DLN: 93493311010039 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 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization DAIRY BUSINESS ASSOCIATION INC D Employer identification number **B** Check if applicable □ Address change 39-1994907 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2763 MANITOWOC RD STE B ☐ Amended return ☐ Application pending (920) 883-0020 town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 543116633 G Gross receipts \$ 1,660,277 Name and address of principal officer H(a) Is this a group return for TIM TROTTER □Yes ☑No subordinates? 2763 MANITOWOC RD STE B H(b) Are all subordinates GREEN BAY, WI 543116633 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(5) **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW DAIRYFORWARD COM L Year of formation 2002 M State of legal domicile WI K Form of organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THROUGH A DEEP COMMITMENT TO ADVOCACY, COLLABORATION AND OPEN CONVERSATIONS, WE EMPOWER OUR MEMBERS TO LEAD THE DAIRY COMMUNITY FORWARD BUILDING ON SHARED VALUES, WE NURTURE RELATIONSHIPS WITH OUR CUSTOMERS, Activities & Governance COMMUNITIES AND POLICYMAKERS IN PURSUIT OF COLLECTIVE SUCCESS 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 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 10 5 40 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 46,034 71,568 Program service revenue (Part VIII, line 2g) . 1,464,123 1,482,028 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 53,909 44,679 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,116 30,682 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,629,486 1,612,653 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 32,825 33,513 14 Benefits paid to or for members (Part IX, column (A), line 4) . 157 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 820,903 934,887 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 791,214 646,080 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,645,099 1,614,480 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -1,827 -15,613 Assets or d Balances End of Year **Beginning of Current Year** 1,514,572 1,496,405 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 779,052 795,392 717,353 Net assets or fund balances Subtract line 21 from line 20 719,180 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 2019-11-05 Signature of officer Date Sign Here TIM TROTTER EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Date 2019-11-05 Print/Type preparer's name Check \square if P00770189 **Paid** self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ► 2200 RIVERSIDE DRIVE PO BOX 23819 Phone no (920) 436-7800 GREEN BAY, WI 54305 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (201	8)				Page 2
Pa	rt III S	Statement of Program S	Service Accomplishmen	ts		
	c	heck if Schedule O contains	a response or note to any line	e in this Part III		🗹
1	Briefly d	escribe the organization's mi	ssion			
COM	MUNITY FO		RED VALUES, WE NURTURE I		S, WE EMPOWER OUR MEMBER OUR CUSTOMERS, COMMUNITI	
2		organization undertake any s	ignificant program services d	uring the year which we	ere not listed on	□Yes ☑No
	•	describe these new services				
3	•		g, or make significant change	s in how it conducts, ar	ny program	
	services	•	,,			□ Yes ☑ No
	If "Yes."	describe these changes on S	chedule O			
4	Section !		inizations are required to rep		t program services, as measure ts and allocations to others, the	
4a	(Code) (Expenses	\$ includ	ing grants of \$) (Revenue \$)
	See Addıt	ional Data	_			_
4b	(Code) (Expenses	\$ includ	ing grants of \$) (Revenue \$)
	See Addıt	ional Data				
4c	(Code) (Expenses	\$ includ	ing grants of \$) (Revenue \$)
	See Addıt	ional Data				
	(Code) (Expenses	\$ includ	ing grants of \$) (Revenue \$)
	AN ORGA SHORT-TI ADMINST	NIZATION WE REPRESENT AND A ERM AND LONG-TERM GOAL IS TO RATIVE RULES AND STATUTES AT	DVOCATE FOR OUR MEMBERS' IN PROVIDE FOR THE MOST ADVAN	TEREST IN THE POLICY AN ITAGEOUS POLICIES THRO IBERS TO STRIVE ENSURII	TO DAIRY FARMING AND HOW IT C D LAWMAKING PROCESS AT LOCAL UGH ORDINANCES AND ZONING AT NG MEMBERS HAVE THE GENERAL S R FARM OR BUSINESS INTEREST	AND STATE LEVELS OUR THE LOCAL LEVEL AND
4d	Other pr	rogram services (Describe in	 Schedule O)			
	(Expens	es \$	including grants of \$) (Revenue \$)
4e	Total p	rogram service expenses				

