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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)**

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 ▶ Information about Form 990 and its instructions is at [www.irs.gov/foi990](http://www.irs.gov/foi990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DAIRY MANAGEMENT INC % CAROLYN GIBBS CFO Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 10255 W Higgins Road SUITE 900 _____ City or town, state or province, country, and ZIP or foreign postal code Rosemont, IL 60018	<b>D</b> Employer identification number 36-3992031 <b>E</b> Telephone number (847) 803-2000 <b>G</b> Gross receipts \$ 148,169,115
<b>F</b> Name and address of principal officer Thomas Gallagher 10255 W Higgins Road ste 900 Rosemont, IL 60018		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation 1995 <b>M</b> State of legal domicile DC
<b>J</b> Website: ▶ www.dairyinfo.com		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities To invest dairy producer checkoff funds in strategic, coordinated marketing programs designed to increase consumption of dairy products both domestically and internationally		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	82
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	82
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	265
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	40
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b>	Program service revenue (Part VIII, line 2g)	145,039,566	148,169,115
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,039,566	148,169,115
<b>Expenses</b>			
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,000	2,785,000
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,753,801	28,151,080
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,285,765	117,233,035
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	145,039,566	148,169,115
<b>19</b>	Revenue less expenses Subtract line 18 from line 12		0
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	16,937,738	21,804,647
<b>21</b>	Total liabilities (Part X, line 26)	16,937,738	21,804,647
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	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

<b>Sign Here</b>	Signature of officer _____ CAROLYN GIBBS CFO Type or print name and title	2016-10-25 Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TAMARA TARAZI	Preparer's signature TAMARA TARAZI	Date
	Firm's name ▶ ERNST & YOUNG US LLP		Check <input type="checkbox"/> if self-employed PTIN P01266026
	Firm's address ▶ 155 N Wacker Drive Chicago, IL 60606		Firm's EIN ▶ Phone no (312) 879-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 ELMINATION 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

