefit contract?	enefit contract?	_	No No