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules	1		
_	- · · · · · · · · · · · · · · · · · · ·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No .
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the arganization report more than #5 000 of grants or other assistance to or for democitic individuals on Bort IV			

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Νo

22

orm	990 (2018)			Page 4
Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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>	28c		No
9	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

18

0

1c

1a

1b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

20

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines
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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	7.	Voc	
b	members of the governing body?	7a 7b	Yes Yes	
8	persons other than the governing body?			
~	•	8a	Yes	
a b	The governing body?	8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	165	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
36	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cour	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			l
		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	Yes	
	conflicts?	12a 12b	Yes Yes	
	conflicts?	12b 12c	Yes Yes	
13	conflicts?	12b 12c 13	Yes Yes Yes	
13 14	conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12b 12c	Yes Yes	
13 14 15	conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15 a	conflicts?	12b 12c 13	Yes Yes Yes	No
13 14 15 a	conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12b 12c 13 14	Yes Yes Yes	No No
13 14 15 a b	conflicts?	12b 12c 13 14	Yes Yes Yes	
13 14 15 a b	conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12b 12c 13 14	Yes Yes Yes	
13 14 15 a b	conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No
13 14 15 a b	conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	Yes Yes Yes	No
13 14 15 a b	conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes	No

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 State the name, address, and telephone number of the person who possesses the organization's books and records MARILYN WINKLER 2763 MANITOWOC ROAD SUITE B GREEN BAY, WI 543116633 (920) 883-0020

(A)

Name and Title

Part VII

(F)

Estimated

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

- 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"

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

(B)

Average

- 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	

Name and Title	Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	unle ficei rust	ss pers and a ee)	on	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	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) MIKE NORTH	5 00	x		×					0	0
PRESIDENT	2 00	^		^				Ĭ	0	Ŭ
(2) TOM CRAVE	5 00									
PRESIDENT ELECT	2 00	Х		X				0	0	0
(3) AMY PENTERMAN	5 00									
SECRETARY	2 00	Х		X				0	0	0
(4) LLOYD HOLTERMAN TREASURER	5 00	Х		x				0	0	0
(5) GORDON SPEIRS	2 00 2 00									
PRESIDENT EMERITUS	2.00	Х		x				o	0	0
(6) PAUL FETZER	2 00 2 00									
BOARD MEMBER	2 00	Х						0	0	0
(7) CODY HELLER BOARD MEMBER	2 00	х						0	0	0
(8) LEE KINNARD BOARD MEMBER	2 00	Х						0	0	0
(9) GREG SIEGENTHALER	2 00	Х						0	0	0
BOARD MEMBER	2 00 2 00									
(10) STEVE BODART BOARD MEMBER	2 00	х						0	0	0
(11) TIM TROTTER	40 00			x				137,727	0	33,833
EXECUTIVE DIRECTOR	5 00			Ĺ				137,727		
										Form 990 (2018)

Form 990 (2018)									Page 8
Part VII	Section A. Officers, D	Directors, Trustees	, Key E	mpl	oyee	s, and	Higl	nest Compensate	d Employees (co	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth ar	x, unl	Highest con employee	son	(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

	il trustee or	nal Trustee	loyee	oonpensated e		

1b Sub-Total						>				
c Total from continuation sheets to Par	t VII , Section	Α				>				
d Total (add lines 1b and 1c)						▶		137,727	0	33,833
Total number of individuals (including both of reportable compensation from the or			e liste	ed al	oove	e) who	rece	eived more than \$	100,000	

ď	Total (add lines 1b and 1c)	0		33,833
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 $ ightharpoonup 1$			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Vaa	
		4	Yes	

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

	the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	1a ⁷ If "Yes," complete Schedule J for such individual	3		No
orga	any individual listed on line 1a, is the sum of reportable compensation and other compensation from the anization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ividual	4	Yes	

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

	Ine lav If "Yes," complete Schedule J for such Individual	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	1.00	No			
S	Section B. Independent Contractors						
_	C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1				

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			ĺ	
	ındıvıdual	4	Yes	ĺ	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization is tax year.	mpensa	ation		

	muvidual		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No	
Se	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					
	The organization report compensation for the calculating from or maint and organization	nzacioni s tax year				

S	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				

Form **990** (2018)