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

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 PARTNERS WITH MARKETPLACE AND FOODSERVICE LEADERS TO HELP CREATE DAIRY-BASED INNOVATION TO DRIVE DAIRY SALES AND BUILD TRUST IN DAIRY PRODUCTS DMI SUPPORTS A RANGE OF PROGRAMS AND INITIATIVES WITH THESE INFLUENTIAL AND GLOBAL INDUSTRY LEADERS THE PROGRAMS FOCUS ON PROVIDING DAIRY EXPERTISE AND INVESTMENT IN THE AREAS OF CONSUMER INSIGHTS, NEW PRODUCT DEVELOPMENT, STORE AND MARKET LEVEL TESTS, PROMOTIONS AND CONSUMER COMMUNICATIONS FURTHER, DMI PROVIDES ON-SITE SCIENTISTS AND/OR CULINARY EXPERTS WHO DELIVER SUPPORT IN THE DEVELOPMENT OF AND FORMULATION FOR DAIRY-BASED FOOD AND BEVERAGE PRODUCTS DMI ALSO PROVIDES EXPERTISE AND CONSULTANTS IN THE AREAS OF NUTRITION, SUSTAINABILITY, ANIMAL CARE, FOOD SAFETY, REGULATORY ENVIRONMENT, AND DAIRY COMMUNICATIONS SINCE THE START OF OUR PARTNERSHIPS IN 2009, OUR PARTNERS HAVE LAUNCHED MORE THAN 25 NEW DAIRY-BASED PRODUCTS ADDITIONALLY, PARTNERS HAVE EXECUTED MORE THAN 25 NEW COMMERCIALS THAT HAVE INCLUDED DAIRY PRODUCTS IN 2015, WE HAD FIVE MARKETPLACE PARTNERS DOMINOS, PIZZA HUT, TACO BELL, MCDONALDS AND QUAKER THESE PARTNERS, WITH THE HELP OF DMI, LAUNCHED SEVERAL PROGRAMS TO DRIVE SALES AND TRUST IN DAIRY IN 2015 MCDONALDS CONVERTED FROM MARGARINE TO BUTTER THE COMMERCIALIZATION AND TRANSITION FROM MARGARINE TO BUTTER WAS LED BY A DMI SCIENTIST THE PROJECTED MILK IMPACT, AFTER CONVERTING THE BUTTER TO MILK POUNDS, IS AN ESTIMATED ANNUAL 500 MILLION POUNDS OF MILK IN 2015 MCDONALDS ALSO INTRODUCED AN 'ALL DAY BREAKFAST' MENU DMI SCIENTISTS HELPED THE MCDONALDS MENU INNOVATION TEAM TEST AND DEVELOP THE OPERATIONAL PROCEDURES FOR THE RESTAURANTS TO FOLLOW AS THEY MIGRATED TO THE NEW BREAKFAST MENU OFFERINGS IN THEIR 'ALL DAY BREAKFAST' ADVERTISING MCDONALDS THEN HIGHLIGHTED AND CALLED OUT THE USE OF BUTTER ON THEIR EGG MCMUFFIN SANDWICH DMI SCIENTISTS ALSO LED THE PRODUCT DEVELOPMENT AND COMMERCIALIZATION OF MCDONALDS MOZZARELLA STICKS, WHICH LAUNCHED IN LATE 2015 IN 2015 DMI INVESTED IN TECHNOLOGY INNOVATION PLATFORMS AT DOMINOS, INCLUDING NEW DIGITAL ORDERING APPLICATIONS AND A NEW LOYALTY PROGRAM DMI ALSO INVESTED IN A 'BLACK FRIDAY' PROMOTION TO HELP ADD IMPACTFUL MEDIA PROVIDERS AND PROGRAMS AND EXTEND THE PROMOTIONAL DAYS THE OUTCOME OF THESE INVESTMENTS WERE EVIDENT IN DOMINOS 2015 DAIRY IMPACT AFTER CONVERTING CHEESE USAGE TO MILK POUNDS, DOMINOS EQUALIZED MILK SALES GREW BY 230 MILLION POUNDS IN 2015 DOMINOS AND DMI CONTINUED TO PARTNER ON ITS 'SMART SLICE' SCHOOL PIZZA PROGRAM SMART SLICE IS NOW IN 47 STATES AND 6,500 SCHOOLS DOMINOS ALSO SUPPORTS BUILDING TRUST IN THE DAIRY INDUSTRY, INCLUDING RUNNING DAIRY CREATIVE ELEMENTS SUCH AS 'ACRES AND AVENUES' THROUGH ITS MEDIA VEHICLES TACO BELL AND PIZZA HUT BOTH CONTINUE TO EXPLORE USING DAIRY IN NEW WAYS AS PART OF OUR PARTNERSHIP LED BY DMI SCIENTISTS IN 2015 PIZZA HUT INTRODUCED A CHEESE SAUCE TO USE WITH ITS TWISTED CRUST PIZZA HISTORICALLY, THE TWISTED CRUST PIZZA ONLY USED A MARINARA SAUCE SINCE THE TACO BELL PARTNERSHIP BEGAN, WE HAVE HELPED TACO BELL EVOLVE HOW THEY USE DAIRY, FROM INCORPORATING IT AS A 'GARNISH' TO EVOLVING INTO BEING MORE OF A KEY INGREDIENT TO DRIVE FLAVOR, PROTEIN AND/OR INNOVATION TWO EXAMPLES IN 2015 INCLUDE CINNABON DELIGHTS COFFEE CREAMER AND THE BISCUIT TACO THE COFFEE CREAMER, A LIMITED TIME COFFEE BEVERAGE, WAS THE FIRST DAIRY-CONTAINING BEVERAGE AT TACO BELL THE CREAMER USED KEY DAIRY INGREDIENTS INSTEAD OF A NON-DAIRY CREAMER THE BISCUIT TACO USED REAL BUTTER AND BUTTERMILK TO ENSURE A DELICIOUS TASTING BISCUIT CURRENT NATIONAL VARIETIES ARE TOPPED WITH NATURAL CHEDDAR CHEESE BASED UPON THESE EFFORTS, TACO BELL GREW ITS DAIRY VOLUME +6% IN 2015 LED BY DMIS ON-SITE SCIENTIST, QUAKER CREATED AND LAUNCHED REAL MEDLEYS GRANOLA & YOGURT BLENDS, WHICH IS 70% DAIRY WHEN PREPARED DMIS DAIRY SCIENTIST IS LISTED AS CO-DEVELOPER ON THE PRODUCT PATENT

