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DLN: 93493226006127 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasur ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 D Employer identification number B Check if applicable Name of organization PROFESSIONAL DAIRY MANAGERS OF PA ☐ Address change 23-3066186 ☐ Name change Doing business as ☐ Initial return Final ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 500 NORTH THIRD STREET STE 9B ☐ Amended return (877) 326-5993 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17101 G Gross receipts \$ 467,262 Name and address of principal officer H(a) Is this a group return for JUSTIN RISSER □Yes ☑No subordinates? 166 RISSER RD H(b) Are all subordinates BAINBRIDGE, PA 17502 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄**(insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW PDMP ORG/ L Year of formation 2000 M State of legal domicile PA K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Part I Summary 1 Briefly describe the organization's mission or most significant activities PDMP IS THE ORGANIZATION LEAD BY DAIRY PRODUCERS FOR DAIRY PRODUCERS WORKING TO ADVANCE THE DAIRY INDUSTRY THROUGH IMPROVED PRODUCTIVITY AND PROFITABILITY ADVOCATING FOR DAIRY PRODUCERS WITH A STRONG VOICE TO CONSUMERS AND DECISION MAKERS EDUCATING DAIRY PRODUCERS ON TECHNOLOGIES AND METHODS TO INCREASE PRODUCTIVITY AND PROFITABILITY EDUCATING DAIRY FARMERS ON ENVIRONMENTAL IMPROVEMENTS, ANIMAL WELFARE AND SAFETY PRACTICES REPRESENTING DAIRY PRODUCERS ON LABOR, PRICING, MISLEADING LABELING AND OTHER ISSUES THAT IMPACT PROFITABILITY PROMOTING THE DAIRY INDUSTRY TO RAISE AWARENESS OF THE POSITIVE PRODUCTION AND SAFETY OF OUR WHOLESOME DAIRY Activities & Governance PRODUCTS ADVANCING RESEARCH THAT SUPPORTS THE IMPROVED PRODUCTION AND PROFITABILITY OF PDMP MEMBERS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 18.500 b Net unrelated business taxable income from Form 990-T, line 34 7b 15,650 **Prior Year Current Year** 59,550 140,200 8 Contributions and grants (Part VIII, line 1h) . 374,148 9 Program service revenue (Part VIII, line 2g) . 319,901 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -7,432 7,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 426,266 467.262 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17,500 14,340 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 431,311 382,331 396,671 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 448.811 -22,545 70,591 19 Revenue less expenses Subtract line 18 from line 12 . Assets or displaying **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 357,377 427,968 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 . 357,377 427.968 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 2017-08-14 Signature of officer Sign Here JUSTIN RISSER PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 if 2017-08-14 DWAYNE KELLER **DWAYNE KELLER** P00299822 Paid Firm's name ► KELLER FINANCIAL GROUP INC Fırm's EIN ▶ 25-1821312 Preparer Firm's address ▶ 17 EAST HIGH STREET SUITE 103 Phone no (717) 516-0700 Use Only CARLISLE, PA 17013 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Dax	990 (2016)				Page 2				
r (· l	t IIII Statement	of Program Service	Accomplishments						
	Check if Schee	dule O contains a respons	se or note to any line in this Part III		🗹				
1	Briefly describe the o	rganızatıon's mıssıon							
IMPR MAKI FARM PRIC THE	OVED PRODUCTIVITY ERS EDUCATING DAIR MERS ON ENVIRONMEN ING, MISLEADING LAB POSITIVE PRODUCTION	AND PROFITABILITY AD\ / PRODUCERS ON TECHN TAL IMPROVEMENTS, AN ELING AND OTHER ISSU	UCERS FOR DAIRY PRODUCERS WORK /OCATING FOR DAIRY PRODUCERS W OLOGIES AND METHODS TO INCREAS IMAL WELFARE AND SAFETY PRACTIC ES THAT IMPACT PROFITABILITY	ITH A STRONG VOICE TO CONSUM SE PRODUCTIVITY AND PROFITABI ES REPRESENTING DAIRY PRODU MOTING THE DAIRY INDUSTRY TO	MERS AND DECISION LITY EDUCATING DAIRY CERS ON LABOR, RAISE AWARENESS OF				
2	-	, -	program services during the year whi	ch were not listed on	☐ Yes ☑ No				
	the prior Form 990 or 990-EZ?								
3									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
		se changes on Schedule (⊔ Yes 🛂 No				
4		ation's program service ac	complishments for each of its three la	argest program services, as measi	ired by expenses				
		d 501(c)(4) organizations ue, if any, for each progra	are required to report the amount of am service reported						
4a									
	expenses, and revent	ue, ıf any, for each progra	am service reported Including grants of \$	grants and allocations to others, t) (Revenue \$	he total				
4a 4b	expenses, and reveni (Code See Additional Data	ue, ıf any, for each progra	am service reported	grants and allocations to others, t	the total '				
	(Code See Additional Data (Code	ue, ıf any, for each progra	am service reported Including grants of \$	grants and allocations to others, t) (Revenue \$	the total				
4b	(Code See Additional Data (Code See Additional Data) (Expenses \$) (Expenses \$	including grants of \$ Including grants of \$ Including grants of \$	grants and allocations to others, t) (Revenue \$) (Revenue \$)				
4b	expenses, and revent (Code See Additional Data (Code See Additional Data (Code) (Expenses \$) (Expenses \$	including grants of \$ Including grants of \$ Including grants of \$	grants and allocations to others, t) (Revenue \$) (Revenue \$)				
4b	expenses, and revening (Code See Additional Data (Code See Additional Data (Code See Additional Data (Code See Additional Data) (Expenses \$) (Expenses \$) (Expenses \$	including grants of \$ including grants of \$ including grants of \$ including grants of \$ 316,075 including grants of \$	grants and allocations to others, t) (Revenue \$) (Revenue \$) (Revenue \$))))				
4b 4c	expenses, and revening (Code See Additional Data (Code See Additional Data (Code See Additional Data (Code See Additional Data) (Expenses \$ ces (Describe in Schedule	including grants of \$ including grants of \$ including grants of \$ including grants of \$ 316,075 including grants of \$	grants and allocations to others, t) (Revenue \$) (Revenue \$) (Revenue \$))))				