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 ▶ 0

Part		Statement of	Revenue								rage 3
· Gir		Check if Schedul		a respo	onse or note	to any line in t	hıs Part VII				🗆
				•			(A) revenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	11:	a Federated campaig	ns	1a				rev	renue		512 - 514
nts nts		b Membership dues		1b							
isar 10 u		c Fundraising events		l	l 3	9,300					
S, G Am		d Related organizatio		1c 1d	<u> </u>						
Gifts, Grants illar Amounts		e Government grants (co		<u> </u>							
s, (imi		f All other contributions		1e							
ioi S		and similar amounts n above		1f		6,734					
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution in lines 1a - 1f \$	ons included								
ತಿ ಕ		h Total. Add lines 1a	-1f		•	•	46,034				
					Ви	ısıness Code					
Program Service Revenue	2 a	MEMBERSHIP INCOME				900099		567,330	567,3	330	
ر بر	b	SERVICE FEES				900099		480,000	480,0	000	
e F	c	DAIRY STRONG SPONSO	ORSH			900099		242,750	242,7	750	
er vi	d	DAIRY STRONG EXHIBIT	TOR			900099		92,980	92,9	980	
Š	е	DAIRY STRONG REGIST	RAT			900099		57,498	57,4	198	
gran	_					300033		41,470	41,4	170	
Prog	f	All other program se	rvice revenue			1,482,028		·		<u>'</u>	•
	g	Total. Add lines 2a-2	2f	•	<u> </u>						
		Investment income (ii similar amounts) .			interest, and	other	53,90	9			53,909
		Income from investme			ond proceeds	s ▶					
	5	Royalties				▶					
			(ı) Rea	l	(II) Perso	onal					
	6a	Gross rents									
	b	Less rental expenses									
		Dontol									
	•	Rental income or (loss)									
	c	Net rental income o	r (loss)			>					
			(ı) Securit	ies	(II) Oth	er					
	7 a	Gross amount from sales of									
		assets other than inventory									
	Ŀ	Less cost or									
		other basis and sales expenses									
	c	Gain or (loss)									
		Net gain or (loss) .				<u> </u>					
a ∪	8a	Gross income from for for the control of the contro	undraising ev 39,300								
Š		contributions reporte	ed on line 1c)]						
eve		See Part IV, line 18				59,860 47,624					
r R		Less direct expense : Net income or (loss)		b sına ev	ents	▶	12,23	36			12,236
Other Revenue		Gross income from g									
0		See Part IV, line 19				2 226					
	L	Less direct expense		a b		2,336					
		: Net income or (loss)			les	<u> </u>	2,33	36			2,336
		Gross sales of invent									
		returns and allowand	ces	_]						
			اماما	a b							
		Less cost of goods s		_							
	_	Net income or (loss) Miscellaneous		invent	Business	► Code					
	11	.a									
	Ŀ	,									
	c	:									
	c	All other revenue .					16,11	.0	16,110		
	e	Total. Add lines 11a	-11d			>	16,11	0			
	12	? Total revenue. See	Instructions			•					
							1,612,65	3	1,498,138		0 68,481 Form 990 (2018)

Forr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all columns to the state of the state	_			_
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 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	33,513			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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				
	Compensation of current officers, directors, trustees, and key employees	171,560			
	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	609,400			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,169			
9	Other employee benefits	69,680			
10	Payroll taxes	60,078			
11	Fees for services (non-employees)				
ē	Management				_
ŀ	Legal	5,982		1	
,	Accounting	15,533			
, ا	Lobbying	146,404			
	Professional fundraising services See Part IV, line 17				+
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,339			
12	Advertising and promotion				
	Office expenses	30,491			
	Information technology				
	Royalties				
	Occupancy	40,955			
	Travel	29,465		1	
	Payments of travel or entertainment expenses for any			+	+
	federal, state, or local public officials . Conferences, conventions, and meetings	284,730			<u> </u>
	· · · · · · · · · · · · · · · · · · ·				
	Interest Payments to affiliates				
	· · · · · · · · · · · · · · · · · · ·				
	Depreciation, depletion, and amortization	4 396			<u> </u>
	Insurance	4,386		<u> </u>	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
l	a DUES, SUBSCRIPTIONS & L	10,956			
l	a DUES, SUBSCRIPTIONS & L	10,755			
	b BOARD OF DIRECTORS EXPE	6,903			
	С				
	d				
	e All other expenses	5,936			
	Total functional expenses. Add lines 1 through 24e	1,614,480			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
l	educational campaign and fundraising solicitation				
I —	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2018)