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 \$) 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 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 FUTP60 HAS BECOME THE LARGEST IN-SCHOOL HEALTH & WELLNESS PROGRAM IN THE UNITED STATES WITH OVER 73,000 SCHOOLS ENROLLED, REACHING 38 MILLION STUDENTS SINCE LAUNCHING NATIONALLY IN 2009 THE PROGRAM HAS HELPED TO CHANGE SCHOOL ENVIRONMENTS TO BETTER 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 THE HEALTHY

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .		No
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .		No
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .		No
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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?		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed ▶
- 
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  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 WHIGGINS RD SUITE 900 ROSEMONT, IL 60018 (847) 627-3272



**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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							5,744,463	228,450	1,041,287	

**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 **▶ 102**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Daniel J Edelman Inc, 21992 Network Place CHICAGO, IL 60673	Agency services	13,048,769
MMS Education, 105 Terry Drive Suite 120 NEWTOWN, PA 18940	Agency Services	3,769,760
NTT Data Inc, 100 City Square BOSTON, MA 02129	Information Tech svcs	2,915,121
NFL Properties LLC, PO Box 27278 NEW YORK, NY 10087	promotion	2,605,000
Information Resources Inc, 150 N Clinton Street CHICAGO, IL 60661	AGENCY SERVICES	1,506,747

**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 **▶ 12**

**Part VIII Statement of Revenue**

Check 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>		0			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM FUNDING REVENUE _____	Business Code				
		900099	107,132,848	107,132,848		
	<b>b</b> CORE FUNDING REVENUE _____	900099	36,469,017	36,469,017		
	<b>c</b> CONTRACT SERVICE REVENUE _____	900099	4,567,250	4,567,250		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
<b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		148,169,115				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>		0			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>		0			
	<b>5</b> Royalties . . . . . <b>▶</b>		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . <b>▶</b>		0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>		0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		0				
<b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>		148,169,115	148,169,115			

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	2,785,000			
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,730,516			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	18,778,147			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,567,723			
<b>9</b>	Other employee benefits . . . . .	1,758,498			
<b>10</b>	Payroll taxes . . . . .	1,316,196			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	626,855			
<b>c</b>	Accounting . . . . .	58,346			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	88,553			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	1,375,957			
<b>14</b>	Information technology . . . . .	2,863,414			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	1,742,911			
<b>17</b>	Travel . . . . .	3,542,152			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	695,228			
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	386,758			
<b>23</b>	Insurance . . . . .	120,462			
<b>24</b>	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 )				
<b>a</b>	DOMESTIC MARKETING	81,086,458			
<b>b</b>	EXPORT	16,394,017			
<b>c</b>	CONTRACT SERVICES	4,567,251			
<b>d</b>	RESEARCH	6,832,092			
<b>e</b>	All other expenses	-3,147,419			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	148,169,115			
<b>26</b>	<b>Joint costs.</b> 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)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	137,247	<b>1</b>	1,020,827
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	1,403,148	<b>4</b>	1,155,753
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,240,101	<b>9</b>	1,038,494
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 5,164,392		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 3,765,426	1,671,051	<b>10c</b> 1,398,966
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	5,486,191	<b>15</b>	17,190,607
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,937,738	<b>16</b>	21,804,647	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,153,921	<b>17</b>	21,678,286
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	200,622	<b>19</b>	126,361
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	583,195	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	16,937,738	<b>26</b>	21,804,647
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	0	<b>33</b>	0	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	16,937,738	<b>34</b>	21,804,647	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	148,169,115
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	148,169,115
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	0
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	0