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Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** Part IV Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

No

No

Nο

Nο

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Form 990 (2016)

Page 3

No

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Yes

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Part IV Checklist of Required Schedules (continued)

Page 4

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Yes

Form 990 (2016)

No

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Nο

Nο

24d

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

rm	990 (2016)			Page
Par	t 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	<u> </u>		Ш
	Fortunally according to 2 of Forms 1000 Fortun O of each combined by		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4 1		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		- 110
9	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	Did bla anamanina anno malia any taonahla diatambi taona ina dan aratran 40003	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from members of shareholders	1		
,	against amounts due or received from them)	_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand]		
łа	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	,	·					
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheduler			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
						Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	12			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	12			
2		ny officer, director, trustee, or key employee have a family relationship or a busing r, director, trustee, or key employee?	ess rela		2		No
3		ne organization delegate control over management duties customarily performed b icers, directors or trustees, or key employees to a management company or other			3	Yes	
4	Did th	ne organization make any significant changes to its governing documents since the	prior f	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orga	nizatio	on's assets?	5		No
6		ne organization have members or stockholders?			6		No
		-			-		- 140
	meml	ne organization have members, stockholders, or other persons who had the power bers of the governing body?	•		7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?		bers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	under	taken during the year by			
а	The g	overning body?			8 a	Yes	
Ь	Each	committee with authority to act on behalf of the governing body?			8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	by the Internal Revenu	e Code	⊒.)	
		· · · · · · · · · · · · · · · · · · ·		•		Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
	If "Ye	s," did the organization have written policies and procedures governing the activit ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a		he organization provided a complete copy of this Form 990 to all members of its g			11a		No
ь	Descr	tibe in Schedule O the process, if any, used by the organization to review this Forn	990				
		ne organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
					124	163	
	confli	officers, directors, or trustees, and key employees required to disclose annually incts?			12b	Yes	
С	Sched	ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	• policy	· If "Yes," describe in	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	•		13		No
14	Did th	ne organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation ar					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or sile entity during the year?			16a		No
b	If "Ye	s," did the organization follow a written policy or procedure requiring the organizant venture arrangements under applicable federal tax law, and take steps to safegi	tion to	evaluate its participation			
	status	it venture arrangements under applicable federal tax law, and take steps to safegi s with respect to such arrangements?	uaiu (N	e organization's exempt	16b		
Se		C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed▶					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 able for public inspection Indicate how you made these available Check all that ag		l 990-T (501(c)(3)s only)			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in S	chedul	e O)			
19		ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year	ocumer	nts, conflict of interest			
20		the name, address, and telephone number of the person who possesses the organ /AK STRATEGIC ADVISORS 500 N 3RD ST SUITE 9B HARRISBURG, PA 17101 (717					
						orm QQ	n /2016