Form	990	(2018)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		67,446	1	84,120
	2	Savings and temporary cash investments .	[1,040,892	2	1,065,815
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	[214,711	4	193,542
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality	ited employees Complete		5	
Assets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		6	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	⊢	188.248	9	148,782
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,814	· · · · · · · · · · · · · · · · · · ·		,
	b	Less accumulated depreciation	10b 1,814	0	10c	0
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets	[14	
	15	Other assets See Part IV, line 11	[3,275	15	4,146
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	1,514,572	16	1,496,405
	17	Accounts payable and accrued expenses		114,037	17	71,495
	18	Grants payable			18	
	19	Deferred revenue		681,355	19	695,847
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	11,710
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ge		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	

12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	3,275	15	4,146
16	Total assets.Add lines 1 through 15 (must equal line 34)	1,514,572	16	1,496,405
17	Accounts payable and accrued expenses	114,037	17	71,495
18	Grants payable		18	
19	Deferred revenue	681,355	19	695,847
20	Tax-exempt bond liabilities		20	
1 24	Francis on sustantial account liabilities. Consulate Dam IV of Cabadula D		24	11 710

24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 795.392 779.052 26 Total liabilities. Add lines 17 through 25 . 26

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.

717.353 Unrestricted net assets 714,180 27 27

28 Temporarily restricted net assets 5,000 28 29 Permanently restricted net assets 29

Net Assets or Fund Balances 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30

31

32

33

34

717,353

1,496,405

Form **990** (2018)

719,180

1,514,572

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

31

32

33 34

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,612,653
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,614,480
3	Revenue less expenses Subtract line 2 from line 1	3			-1,827
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			719,180
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			717,353
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	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	Yes	
	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				
b	Were the organization's financial statements audited by an independent accountant?		2ь	l	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a	ı 	No

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

Form **990** (2018)

3b

Additional Data

Software ID: Software Version:

DAIRY STRONG IS THE PLACE WHERE ALL ASPECTS OF DAIRY COME TOGETHER TO COALESCE AROUND A SHARED COMMITMENT TO WHAT'S IMPORTANT TODAY AND

EIN: 39-1994907

Name: DAIRY BUSINESS ASSOCIATION INC.

Form 990, Part III, Line 4a:

TOMORROW

Form 990 (2018)

Form 990, Part III, Line 4b:

PRACTICES TO ENSURE DAIRY AND AGRICULTURE'S LONGEVITY AS A SAFE. RELIABLE AND SUSTAINABLE FOOD SOURCE FOR YEARS TO COME

THE GOAL OF THIS PROGRAM IS TO BRING TOGETHER ALL STAKEHOLDERS OF THE DAIRY AND AGRICULTURAL COMMUNITIES TO WORK TOWARDS COMMON GOALS AND OVERALL BENEFIT OF DAIRY AND AGRICULTURE. MORE SPECIFICALLY, THIS PROGRAM ASSISTS MEMBERS AND OTHER FARMERS TO IMPROVE ON-FARM OR IN-BUSINESS.

Form 990, Part III, Line 4c: ASSIST MEMBERS WITH SOCIAL MEDIA. MEDIA RELATIONS AND COMMUNITY RELATIONS SO THAT THEY ARE PUBLICLY REFLECTED IN A POSITIVE EASHION. THE SHORT-TERM GOAL IS FOR EACH PUBLICLY FACING OUTPUT TO BE ACCURATE, FAIR, AND REPRESENTATIVE OF THE NATURE OF THE TOPIC AT HAND THE LONG-TERM GOAL IS

TO REPRESENT OUR MEMBERS AND THE DAIRY COMMUNITY IN A POSITIVE FASHION

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No 1545-0047

DLN: 93493311010039

Department of the Treasury Internal Revenue Service

EZ)

1

2 3

1 2

3

COMMITTEE

COMMITTEE

ASSOCIATION

(3)

5

SCHEDULE C (Form 990 or 990-

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. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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 DAIRY BUSINESS ASSOCIATION INC

39-1994907

	Part I-A	Complete if the organization is exempt under section $501(c)$ or is a section 527 organization.	
--	----------	---	--