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were 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	Yes	
<b>2c</b>	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	Yes	
<b>3a</b>	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?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**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**

(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			
MARILYN HERSHEY ..... VICE CHAIR	1 0 ..... 0 0	X						0	0	0
AMBER HORN-LEITERMAN ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
HAROLD J HOWRIGAN JR ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
EDWARD JASURDA ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
GEORGE E MARSH ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
RONALD R MCCORMICK ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
URBAN MESCHER ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
KEN MEYERS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
ZACHARY H MYERS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
RAY S PROCK ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
BRAD SCOTT ..... DIRECTOR	10 ..... 00	X						0	0	0
LARRY SHOVER ..... DIRECTOR	10 ..... 00	X						0	0	0
KIMA SIMONSON ..... DIRECTOR	10 ..... 00	X						0	0	0
SANFORD STAUFFER ..... DIRECTOR	10 ..... 00	X						0	0	0
SUSAN TROY ..... DIRECTOR	10 ..... 00	X						0	0	0
ARLENE J VANDER EYK ..... DIRECTOR	10 ..... 00	X						0	0	0
DAVE VEENHOUWER ..... DIRECTOR	10 ..... 00	X						0	0	0
VICTOR BISSELL ..... DIRECTOR	10 ..... 10	X						0	6,000	0
BRYAN DAVIS ..... DIRECTOR	10 ..... 10	X						0	4,400	0
TOM DORSEY ..... DIRECTOR	10 ..... 10	X						0	8,600	0

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

(A) Name and Title	(B) Average hours per week (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			
STEVE GRAYBEAL ..... DIRECTOR	10 .....	X						0	1,700	0
DONALD GURTNER ..... DIRECTOR	10 .....	X						0	3,800	0
DAVID SKIP HARDIE ..... SECRETARY	10 .....	X						0	8,800	0
JERREL HEATWOLE ..... DIRECTOR	10 .....	X						0	3,500	0
VERNON HORST ..... DIRECTOR	10 .....	X						0	2,600	0
ROBERT KRAN ..... DIRECTOR	10 .....	X						0	1,800	0
ALLEN MERRIL ..... DIRECTOR	10 .....	X						0	3,200	0
JERRY G MESSER ..... DIRECTOR	10 .....	X						0	5,300	0
KEN NOBIS ..... DIRECTOR	10 .....	X						0	1,300	0
LYNN RAMSEY ..... DIRECTOR	10 .....	X						0	2,100	0

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

(A) Name and Title	(B) Average hours per week (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			
PAUL E ROVEY ..... BOARD CHAIR	10	X						0	31,000	0
PAUL DOTON ..... DIRECTOR	10	X						0	4,100	0
LARRY ALEXANDER ..... DIRECTOR	10	X						0	4,600	0
ELIZABETH ANDERSON ..... DIRECTOR	10	X						0	4,300	0
RYAN ANGLIN ..... DIRECTOR	10	X						0	5,000	0
AUDREY DONAHOE ..... DIRECTOR	10	X						0	4,600	0
GLEN EASTER ..... DIRECTOR	10	X						0	0	0
BRIAN ESPLIN ..... DIRECTOR	10	X						0	6,000	0
DALE JONES ..... DIRECTOR	10	X						0	0	0
JOHN M LARSON ..... DIRECTOR	10	X						0	3,100	0