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

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t che unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) JOEL KRALL TREASURER		Х		×				0	0	0	
(2) WALT MOORE VICE PRESIDE		Х		x				0	0	0	
(3) RICH STUP DIRECTOR		Х						0	0	0	
(4) NOVAK STRATEGIC ADVISORS EXECUTIVE DI		Х						0	0	0	
(5) DAVE SMITH DIRECTOR		Х						0	0	0	
(6) DOUG HARBACH SECRETARY		Х		x				0	0	0	
(7) BRETT REINFORD TREASURER		Х						0	0	0	
(8) JUSTIN RISSER PRESIDENT		X		x				0	0	0	
(9) KIRK SATTAHAHN DIRECTOR		x						0	0	0	
(10) CANDICE DOTTERER WHITE DIRECTOR		x						0	0	0	
(11) JENNIFER HELTZEL DIRECTOR		х						0	0	0	
(12) MATT WANNER DIRECTOR		X						0	0	0	
(13) LUCAS WAYBRIGHT SECRETARY		x						0	0	0	
(14) JOHN WILLIAMSON DIRECTOR		Х						0	0	0	
							\vdash				
	I					<u> </u>		<u> </u>		Form 990 (2016)	

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Reportable Reportable Name and Title Average Position (do not check more Estimated

name and mile	hours per week (list any hours	than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

c Total from continuation sheets to Part VII, Section A . \blacktriangleright d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

of reportable compensation from the organization >

Section B. Independent Contractors

compensation from the organization >

line 1a? If "Yes," complete Schedule J for such individual.

3

4

5

Yes

3

4

5

(B)

Description of services

No

No

No

No

(C)

Compensation

Form 990 (2016)

Part \	71	I Statement of	Revenue								rage 3
		Check if Schedul		a respo	onse or note to	any line in	this Part VII	Ι.			🗆
							(A) revenue	f	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1 a	Federated campaign	ns	1a				1	evenue		312-314
nts		b Membership dues			35,2	200					
ira nou		c Fundraising events		1c	<u> </u>						
S. (An		d Related organizatio		 1d	<u> </u>	_					
Giff		e Government grants (co		1e	105,0	<u> </u>					
ž.E		F All other contributions,		_ <u></u>	l 100,0						
tio sr S	'	and similar amounts na		1f							
턜	,	Noncash contribution	ons included								
Contributions, Giffs, Grants and Other Similar Amounts		ın lınes 1a-1f \$									
<u>ة ت</u>	<u> </u> h	Total.Add lines 1a-1	f		<u> ▶</u>	<u></u>	140,200				
<u>۽</u>					Busir	ness Code					
Yen		SEED RESEARCH INCOM	1E			611710		.03,510	103,		
_a <u>₹</u>		ADVERTISING INCOME				541700		72,459 70,932		932	
<u>۸</u>		PREMIER PARTNER INCO)ME			611710		54,500		500	
₹		ADVERTISING INCOME-				541800		18,500		- 	8,500
ram	f	All other program se	rvice revenue								
Program Service Revenue		Total.Add lines 2a-2f			_	319,901					
_		Investment income (ii			Interest and of	her		\top			
	S	imilar amounts) .				 	7,16	51	7,161		
		Income from investme		-	ond proceeds	•		4			
	5	Royalties	(ı) Rea		· · ·	<u>▶ </u>		+			
	6a	Gross rents	(I) Rea	<u> </u>	(II) Persona	<u> </u>					
	b	Less rental expenses									
	c	Rental income or									
	_	(loss)	(1)								
	a	Net rental income o	r (loss) (i) Securit		(II) Other	>		+			
	7a	Gross amount	(I) Securi	.162	(II) Other						
		from sales of assets other									
		than inventory									
	b	Less cost or other basis and									
	_	sales expenses									
		Gain or (loss) Net gain or (loss)				<u> </u>					
		Gross income from fi						1			
an		(not including \$ contributions reporte		of							
- ₹ -		See Part IV, line 18		a							
Other Revenue	b	Less direct expense	s	b							
ıer		Net income or (loss)			ents	<u> </u>		1			
0	9a	Gross income from g See Part IV, line 19		es							
				а							
		Less direct expense		b							
		Net income or (loss)		activit	ies	<u> </u>		+			
ľ	TU	Gross sales of invent returns and allowand	es								
				а							
		Less cost of goods s		Ь							
-	С	Net income or (loss) Miscellaneous		invent	Business Co	<u>►</u> de		+			
ļ	11	a									
	b	,									
									_		
	c										
		All other revenue						+			
		Total. Add lines 11a				-		+			
	12	Total revenue. See	Instructions	• •		>	467,26	52	308,562	18,5	500
											Form 990 (2016)