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

\$ _____ Political campaign activity expenditures (see instructions) 3

Volunteer hours for political campaign activities (see instructions) 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

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

☐ Yes ☐ Yes

□ No

□ No

If "Yes," describe in Part IV

(a) Name

WISCONSIN STATE SENATE DEMOCRATIC

ASSEMBLY DEMOCRATIC CAMPAIGN

REPUBLICAN ATTORNEYS GENERAL

function activities

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

(c) EIN

39-1381723

39-1269354

46-4501717

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

1,750

2,500

9,940

(d) Amount paid from

filing organization's

funds If none, enter

-0-

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

1747 PENNSYLVANIA AVE NW SUITE

WASHINGTON DC, DC 20006

Did the filing organization file Form 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

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

ı	No	

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

PO BOX 164

PO BOX 814

MADISON, WI 53701

MADISON, WI 53701

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2018

Grassroots ceiling amount

Schedule C (Form 990 or 990-EZ) 2018

Current year

Total

Part IV

PART I-A, LINE 1

3

5

Carryover from last year

expenditure next year?

Return Reference

84,800

56.733

272,190

244,123 328,923

(b)

actıv	ıty	Yes	No	Amou	int
1	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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), o	r section		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Paranswered "Yes."			•)(6)
1	Dues, assessments and similar amounts from members	1		56	57,330
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).				

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

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

Supplemental Information

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

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

CONTRIBUTIONS PAID TO POLITICAL ACTION COMMITTEES

Explanation

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

2a

2b

2c 3

> 4 5

SCHEDULE D

Supplemental Financial Statements

► 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.

DLN: 93493311010039 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

ntern	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest information.		Inspection
Na DAI	me of the organ	nization CIATION INC		Emp	oloyer identification number
				39-1	.994907
Pa	Trt I Organi Comple	izations Maintaining Donor Advi ete if the organization answered "Ye	sed Funds or Other Similar Funds of s" on Form 990 Part IV June 6	or Acc	ounts.
	comple	te ii tile organization anowered Te	(a) Donor advised funds		(b)Funds and other accounts
1	Total number at	end of year			
2	Aggregate value	of contributions to (during year)			
3	Aggregate value	of grants from (during year)			
4	Aggregate value	at end of year			
5		ation inform all donors and donor adviso property, subject to the organization's ex	rs in writing that the assets held in donor acclusive legal control?	dvised	funds are the
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose		
Pa	Till Conser	rvation Easements. Complete if th	ne organization answered "Yes" on Fori	n 990	, Part IV, line 7.
1	Purpose(s) of co	onservation easements held by the orga	nization (check all that apply)		
	Preservati	on of land for public use (e g , recreation	n or education) \square Preservation of ar	histor	ically important land area
	☐ Protection	of natural habitat	Preservation of a	certifie	d historic structure
	☐ Preservati	on of open space			
2		2a through 2d if the organization held a le last day of the tax year	qualified conservation contribution in the fo	rm of a	a conservation Held at the End of the Year
а	Total number of	conservation easements		2a	
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	ervation easements on a certified histori	c structure included in (a)	2c	
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d	
3		-	d, released, extinguished, or terminated by	the or	janization during the
4	Number of state	es where property subject to conservatio	n easement is located >		_
5		ızatıon have a wrıtten policy regardıng th nt of the conservation easements it holds	ne periodic monitoring, inspection, handling s?	of viola	ations,
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing c	onserv	ation easements during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation	easements during the year
8	Does each cons and section 170		above satisfy the requirements of section 1	70(h)(4)(B)(ı) ☐ Yes ☐ No
9	balance sheet, a		ervation easements in its revenue and expe footnote to the organization's financial stati ts		
Par		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Oth s" on Form 990, Part IV, line 8.	er Si	milar Assets.
1a	art, historical tr	easures, or other similar assets held for	6 (ASC 958), not to report in its revenue st public exhibition, education, or research in icial statements that describes these items		
b	historical treasu		6 (ASC 958), to report in its revenue staten lic exhibition, education, or research in furth		
((i) Revenue includ	ded on Form 990, Part VIII, line 1			▶ \$
(i	i i) Assets ıncluded	l ın Form 990, Part X			▶ \$
2	If the organizat	·	cal treasures, or other similar assets for fina 116 (ASC 958) relating to these items	incial g	·
а	Revenue include	ed on Form 990, Part VIII, line 1			> \$
b	Assets included	ın Form 990, Part X			▶ \$