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

(A) Name and Title	(B) Average hours per week (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			
JIM REID ..... DIRECTOR	10 .....	X						0	7,500	0
ARIE ROELOFFS ..... DIRECTOR	10 .....	X						0	4,200	0
CONNIE SEEFELDT ..... DIRECTOR	10 .....	X						0	9,300	0
HAROLD SHAULIS ..... DIRECTOR	10 .....	X						0	3,000	0
KATHLEEN SKIBA ..... DIRECTOR	10 .....	X						0	0	0
CHRISTINE SUKALSKI ..... DIRECTOR	00 .....	X						0	4,400	0
DOUG NUTTELMAN ..... DIRECTOR	10 .....	X						0	0	0
JERRY TRUELOVE ..... DIRECTOR	10 .....	X						0	5,000	0
TOM A WOODS ..... DIRECTOR	10 .....	X						0	4,400	0
NEIL A HOFF ..... DIRECTOR	10 .....	X						0	21,450	0

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

(A) Name and Title	(B) Average hours per week (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			
DAN DEGROOT ..... DIRECTOR	10 .....	X						0	2,200	0
STEVE NEHRING ..... DIRECTOR	10 .....	X						0	4,200	0
CELESTE BLACKBURN ..... DIRECTOR	10 .....	X						0	0	0
DAVID P CROWL ..... DIRECTOR	00 .....	X						0	0	0
RENAE A DE JAGER ..... DIRECTOR	10 .....	X						0	0	0
MARK E ERDMAN ..... DIRECTOR	00 .....	X						0	0	0
LYNDA FOSTER ..... DIRECTOR	10 .....	X						0	0	0
PAUL A FRITSCHKE ..... DIRECTOR	00 .....	X						0	0	0
CAROL AHLEM ..... DIRECTOR	10 .....	X						0	0	0
CHRISTOPHER BRAZIL ..... DIRECTOR	00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
CHERI CHAPIN ..... DIRECTOR	10 ..... 00	X						0	0	0
JOE KELSAY ..... DIRECTOR	10 ..... 00	X						0	0	0
SARAH LLOYD ..... DIRECTOR	10 ..... 00	X						0	0	0
BRIAN MEDEIROS ..... DIRECTOR	10 ..... 00	X						0	0	0
EDDIE SCHAAP ..... DIRECTOR	10 ..... 00	X						0	0	0
PAM BOLIN ..... DIRECTOR	10 ..... 10	X						0	3,900	0
JOHN BRUBAKER ..... DIRECTOR	10 ..... 10	X						0	6,000	0
RICHARD BYMA ..... DIRECTOR	10 ..... 10	X						0	1,600	0
CRAIG CALLABERO ..... DIRECTOR	10 ..... 10	X						0	7,800	0
MIKE FERGUSON ..... DIRECTOR	10 ..... 10	X						0	2,200	0

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

(A) Name and Title	(B) Average hours per week (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			
RICK PODTBURG ..... DIRECTOR	10 .....	X						0	3,400	0
LARRY HANCOCK ..... treasurer	10 .....	X						0	0	0
JEFFREY A HARDY ..... DIRECTOR	10 .....	X						0	0	0
LANETTE HARSDORF ..... DIRECTOR	00 .....	X						0	0	0
CHACE FULLMER ..... DIRECTOR	10 .....	X						0	3,400	0
SIETO MELLEMA ..... DIRECTOR	10 .....	X						0	0	0
JAMES WEBB ..... DIRECTOR	10 .....	X						0	0	0
WILLIAM HERR ..... DIRECTOR	00 .....	X						0	0	0
DAN GILBERT ..... DIRECTOR	10 .....	X						0	1,000	0
TIM HOOD ..... DIRECTOR	10 .....	X						0	2,600	0