13 Office expenses . .

14 Information technology

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

20 Interest

expenses on Schedule O)

e All other expenses

21 Payments to affiliates

15 Royalties . 16 Occupancy .

17 Travel .

23 Insurance .

b c d

101111 990 (2010)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX	<u></u>	. <u></u>	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,340	14,340		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	91,443	10,847	80,596	
b Legal				
c Accounting	4,250	4,250		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	715	715		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	102,519	102,519		
12 Advertising and promotion	2,287	2,287		

21,925

1,521

2,219

150,606

11

4,835

396,671

21,925

1,521

2,219

150,606

11

4,835

316,075

80,596

Form **990** (2016)

Form 990 (2016)

13

14

15

16

17

18

19

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21

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24

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Check if Schedule O contains a response or note to any line in this Part IX .			<u> 🗆 </u>
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	221,867	1	286,159
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable net		מ	

Page **11**

427,968

0

427,968

427,968

427.968

Form **990** (2016)

13

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15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

0

357.377

357,377

357.377

357.377

	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
6	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
sets	7	Notes and loans receivable, net	7	
Ś	_	Townships of a selection of		

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
"	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	1,000	9	1,000
	102	Land buildings and equipment cost or other			

	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations of Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9)		6	
ets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		8		
A	9	Prepaid expenses and deferred charges		1,000	9	1,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .	134,510	11	140,809	
	12	Investments—other securities See Part IV, line		12		

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			467,262
2	Total expenses (must equal Part IX, column (A), line 25)	2			396,671
3	Revenue less expenses Subtract line 2 from line 1	3			70,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			357,377
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			427,968
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	onesia in contentia o contentia a recipiones di rioce to uni, inte in anti rate vita i i i i i i i i i i i i i			Yes	No
4	Accounting method used to prepare the Form 990 🗹 Cash 🗆 Accrual 🗀 Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		

3b

Form **990** (2016)

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: 23-3066186

Name: PROFESSIONAL DAIRY MANAGERS OF PA

Form 990 (2016)

Form 990, Part III, Line 4a:

PDMP PROVIDES CUTTING-EDGE EDUCATIONAL PROGRAMS YOU GET CONTENT THAT YOU TAKE HOME AND PUT TO WORK THE NEXT DAY AND YOU HELP BUILD THE NEXT GENERATION THROUGH SUPPORT OF THEIR EDUCATIONAL PROGRESS ISSUES FORUMS - MEMBERS RECEIVE A DEEP DISCOUNT ON REGISTRATION FEES FOR PDMP'S THREE ISSUES FORUMS HELD EACH YEAR THE TOPICS GIVE A "MEAT & POTATOES" EDUCATIONAL PROGRAM ON ISSUES THAT AFFECT PROFITABILITY WITH SPEAKERS WHO ARE RECOGNIZED FOR THEIR KNOWLEDGE AND EXPERTISE DAIRY SUMMIT MEMBERS CAN TAKE ADVANTAGE OF PDMPS PARTNERSHIP WITH THE PA DAIRY STAKEHOLDERS TO ATTEND THIS ONCE-A-YEAR CONFERENCE THAT BRINGS TOGETHER THE BEST OF PENNSYLVANIAS DAIRY INDUSTRY THE PROGRAM COMPRESSES DOZENS OF HIGH-QUALITY MOTIVATIONAL AND NUTS-AND-BOLTS PRESENTATIONS INTO A DAY-AND-A-HALF INTERNSHIPS MEMBERS DEVELOP THE NEXT GENERATION OF TOP DAIRY PRODUCERS BY WORKING WITH THE CENTER FOR DAIRY EXCELLENCE AND PA DAIRYMEN'S ASSOCIATION TO OFFER "ON-FARM" SUMMER INTERNSHIPS TO STUDENTS SCHOLARSHIPS MEMBERS SUPPORT PDMP SCHOLARSHIPS THAT ALLOW STUDENTS TO ATTEND A SPECIAL LEADERSHIP SCHOOL, AND REWARD INTERNSHIP EXPERIENCES

Form 990, Part III, Line 4b:

PA DAIRYMEN'S ASSOCIATION TO OFFER "ON-FARM" SUMMER INTERNSHIPS TO STUDENTS. SCHOLARSHIPS MEMBERS SUPPORT PDMP SCHOLARSHIPS THAT ALLOW

STUDENTS TO ATTEND A SPECIAL LEADERSHIP SCHOOL. AND REWARD INTERNSHIP EXPERIENCES

A DAY-AND-A-HALF INTERNSHIPS MEMBERS DEVELOP THE NEXT GENERATION OF TOP DAIRY PRODUCERS BY WORKING WITH THE CENTER FOR DAIRY EXCELLENCE AND

THE 2016 PDMP CORN SILAGE HYBRID TESTING PROGRAM WAS EXPANDED TO GENERATE MORE EXTENSIVE DATA, INCLUDING STARCH DIGESTIBILITY, FOR HYBRID PERFORMANCE EVALUATIONS PRODUCERS USE TO MAKE SEED PURCHASING DECISIONS THIS NON-BIASED RESEARCH IS NOW THE ONLY PROJECT OF ITS KIND IN THIS

REGION OF THE US SO IT HAS BECOME INCREASINGLY IMPORTANT FOR DAIRY PRODUCERS THROUGHOUT

Form 990, Part III, Line 4c:

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SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

3

5

Political Campaign and Lobbying Activities

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493226006127

Open to Public
Inspection

Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number PROFESSIONAL DAIRY MANAGERS OF PA 23-3066186 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	xcess over \$500,000	†		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	xcess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- i If there is an amount other than zero on either line 1h or line 1h did the organization file Form 4720 reporting					☐ Yes ☐ No
	columns below. See the separate instructions for lines 2a through 2f.)					
	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493226006127 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** PROFESSIONAL DAIRY MANAGERS OF PA 23-3066186 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, if applicable non-cash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page 2
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete If the orga	inization answered "Yes'	on Form 990, Part IV, line 22	-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ALL SCHOLARSHIPS		14,340			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informa	ation. Provide the inf	ormation required in F	Part I line 2 Part III	column (h) and any other ad-	ditional information

