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2014

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization DAIRY MANAGEMENT INC		D Employer identification number 36-3992031
<input type="checkbox"/> Address change	% CAROLYN GIBBS CFO		
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 10255 W Higgins Road suite 900	Room/suite	E Telephone number (847) 803-2000
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code Rosemont, IL 60018		G Gross receipts \$ 145,039,566
<input type="checkbox"/> Application pending	F Name and address of principal officer Thomas Gallagher 10255 W Higgins Road ste 900 Rosemont, IL 60018		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) (6) ► (insert no) 4947(a)(1) or 527J Website: ► www.dairyinfo.comK Form of organization Corporation Trust Association Other ► L Year of formation 1995 M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To invest dairy producer checkoff funds in strategic, coordinated mark strategic, coordinated marketing programs designed to increase consumption of dairy products both domestically and internationally

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)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3	81
						4	81
						5	260
						6	51
						7a	0
						7b	

8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
					0	0
					141,043,618	145,039,566
					0	0
					0	0
					141,043,618	145,039,566

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19 Revenue less expenses Subtract line 18 from line 12	Prior Year	Current Year
							0	0
							23,681,158	31,753,801
							0	0
							116,362,460	112,285,765
							141,043,618	145,039,566
								0

20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
			23,277,664	16,937,738
			23,277,664	16,937,738
			0	0

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 Carolyn Gibbs CFO Type or print name and title	2015-11-05 Date
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Paid Preparer Use Only	Print/Type preparer's name TAMARA TARAZI	Preparer's signature TAMARA TARAZI	Date	Check <input type="checkbox"/> if self-employed	PTIN P01266026
	Firm's name ► ERNST & YOUNG US LLP			Firm's EIN ►	
	Firm's address ► 155 N Wacker Drive Chicago, IL 60606			Phone no (312) 879-2000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part II

1 Briefly describe the organization's mission

DAIRY MANAGEMENT INC (DMI) WAS FORMED IN 1995 BY THE NATIONAL DAIRY PROMOTION AND RESEARCH BOARD (NDB) AND THE UNITED DAIRY INDUSTRY ASSOCIATION (UDIA). DMI IS A MANAGEMENT ORGANIZATION THAT INVESTS DAIRY PRODUCER CHECKOFF FUNDS IN STRATEGIC, COORDINATED MARKETING PROGRAMS DESIGNED TO INCREASE CONSUMPTION OF U.S. DAIRY PRODUCTS BOTH DOMESTICALLY AND INTERNATIONALLY. THE FORMATION OF DMI HAS CREATED EFFICIENCIES, GAINED THROUGH THE ELIMINATION OF REDUNDANCIES AND THE POWER OF JOINT PLANNING.