Par	t III	Organizations Maintaining Co	llections of Art, F	listori	ical T	reası	ures, oi	Other	Similar A	ssets (contini	ued)	—
3	Using	the organization's acquisition, accessio (check all that apply)											
a		Public exhibition		d		Loan	or excha	ange prog	grams				
b		Scholarly research		е		Othe	er						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's co (III	llections and explain l	how the	ey furtl	ner th	e organız	ation's e	xempt purpo	se in			
5		g the year, did the organization solicit c s to be sold to raise funds rather than to							nılar	□ Ye	es	□ No	
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ıne 9, oı	reporte	ed an amou	unt on I	Form	990, Part	
1a		organization an agent, trustee, custod led on Form 990, Part X?	an or other intermed	ary for	contri	bution	ns or othe	er assets	not	☐ Ye	es	☑ No	
b	If "Vo	s," explain the arrangement in Part XII.	I and complete the fo	llowing	table				Δ	mount			
c		ning balance	and complete the lo	nowing	table			1c		inount			
d	_	ons during the year						1d					
e		butions during the year						1e					
f		g balance						1f					
		-	000 0 1 1 1	24 6									
2a		ne organization include an amount on Fo									es	∐ No	
b		s," explain the arrangement in Part XIII											
Pa	rt V	Endowment Funds. Complete if	(a)Current year		rior yea			ears back			(a)Eo	ır years bac	
1a	Beainn	ing of year balance	(a)current year	(0)-	iloi yea	' 	(C) I WO y	ears Dack	(d) Tillee ye.	ais Dack	(e)ioi	ir years bac	<u>`</u>
	_	outions				_							_
		estment earnings, gains, and losses				-							_
		or scholarships											_
	Other e	expenditures for facilities organis											_
f	Admini	strative expenses											_
g	End of	year balance											_
2	Provid	de the estimated percentage of the curr	ent vear end balance	(line 1	a. colu	mn (a)) held a	s					_
а		designated or quasi-endowment >	,	,	5 ,		,,						
Ь	Perma	anent endowment ▶											
c	Temp	orarily restricted endowment >											
·		ercentages on lines 2a, 2b, and 2c shou	ıld equal 100%										
3a		nere endowment funds not in the posses	ssion of the organizat	ion tha	t are h	eld an	nd admini	stered fo	r the			Yes No	_
	• •	related organizations									a(i)		_
b		elated organizations		 on Sche	 edule R	· ·	• •			<u> </u>	a(ii) 3b		_
4	Descr	ibe in Part XIII the intended uses of the	organization's endov	vment 1	funds								
Pa	rt VI	Land, Buildings, and Equipme		000	. D	T\ / - 1-	no 11-	Coc ==	OOO D-	با ∨ است	aa 10		
	Descri	Complete if the organization answ ption of property (a) Cost or ot (investment)	her basis (b) Cost						depreciation		(d) Boo		
12	Land												
		gs											_
		old improvements											
		nent				1,814			1,814				0
	Other					_,~_ +			1,011				_
		· · · · · Ines 1a through 1e (Column (d) must e	l equal Form 990, Part .	X, colui	mn (B)	, line	10(c))		>				0

Part VII Investments—Other Securities.	Complete if the organizat	ion answe	rea res on r	orm 550, rare iv, mie 115.
See Form 990, Part X, line 12. (a) Description of security or cal (including name of security		(b) Book value	(c Cost o	c) Method of valuation r end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests 3)Other	· · · · · · · ·			
A)				
3)				
))				
5)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	2)			
Investments—Program Related. Complete if the organization answe		art IV line	11c See Form	n 990 Part Y line 13
(a) Description of investment		ok value	(0	c) Method of valuation
.)			Cost o	r end-of-year market value
2)				
3)				
, (1)				
· · · · · · · · · · · · · · · · · · ·				
· ·)				
· ')				
3)				
9)				
9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 1	3 }			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1.		n 990, Part	IV, line 11d Sei	e Form 990, Part X, line 15 (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organize)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize)))	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize () () () () () () () () () (ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other Assets. Othe	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other	ation answered 'Yes' on Form	n 990, Part	IV, line 11d Sec	
Other Assets. Complete if the organize Other Liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. Complete if the Conservation See Form 990, Part X, line 25.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description		n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Federal income taxes	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Other Liabilities. O	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if the complete	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value