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

(A) Name and Title	(B) Average hours per week (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			
CORBY WERTH ..... DIRECTOR	10 .....	X						0	1,000	0
LOWELL MUELLER ..... DIRECTOR	10 .....	X						0	1,800	0
EARL STITZLEIN ..... DIRECTOR	10 .....	X						0	4,600	0
DAVID JACKSON ..... DIRECTOR	10 .....	X						0	1,600	0
MICHELLE SCHILTER ..... DIRECTOR	10 .....	X						0	2,000	0
SUZANNE VOLD ..... DIRECTOR	10 .....	X						0	4,100	0
TEJO WILLEMSN ..... DIRECTOR	10 .....	X						0	0	0
STEVE BALLARD ..... DIRECTOR	10 .....	X						0	0	0
WARREN L CHAMBERLAIN ..... DIRECTOR	10 .....	X						0	0	0
RAYMOND L DIEDERICH ..... DIRECTOR	10 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KIM KORN ..... DIRECTOR	10 ..... 00	X						0	0	0
RANDALL E KOLLER ..... DIRECTOR	10 ..... 00	X						0	0	0
JESSICA TEKIPPE-SCHMITT ..... DIRECTOR	10 ..... 00	X						0	0	0
PAULINE TJAARDA ..... DIRECTOR	10 ..... 00	X						0	0	0
DEB A VANDER KOOI ..... DIRECTOR	10 ..... 00	X						0	0	0
CYNDY A VANLIESHOUT ..... DIRECTOR	10 ..... 00	X						0	0	0
LISA VANDER POEL ..... DIRECTOR	10 ..... 00	X						0	0	0
THOMAS GALLAGHER ..... CEO	400 ..... 100			X				1,280,190	0	81,563
CAROLYN GIBBS ..... CFO	400 ..... 100			X				399,434	0	49,858
KEVIN PONTICELLI ..... SENIOR EXECUTIVE VP	400 ..... 100				X			352,185	0	26,441

**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 employee	Former			
BARBARA O'BRIEN ..... SENIOR EXECUTIVE VP	40 0 .....				X			481,617	0	59,228
DANIEL CHAVKA ..... EXECUTIVE VICE PRESIDENT	40 0 .....					X		339,982	0	132,973
THOMAS SUBER ..... EXECUTIVE VICE PRESIDENT	40 0 .....					X		1,691,414	0	210,666
GREGORY MILLER ..... EXECUTIVE VICE PRESIDENT	40 0 .....					X		440,585	0	215,826
MOLLIE WALLER ..... EXECUTIVE VICE PRESIDENT	40 0 .....					X		377,662	0	127,879
MARC BECK ..... EXECUTIVE VICE PRESIDENT	40 0 .....					X		381,394	0	136,853

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

**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, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 on 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		1,484,511	627,101	857,410
<b>d</b> Equipment . . . . .		1,543,921	1,343,060	200,861
<b>e</b> Other . . . . .		2,135,960	1,795,265	340,695
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,398,966



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	148,169,115
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	148,169,115
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	148,169,115

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	148,169,115
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	148,169,115
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	148,169,115

**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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name 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?
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" on 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

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE I, PART I, LINE 2	MANAGEMENT REVIEWS THE GRANTEE'S PERIODIC FINANCIAL REPORTS TO MONITOR THE USE OF FUNDS AWARDED

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Youth Improved Inc 10255 WEST HIGGINS RD ROSEMONT, IL 60018	27-0988546	501(C)(3)	1,285,000				ProgRam service Expenses
NATIONAL DAIRY COUNCIL 10255 W HIGGINS ROAD SUITE 900 ROSEMONT, IL 600185616	36-1522265	501(C)(3)	1,500,000				FUTP60 WEBSITE DEVELOPMENT