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 C

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
DMI SUPPORTS A RANGE OF PROGRAMS INCLUDING CONSUMER INSIGHTS, NEW PRODUCT DEVELOPMENT, STORE TESTS, TEST MARKETS, PROMOTIONS AND CONSUMER COMMUNICATIONS. DMI WORKS IN PARTNERSHIP WITH INFLUENTIAL AND GLOBALLY RECOGNIZED COMPANIES TO PROVIDE CONSUMERS WITH GREAT-TASTING DAIRY PRODUCTS. DMI HAS ONSITE SCIENTISTS, CULINARY SUPPORT, NUTRITION CONSULTANTS AND MARKETING SUPPORT WORKING CLOSELY WITH OUR PARTNERS WHICH HAS LED TO 23 NEW PRODUCTS THAT INCLUDE DAIRY, 22 TELEVISION/PRINT ADS AND 2 NATIONAL RETAIL PROMOTIONS OF WHICH ALL MOVED DAIRY PRODUCTS. DURING 2014, MCDONALD'S INTRODUCED A PORTABLE STRAWBERRY YOGURT SNACK (GO-GURT) TO THE NATIONAL MENU AS A SIDE ITEM FOR HAPPY MEALS AND AN A LA CARTE MENU ITEM. SIMULTANEOUSLY, THEY REMOVED CARBONATED SOFT DRINKS FROM THE HAPPY MEAL MENU BOARDS AND MADE MILK THE DEFAULT BEVERAGE. THE CHAIN RECENTLY ANNOUNCED THAT SINCE THE GO-GURT LAUNCH THROUGH MAY 2015, THEY HAVE SOLD MORE THAN 161 MILLION TUBES OF GO-GURT. DOMINO'S ALONE INCREASED TOTAL CHEESE VOLUME BY MORE THAN 4% VERSUS THE PRIOR YEAR, AND GREW ITS SMART SLICE SCHOOL PIZZA BY MORE THAN 50 SCHOOL DISTRICTS REPRESENTING 500 SCHOOLS. THROUGH NATIONAL "MAKE IT WITH MILK" PROMOTIONS WITH QUAKER, CONSUMERS WERE ENCOURAGED TO MAKE OR ENJOY THEIR QUAKER PRODUCTS WITH MILK. TWO RETAILERS THAT ACCOUNT FOR MORE THAN 20% OF TOTAL WHITE MILK VOLUME SOLD AN ADDITIONAL 184 MILLION POUNDS OF MILK. THE PARTNERSHIP WITH TACO BELL CONTINUES TO SUPPORT DAIRY VOLUME GROWTH, ESPECIALLY AS THEIR BREAKFAST SELECTIONS CONTINUE TO GROW. BREAKFAST LAUNCHED DURING MARCH 2014 AND HIGHLIGHTS DAIRY IN THE MAJORITY OF THE ITEMS OFFERED, AND REPRESENTS AN ESTIMATED 6% OF SALES. PIZZA HUT CONTINUES TO INNOVATE IN THE CATEGORY WITH NEW RECIPES AND INGREDIENTS, INCLUDING ASIAGO, CHEDDAR AND PARMESAN CHEESES, TO HELP DRIVE DAIRY VOLUME.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
EXPORT DMI Implements marketing programs to facilitate the sales of U S produced dairy products in international markets and U S produced dairy ingredients within and outside the United States. DMI also provides trade policy and access support for exports into international markets.

4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
HEALTH AND WELLNESS Fuel Up to Play 60 (FUTP 60) is dairy's best success story when it comes to advancing health and wellness among youth. At its core, FUTP 60 is an in-school health and wellness program designed to engage and empower youth to take action for their own health by implementing long-term, positive changes for themselves, their schools and beyond. Customizable and non-prescriptive program components are grounded in research with youth, including tools and resources, in-school promotional materials, a website and student engagement activities. Launched nationally in 2009, FUTP 60 was founded by the National Dairy Council (NDC) and the National Football League (NFL), in collaboration with the U.S. Department of Agriculture. Since that time it has grown into the largest health and wellness program in schools across the country and is currently active in more than 73,000 schools that is three-fourths of all the schools in the United States, reaching more than 38 million students. The program has helped to increase demand for school environments that support proper nutrition and physical activity. The program has not only been well received by schools as it helps them improve the school health and wellness environment, but also has been embraced by those outside of the dairy industry who see the value of engaging in the program including many other health and nutrition organizations. Our success with FUTP 60 goes beyond healthy eating and physical activity in schools. It is about the total health of the child, from the hungry to healthy, which includes the connection between health and academic achievement - or the "learning connection" - to telling the story of how dairy foods get from the farm to the table.					

4d Other program services (Describe in Schedule O)

(Expenses \$)

including grants of \$

) (Revenue

4e Total program service expenses ►

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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 XI

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

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 and XII 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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)

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 hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		
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 11b 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 or note to any line in this Part V

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	111	
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	260	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
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" to line 3b, 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, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	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 as charitable contributions? . . .	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		
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		
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			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c		
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 or note to any line 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	81		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	81		
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		No	
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		No	
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	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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		No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
CAROLYN GIBBS CFO 10255 W HIGGINS RD SUITE 900 ROSEMONT, IL 60018 (847) 627-3272	