Schedule D (Form 990) 2018

Page 4

		venue per Audited Financial Stateme zation answered 'Yes' on Form 990, Part			Return	
1 T		upport per audited financial statements			1	
2 A	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
a N	Net unrealized gains (losses) on ii	nvestments	2a			
b D	Donated services and use of facili	ties	2b			
c R	Recoveries of prior year grants .		2c			
d C	Other (Describe in Part XIII)		2d			
e A	Add lines 2a through 2d .		•			
3 S	Subtract line 2e from line 1 .				3	
4 A	Amounts included on Form 990, P	art VIII, line 12, but not on line 1				
a I	nvestment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b 0	Other (Describe in Part XIII) .		4b			
с А	Add lines 4a and 4b		٠		4c	
5 T	otal revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)			5	
Part 2		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Return	l.
1 T		dited financial statements			1	
	Amounts included on line 1 but no					
		ties	2a			
	Prior year adjustments		2b			
	Other losses		2c			
d C	Other (Describe in Part XIII) .		2d			
	,		·		_ 2e	
					3	
		Part IX, line 25, but not on line 1:				
	· ·	d on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII) .	, , , , , , , , , , , , , , , , , , ,	4b			
			ـــــ		- _{4c}	
		c. (This must equal Form 990, Part I, line 18			5	
Part						
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference			planation		
See Add	ditional Data Table					

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 39-1994907

Name: DAIRY BUSINESS ASSOCIATION INC.

Explanation

Supplemental	Information

Return Reference

PART IV, LINE 2B THE ORGANIZATION IS HOLDING CONTRIBUTIONS RAISED BY OTHERS IN ITS CASH ACCOUNT UNTIL THE FUNDS ARE REQUESTED FOR EXPENDITURE

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Info

Department of the Treasury

Internal Revenue Service

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Go to www irs gov/Form990 for instructions and the latest information

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a ▶Attach to Form 990 or Form 990-EZ. 2018

DLN: 93493311010039OMB No 1545-0047

Open to Public Inspection

	RY BUSINESS ASSOCIATION INC	٢					Lilipioyei ide	illication number
711	(T BOSINESS ASSOCIATION IN						39-1994907	
Pa	Fundraising Activity Form 990-EZ filers a				answered "Yes" on Fo	orm 990,	Part IV, line 1	17.
L	Indicate whether the organiza	tion raised funds tl	hrough an	y of the fo	ollowing activities Check	all that a	oply	
а	Mail solicitations			e	Solicitation of nor	-governm	ent grants	
b	☐ Internet and email solicita	tions		f	Solicitation of gov	ernment g	grants	
c	Phone solicitations			g	Special fundraisin	g events		
d	☐ In-person solicitations							
2a	Did the organization have a w or key employees listed in For							es 🗆 No
b	If "Yes," list the ten highest pa to be compensated at least \$5			ndraisers)	pursuant to agreements	s under wh	nich the fundrais	er is
i) (i	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
ota	al		1	 				
,	list all states in which the organ	uzation is registers	d or licen	and to col	sit contributions or bac l	ooo notifi	ad it is avament	from registration or

Sche	dule G (Form 990 or 990-EZ) 2018					F	age 3
11	Does the organization conduct gaming	activities with nonmembers?			Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pers	son who prepares the organization's	gaming/special events books and re	cords			
	Name •						
	Address ►						
15a	Does the organization have a contract version revenue?	with a third party from whom the or	ganization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			e			
С	If "Yes," enter name and address of the	third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribution	s from the gaming proceeds to		□Yes	□No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		her exempt organizations or spent		35		
Pai			uired by Part I, line 2b, columns Also provide any additional infor				
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - I	OO NOT PROCESS	As Filed Data -				D	LN: 93493311010039
Note: To capture the fu Schedule I (Form 990)		· -	ther Assistanc	e to Organiz	ations,		OMB No 1545-0047 2018
Department of the Treasury Internal Revenue Service	Co	mplete if the organiza	tion answered "Yes," o ▶ Attach to Form v.irs.gov/Form990 for	990.			Open to Public Inspection
Name of the organization DAIRY BUSINESS ASSOCIATI	ON INC					39-1994907	fication number
 Does the organization the selection criteria us Describe in Part IV the Part II Grants and Other 	sed to award the grants organization's procedur ner Assistance to Dom	stantiate the amount of too or assistance?	of grant funds in the Ur Id Domestic Governme	ited States	for the grants or assistance		☐ Yes ☑ No
(a) Name and address of organization or government		(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 noncash assistance	(h) Purpose of grant or assistance
(1) JOBS FIRST COALITION PO BOX 2071 BROOKFIELD, WI 5300820		501(C)4	8,810				ADVOCACY
	other organizations liste						chedule I (Form 990) 2018