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN				93493226006127	
SCHEDULE O (Form 990 or 990- EZ)	Complete to provide information for Form 990 or 990-EZ or to provi Attach to Form Information about Schedule O (Form 9 www.irs.gov	n for responses to specific questions on provide any additional information. Form 990 or 990-EZ, and its instructions is at sign of form 990.			
Name of the organizate PROFESSIONAL DAIRY MA			Employer ident 23-3066186	ification number	
	Supplemental Information				
Return Reference		Explanation			
FORM 990 - ORGANIZATION'S MISSION	PDMP IS THE ORGANIZATION LEAD BY DAIRY PEED DIRY INDUSTRY THROUGH IMPROVED PRODUCERS WITH A STRONG VOICE TO CONSUMER ECHNOLOGIES AND METHODS TO INCREASE PEON ENVIRONMENTAL IMPROVEMENTS, ANIMAL VOICERS ON LABOR, PRICING, MISLEADING LABE ROMOTING THE DAIRY INDUSTRY TO RAISE AWAR WHOLESOME DAIRY PRODUCTS ADVANCING FOR OFITABILITY OF PDMP MEMBERS	UCTIVITY AND PROFITABILITY RS AND DECISION MAKERS EL RODUCTIVITY AND PROFITABI WELFARE AND SAFETY PRACE ELING AND OTHER ISSUES THATE RENESS OF THE POSITIVE F	Y ADVOCATING DUCATING DUCATING DUCATING DUCATING TICES REPRESHAT IMPACT PRODUCTION A	FOR DAIRY PRO LY PRODUCERS ON T IG DAIRY FARMERS ENTING DAIRY PRO OFITABILITY P ND SAFETY OF OU	

990 Schedule O, Supplemental Information

Return

LINE 4A

I	Reference	
I	FORM 990,	A DAY-AND-A-HALF INTERNSHIPS MEMBERS DEVELOP THE NEXT GENERATION OF TOP DAIRY PRODUCERS B
ı		

Explanation

PAGE 2, Y WORKING WITH THE CENTER FOR DAIRY EXCELLENCE AND PA DAIRYMEN'S ASSOCIATION TO OFFER "ON-PART III, FARM" SUMMER INTERNSHIPS TO STUDENTS SCHOLARSHIPS MEMBERS SUPPORT PDMP SCHOLARSHIPS THAT

ALLOW STUDENTS TO ATTEND A SPECIAL LEADERSHIP SCHOOL. AND REWARD INTERNSHIP EXPERIENCES

Return Explanation
Reference

LINE 3

FORM 990,	MANAGEMENT DUTIES DELEGATED TO NOVAK STRATEGIC ADVISORS WHO DO ALL ADMIN, BOOKKEEPING AND
PAGE 6,	EDUCATION PLANNING
PART VI.	

Return Explanation
Reference

FORM 990, PAGE 6, EACH YEAR AT MEMBERSHIP MEETING A SLATE OF CANDIDATES IS PREPARED AND MEMBERS VOTE

PART VI,
LINE 7A

Return Explanation
Reference

FORM 990, COPY OF FORM 990 IS GIVEN TO TREASURER FOR REVIEW AND SAFE KEEPING FORM 990 IS ALSO REVIEWED AT PART VI, LINE 11B

Return Explanation
Reference

LINE 12C

FORM 990, YEARLY THE BOARD MUST SIGN FORM STATING NO CONFLICT IF THERE IS A CONFLICT NEW FORM IS SIGNED PAGE 6, ITEMIZING THE BENEFIT TO THEM OR FAMILY PART VI,

Return Explanation
Reference
FORM 990. ANNUAL REVIEW BY THE BOARD OF DIRECTORS OF THE CONTRACT WITH THE MANAGMENT TEAM

PAGE 6, PART VI, LINE 15A

Return Reference Explanation

FORM 990, THERE ARE NO OTHER PAID EMPLOYEES OR OFFICERS OTHER THAN THE EXECUTIVE POSITION
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information

LINE 15B

Return
Reference

Explanation

LINE 19

FORM 990, COPIES ARE AVAILABLE IN OFFICE IF SOMEONE ASKS FOR THEM
PAGE 6,
PART VI,

Return Explanation
Reference

FORM 990,	AG WRITING AND PHOTO 5,342 0 0 OTHER AG WRITING 4,020 0 0 BOOKKEEPING/PERKINS 9,600 0 0 CO
PART IX,	RN SILAGE 78,632 0 0 FORAGE ANALYSIS 4,925 0 0 TOTAL 102,519 0 0
LINE 11G	