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,058,512	251,050	1,407,988

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 ►107

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NFL Properties LLC, PO Box 27278 NEW YORK, NY 100877278	Promotion	7,300,625
Daniel J Edelman Inc, 21992 Network Place CHICAGO, IL 60637	Agency Services	13,603,124
MMS Education, 105 Terry Drive Suite 120 NEWTOWN, PA 18940	Agency Services	3,268,295
Team Services LLC, 1700 Rockville Pike Suite 615 ROCKVILLE, MD 20852	Agency Services	1,602,397
McLeod Watkinson Miller, One Massachusetts Ave NW Ste 800 WASHINGTON, DC 20001	Legal services	1,332,130
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 ►24		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 0				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$	0				
	h Total. Add lines 1a-1f	►	0			
Program Service Revenue	2a Program Funding Revenue	Business Code 900099	102,728,328	102,728,328	0	0
	b Core Funding Revenue	900099	38,563,134	38,563,134	0	0
	c Contract Service Revenue	900099	3,748,104	3,748,104	0	0
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	►	145,039,566			
	3 Investment income (including dividends, interest, and other similar amounts)	►	0			
4 Income from investment of tax-exempt bond proceeds	►	0				
5 Royalties	►	0				
6a Gross rents	(I) Real	(II) Personal				
b Less rental expenses						
c Rental income or (loss)	0	0				
d Net rental income or (loss)	►		0			
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)	►		0			
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	►	0				
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	►	0				
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	►	0				
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►	0				
12 Total revenue. See Instructions	►	145,039,566	145,039,566	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,000,000	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,978,673	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	22,145,110	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,084,809	0	0	0
9 Other employee benefits	2,054,253	0	0	0
10 Payroll taxes	1,490,956	0	0	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	677,114	0	0	0
c Accounting	304,967	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	345,392			
12 Advertising and promotion	0	0	0	0
13 Office expenses	1,228,306	0	0	0
14 Information technology	1,078,099	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	2,141,567	0	0	0
17 Travel	3,849,384	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	766,081	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	441,027	0	0	0
23 Insurance	134,286		0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Domestic Marketing	80,191,570		0	0
b Export	16,698,755		0	0
c Research	7,180,762		0	0
d Shared Staff	-3,072,834		0	0
e All other expenses	321,289			
25 Total functional expenses. Add lines 1 through 24e	145,039,566	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	112,131	1 137,247
	2 Savings and temporary cash investments	0	2 0
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	971,485	4 1,403,148
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6 0
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	0	8 0
	9 Prepaid expenses and deferred charges	278,624	9 8,240,101
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,049,719	
	b Less accumulated depreciation	10b 3,378,668	2,071,662 10c 1,671,051
	11 Investments—publicly traded securities	0	11 0
	12 Investments—other securities See Part IV, line 11	0	12 0
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets See Part IV, line 11	19,843,762	15 5,486,191
	16 Total assets. Add lines 1 through 15 (must equal line 34)	23,277,664	16 16,937,738
Liabilities	17 Accounts payable and accrued expenses	19,219,415	17 16,153,921
	18 Grants payable	0	18 0
	19 Deferred revenue	250,000	19 200,622
	20 Tax-exempt bond liabilities	0	20 0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	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	3,808,249	25 583,195
	26 Total liabilities. Add lines 17 through 25	23,277,664	26 16,937,738
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	0	33 0
	34 Total liabilities and net assets/fund balances	23,277,664	34 16,937,738

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	145,039,566
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,039,566
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 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	3a	No
	3b	

Additional Data

Software ID:
Software Version:
EIN: 36-3992031
Name: DAIRY MANAGEMENT INC

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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	Key employee	Highest compensated			
(26) PAUL BROERING DIRECTOR	1 0 1 0	X					0	7,400	0
(1) BOBBY COMBS DIRECTOR	1 0 1 0	X					0	3,000	0
(2) BRYAN DAVIS DIRECTOR	1 0 1 0	X					0	4,000	0
(3) TOM DORSEY DIRECTOR	1 0 1 0	X					0	6,000	0
(4) STEVE P FRISCHKNECHT DIRECTOR	1 0 1 0	X					0	3,900	0
(5) STEVE GRAYBEAL DIRECTOR	1 0 1 0	X					0	2,100	0
(6) DONALD GURTNER DIRECTOR	1 0 1 0	X					0	3,800	0
(7) DAVID SKIP HARDIE SECRETARY	1 0 1 0	X					0	10,100	0
(8) JERREL HEATWOLE DIRECTOR	1 0 1 0	X					0	3,600	0
(9) VERNON HORST DIRECTOR	1 0 1 0	X					0	5,300	0
(10) ROBERT KRAN DIRECTOR	1 0 1 0	X					0	4,500	0
(11) ALLEN MERRIL DIRECTOR	1 0 1 0	X					0	4,800	0
(12) JERRY G MESSER DIRECTOR	1 0 1 0	X					0	6,600	0
(13) KEN NOBIS DIRECTOR	1 0 1 0	X					0	600	0
(14) LYNN RAMSEY DIRECTOR	1 0 1 0	X					0	2,600	0
(15) PAUL E ROVEY BOARD CHAIR	1 0 1 0	X					0	48,000	0
(16) JOAN D SMITH DIRECTOR	1 0 0 0	X					0	0	0
(17) JAY STAUFFACHER DIRECTOR	1 0 0 0	X					0	0	0
(18) PAUL DOTON DIRECTOR	1 0 1 0	X					0	6,200	0
(19) LARRY ALEXANDER DIRECTOR	1 0 1 0	X					0	5,000	0
(20) ELIZABETH ANDERSON DIRECTOR	1 0 1 0	X					0	3,600	0
(21) RYAN ANGLIN DIRECTOR	1 0 1 0	X					0	9,400	0
(22) AUDREY DONAHOE DIRECTOR	1 0 1 0	X					0	4,700	0
(23) GLEN EASTER DIRECTOR	1 0 1 0	X					0	0	0
(24) BRIAN ESLPIN DIRECTOR	1 0 1 0	X					0	6,400	0