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization DAIRY MANAGEMENT INC	Employer identification number 36-3992031
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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>b</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.	Yes									
<b>2</b> 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?	Yes									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	Yes									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?										
<b>b</b> Any related organization?										
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?										
<b>b</b> Any related organization?										
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on 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.										
<b>8</b> Were any amounts reported on 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.										
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS GALLAGHER CEO	(i)	537,500 -----	75,000 -----	667,690 -----	67,132 -----	14,431 -----	1,361,753 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 DANIEL CHAVKA EXECUTIVE VICE PRESIDENT	(i)	312,567 -----	0 -----	27,415 -----	109,317 -----	23,656 -----	472,955 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 KEVIN PONTICELLI SENIOR EXECUTIVE VP	(i)	0 -----	0 -----	352,185 -----	27,537 -----	-1,096 -----	378,626 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 THOMAS SUBER EXECUTIVE VICE PRESIDENT	(i)	365,650 -----	110,000 -----	1,215,764 -----	170,264 -----	40,402 -----	1,902,080 -----	1,184,176 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 GREGORY MILLER EXECUTIVE VICE PRESIDENT	(i)	312,625 -----	100,000 -----	27,960 -----	192,710 -----	23,116 -----	656,411 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 BARBARA O'BRIEN SENIOR EXECUTIVE VP	(i)	350,200 -----	100,000 -----	31,417 -----	35,764 -----	23,464 -----	540,845 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 MOLLIE WALLER EXECUTIVE VICE PRESIDENT	(i)	267,800 -----	90,000 -----	19,862 -----	118,005 -----	9,874 -----	505,541 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
8 CAROLYN GIBBS CFO	(i)	278,100 -----	100,000 -----	21,334 -----	27,843 -----	22,015 -----	449,292 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
9 MARC BECK EXECUTIVE VICE PRESIDENT	(i)	292,584 -----	14,625 -----	74,185 -----	114,340 -----	22,513 -----	518,247 -----	42,414 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	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 4a	KEVIN PONTICELLI RECEIVED A SEVERANCE OF \$348,960 IN 2015 AS PART OF A 2-YEAR SEVERANCE AGREEMENT. THIS AMOUNT IS INCLUDED ON SCHEDULE J, PART II, COLUMN B(III).
Schedule J, Part I, Line 4b	DMI EXECUTIVES MAY PARTICIPATE IN THE FOLLOWING SUPPLEMENTAL NONQUALIFIED PLANS: 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 2015 is \$265,000. 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 2015. 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 INDIVIDUALS PARTICIPATED IN THIS PLAN AND IN 2015 WERE PAID THE FOLLOWING AMOUNTS WHICH ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B(III): MARC BECK \$42,414; THOMAS SUBER \$1,184,176. 3) THOMAS GALLAGHER PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PROGRAM AND WAS PAID AN ACTUARIALLY DETERMINED SUPPLEMENTAL RETIREMENT PROGRAM BENEFIT OF \$455,352 IN 2015 WHICH IS INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(III). BENEFITS VEST AT YEAR END AND ARE PAID BY MARCH 15TH OF THE FOLLOWING YEAR.



**SCHEDULE O  
(Form 990 or  
990-EZ)**

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

**2015**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue  
Service

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	FORM 990, PART VI, LINE 11A FORM 990 IS AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW UPON REQUEST MANAGEMENT REVIEWS THE 990 DETAILS FOR COMPLIANCE WITH THE ORGANIZATION'S TAX SPECIALISTS FROM ITS AUDIT AND TAX FIRM
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 BLOWER POLICY, DOCUMENT RETENTION POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ 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](http://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 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
<b>(1)</b> United Dairy Industry Association 10255 W Higgins Road Ste 900  Rosemont, IL 60018 36-2702849	PROMOTION	IL	501(c)(6)	N/A	DMI	Yes	
<b>(2)</b> National Dairy Council 10255 W Higgins Road Ste 900  Rosemont, IL 60018 36-1522265	EDUCATION	IL	501(c)(3)	9	UDIA	Yes	
<b>(3)</b> 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	
<b>(4)</b> Youth Improved Inc 10255 W HIGGINS RD STE 900  Rosemont, IL 60018 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		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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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
<b>(1)</b> UNITED DAIRY INDUSTRY ASSOCIATION	n	1,550,226	CASH
<b>(2)</b> UNITED DAIRY INDUSTRY ASSOCIATION	q	33,875,919	CASH
<b>(3)</b> Youth Improved Inc	b	1,285,000	CASH
<b>(4)</b> NATIONAL DAIRY COUNCIL	b	1,500,000	CASH



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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