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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	Key employee	Highest compensated			
(101) CAROLYN GIBBS CFO	40 0 1 0			X			393,599	0	42,570
(1) KEVIN PONTICELLI SENIOR EXECUTIVE VP	40 0 0 0				X		508,203	0	25,909
(2) BARBARA O'BRIEN SENIOR EXECUTIVE VP	40 0 0 0				X		467,461	0	59,893
(3) DANIEL CHAVKA EXECUTIVE VICE PRESIDENT	40 0 0 0					X	330,476	0	146,729
(4) THOMAS SUBER EXECUTIVE VICE PRESIDENT	40 0 0 0					X	498,234	0	376,969
(5) GREGORY MILLER EXECUTIVE VICE PRESIDENT	40 0 10 0					X	433,000	0	344,923
(6) MOLLIE WALLER EXECUTIVE VICE PRESIDENT	40 0 0 0					X	375,539	0	142,511
(7) MARC BECK EXECUTIVE VICE PRESIDENT	40 0 0 0					X	420,590	0	131,251

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**
DAIRY MANAGEMENT INC**Employer identification number**

36-3992031

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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			1,484,511	524,647	959,864
d Equipment	0	1,542,111	1,124,226	417,885	
e Other		2,023,097	1,729,795	293,302	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					1,671,051

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
		</td

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	145,039,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	145,039,566
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	145,039,566

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	145,039,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	145,039,566
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	145,039,566

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information (continued)

Return Reference	Explanation

**Schedule 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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
DAIRY MANAGEMENT INC

Employer identification number

36-3992031

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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) Youth Improved Inc 10255 WEST HIGGINS RD ROSEMONT, IL 60018	27-0988546	501(C)(3)	1,000,000				Program service Expenses

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

1

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	The organization reported on Schedule I received a contribution from Dairy Management Inc (DMI), but not a grant. DMI's accounting department books contributions made to other 501(c)(3) organizations.

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

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
DAIRY MANAGEMENT INC

Employer identification number

36-3992031

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

<input checked="" 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 checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" 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 of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS GALLAGHER, CEO	(i) 500,000 (ii) 0	(i) 50,000 (ii) 0	(i) 81,410 (ii) 0	(i) 125,757 (ii) 0	(i) 11,476 (ii) 0	(i) 768,643 (ii) 0	(i) 0 (ii) 0
2 DANIEL CHAVKA, EXECUTIVE VICE PRESIDENT	(i) 304,943 (ii) 0	(i) 0 (ii) 0	(i) 25,533 (ii) 0	(i) 122,959 (ii) 0	(i) 23,770 (ii) 0	(i) 477,205 (ii) 0	(i) 0 (ii) 0
3 KEVIN PONTICELLI, SENIOR EXECUTIVE VP	(i) 359,800 (ii) 0	(i) 107,900 (ii) 0	(i) 40,503 (ii) 0	(i) 27,005 (ii) 0	(i) -1,096 (ii) 0	(i) 534,112 (ii) 0	(i) 0 (ii) 0
4 THOMAS SUBER, EXECUTIVE VICE PRESIDENT	(i) 355,000 (ii) 0	(i) 110,000 (ii) 0	(i) 33,234 (ii) 0	(i) 350,567 (ii) 0	(i) 26,402 (ii) 0	(i) 875,203 (ii) 0	(i) 0 (ii) 0
5 GREGORY MILLER, EXECUTIVE VICE PRESIDENT	(i) 305,000 (ii) 0	(i) 100,000 (ii) 0	(i) 28,000 (ii) 0	(i) 323,653 (ii) 0	(i) 21,270 (ii) 0	(i) 777,923 (ii) 0	(i) 0 (ii) 0
6 BARBARA O'BRIEN, SENIOR EXECUTIVE VP	(i) 340,000 (ii) 0	(i) 100,000 (ii) 0	(i) 27,461 (ii) 0	(i) 34,469 (ii) 0	(i) 25,424 (ii) 0	(i) 527,354 (ii) 0	(i) 0 (ii) 0
7 MOLLIE WALLER, EXECUTIVE VICE PRESIDENT	(i) 260,000 (ii) 0	(i) 90,000 (ii) 0	(i) 25,539 (ii) 0	(i) 132,489 (ii) 0	(i) 10,022 (ii) 0	(i) 518,050 (ii) 0	(i) 0 (ii) 0
8 CAROLYN GIBBS, CFO	(i) 270,000 (ii) 0	(i) 100,000 (ii) 0	(i) 23,599 (ii) 0	(i) 27,000 (ii) 0	(i) 15,570 (ii) 0	(i) 436,169 (ii) 0	(i) 0 (ii) 0
9 MARC BECK, EXECUTIVE VICE PRESIDENT	(i) 283,787 (ii) 0	(i) 17,500 (ii) 0	(i) 119,303 (ii) 0	(i) 114,991 (ii) 0	(i) 16,260 (ii) 0	(i) 551,841 (ii) 0	(i) 87,114 (ii) 0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	FIRST CLASS TRAVEL IS ONLY AVAILABLE TO THE CEO AS AUTHORIZED BY THE BOARD OF DIRECTORS THE TRAVEL IS NOT TAXABLE SINCE IT IS PART OF AN ACCOUNTABLE PLAN TAX INDEMNIFICATION IS AVAILABLE TO THE CEO ONLY AND IS INCLUDED IN TAXABLE WAGES THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAVE THE OPTION OF RECEIVING HEALTH CLUB BENEFITS UNDER THE EXECUTIVE FLEXIBLE BENEFITS ACCOUNT
Schedule J, Part I, Line 4b	DMI HAS TWO SUPPLEMENTAL NONQUALIFIED PLANS ITS EXECUTIVES MAY PARTICIPATE IN 1) DMI provides a supplemental defined contribution benefit for executives whose UDIA Thrift & Savings Plan benefits are affected by the IRS annual compensation limits DMI will automatically defer on the behalf of a participant employer contributions "lost" under the Thrift & Savings Plan due to federal tax laws that place limits on the amount of compensation that a qualified plan can use in making benefit calculations The IRS Code section 401(a)(17) annual compensation limit for 2014 is \$260,000 The balance in each nonqualified plan account shall be credited annually with interest based on an average of the Wall Street Journal prime rates published on the first day of each calendar month The balance vests as becomes payable at termination of employment WHILE PARTICIPANTS ACCRUED AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C, NO AMOUNTS WERE PAID TO PARTICIPANTS IN 2014 2) DMI provides a supplemental retirement benefit ("SERP") for executives whose UDIA Retirement Plan benefits are affected by the IRS annual compensation limits This supplemental plan restores the portion of the Retirement Plan benefit that would otherwise be lost by considering the executive's pay as if no IRS compensation restrictions apply and provides a "make up" benefit for the difference The benefit amount determined as the difference of the executive's benefit determined with and without the IRS compensation limits is the executive's "Defined Benefit Plan Restoration Benefit" In general, the Restoration Benefit becomes vested when the executive reaches age 62 and completes 7 years of service while still employed by DMI The benefit automatically becomes vested if the executive is involuntarily terminated by DMI without "cause", becomes disabled or dies while still employed by DMI THE FOLLOWING INDIVIDUAL PARTICIPATED IN THIS PLAN AND IN 2014 WAS PAID THE FOLLOWING AMOUNT WHICH IS INCLUDED ON SCHEDULE J, PART II, COLUMN B(III) MARC BECK 94,258

Additional Data

Software ID:
Software Version:
EIN: 36-3992031
Name: DAIRY MANAGEMENT INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS GALLAGHER, CEO	(i) 500,000 (ii) 0	50,000 0	81,410 0	125,757 0	11,476 0	768,643 0	0 0	
1 DANIEL CHAVKA, EXECUTIVE VICE PRESIDENT	(i) 304,943 (ii) 0	0 0	25,533 0	122,959 0	23,770 0	477,205 0	0 0	
2 KEVIN PONTICELLI, SENIOR EXECUTIVE VP	(i) 359,800 (ii) 0	107,900 0	40,503 0	27,005 0	-1,096 0	534,112 0	0 0	
3 THOMAS SUBER, EXECUTIVE VICE PRESIDENT	(i) 355,000 (ii) 0	110,000 0	33,234 0	350,567 0	26,402 0	875,203 0	0 0	
4 GREGORY MILLER, EXECUTIVE VICE PRESIDENT	(i) 305,000 (ii) 0	100,000 0	28,000 0	323,653 0	21,270 0	777,923 0	0 0	
5 BARBARA O'BRIEN, SENIOR EXECUTIVE VP	(i) 340,000 (ii) 0	100,000 0	27,461 0	34,469 0	25,424 0	527,354 0	0 0	
6 MOLLIE WALLER, EXECUTIVE VICE PRESIDENT	(i) 260,000 (ii) 0	90,000 0	25,539 0	132,489 0	10,022 0	518,050 0	0 0	
7 CAROLYN GIBBS, CFO	(i) 270,000 (ii) 0	100,000 0	23,599 0	27,000 0	15,570 0	436,169 0	0 0	
8 MARC BECK, EXECUTIVE VICE PRESIDENT	(i) 283,787 (ii) 0	17,500 0	119,303 0	114,991 0	16,260 0	551,841 0	87,114 0	

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
DAIRY MANAGEMENT INC**Employer identification number**

36-3992031

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C MANAGEMENT AND CORPORATE COUNSEL REVIEW THE POLICIES RELATED TO GOVERNANCE, MANAGEMENT AND DISCLOSURE TO ENSURE AND MONITOR COMPLIANCE WITHIN THE ORGANIZATION. THE CONFLICT OF INTEREST POLICY IS REVIEWED IN DETAIL WITH THE BOARD OF DIRECTORS, MANAGEMENT AND ANNUALLY BY THE ORGANIZATION'S CORPORATE ATTORNEYS, AND THERE ARE PERIODIC COMPLIANCE DISCUSSIONS BETWEEN THE OFFICERS OF THE BOARD OF DIRECTORS AND MANAGEMENT DURING THE YEAR. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES FROM VOTING IF THEY ARE PERSONALLY INVOLVED IN A MATTER.
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15A AND 15B COMPENSATION OF THE CEO IS DETERMINED BY INVOLVEMENT OF THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS AND FOR OTHER EMPLOYEES OF THE ORGANIZATION, THROUGH THE USE OF INDUSTRY SURVEYS, MARKET SALARY GUIDES AND OTHER COMPETITIVE COMPENSATION INFORMATION.
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLE BLOWERS POLICY, DOCUMENT RETENTION POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
DAIRY MANAGEMENT INCEmployer identification number
36-3992031**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) United Dairy Industry Association 10255 W Higgins Road Ste 900 Rosemont, IL 60018 36-2702849	PROMOTION	IL	501(c)(6)	N/A	DMI	Yes	
(2) National Dairy Council 10255 W Higgins Road Ste 900 Rosemont, IL 60018 36-1522265	EDUCATION	IL	501(c)(3)	9	UDIA	Yes	
(3) Innovation Center for US Dairy 10255 W Higgins Road Ste 900 Rosemont, IL 60018 26-3918900	PROMOTION	IL	501(c)(6)	N/A	DMI	Yes	
(4) Youth Improved Inc 10255 W HIGGINS RD STE 900 Rosemont, IL 600185638 27-0988546	GRANTS	IL	501(c)(3)	PF	DMI	Yes	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED DAIRY INDUSTRY ASSOCIATION	n	1,621,026	CASH
(2) UNITED DAIRY INDUSTRY ASSOCIATION	p	33,266,747	CASH
(3) Youth Improved Inc	b	1,000,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2014