(5)

(6) (7)

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

Part IV

Explanation

Return Reference

THE ORGANIZATION LOOKS AT THE REQUESTS FOR DONATIONS/SPONSORSHIPS TO BE SURE THAT THEY ARE IN LINE WITH THEIR MISSION IT IS THEN

PART I, LINE 2 DETERMINED WHETHER THERE IS ROOM IN THAT PARTICULAR AREA OF THE BUDGET TO GIVE THE CONTRIBUTIONS. CONTRIBUTIONS ARE GIVEN FOR GENERAL

SUPORT OF THE ORGANIZATION UNLESS OTHERWISED NOTED NO FURTHER MONITORING IS CONSIDERED NECESSARY

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19331	1010	039
Sch	edule J	Coi	mpensat	ion Information	00	1B No	1545-0	0047
(For	n 990)	For certain Officer		Trustees, Key Employees, and Hig	hest			
		Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV,	. line 23.	2 0	118	ζ .
			▶ Attach	n to Form 990. instructions and the latest inform		pen i		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov</u>	/ <u> </u>	instructions and the latest inform	nation.		ectio	
	ne of the organiza RY BUSINESS ASSO				Employer identificat	ion nu	ımber	
DAI	KI BUSINESS ASSU	CIATION INC			39-1994907			
Pa	rt I Questi	ons Regarding Compensati	on					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of persoi				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e g , maid, chauf	Teur, cner)			
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all	. 1-3	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked in line	e la?			
3				ed to establish the compensation of the	ne			
	_	EO/Executive Director Check all t ed organization to establish compe		not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
			П	Markey and a second as a secon				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4		-	00 Part VII Se	ection A, line 1a, with respect to the fi				
•	related organiza		,o, raic v 11, 5c	rection 71, line 14, with respect to the h	ining organization of a			
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a		No
b	Participate in, o	r receive payment from, a suppler	mental nonqual	lified retirement plan?		4b		No
С		r receive payment from, an equity		-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and i	provide the app	olicable amounts for each item in Part	: III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	A, line 1a, did	the organization pay or accrue any				
	compensation c	ontingent on the revenues of						
а	The organization					5a		
b	Any related orga	anization? 5a or 5b, describe in Part III				5b		
_	-	·	A 1	b la				
6		ontingent on the net earnings of	A, iiile Ta, uiu	the organization pay or accrue any				
a	The organization					6a		
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		
7	•	•	A line to did	the organization provide any nonfine	d			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,'		the organization provide any nonfixed art III	u	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2018

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 (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 TIM TROTTER 137,727 (i) 0 5,737 28,096 171,560 EXECUTIVE DIRECTOR 0 (ii)

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	<u>: 93493311010039</u>	
SCHEDUL (Form 990 or EZ)	r 990-EZ estions on ation. ion.	2018 Open to Public Inspection		
Name! Betherofge DAIRY BUSINESS A 990 Schedule		39-1994907	lification number	
Return Reference	Explanation			
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD SHALL BE COMPRISED OF THE F THE CORPORATION, THE PRESIDENT EMERITUS AND EXECUTIVE DIRECTOF HALL SERVE AS AN EX-OFFICIO MEMBER WITHOUT VOTE IN THE EVENT AN E. IS UNABLE TO ATTEND THE EXECUTIVE COMMITTEE MEETING, THERE WILL BE HORITY GRANTED BY THE BOARD, THE EXECUTIVE COMMITTEE SHALL BE RETOF THE CORPORATION BETWEEN MEETINGS OF THE BOARD	R THÈ ÉXECUTIVE I XECUTIVE COMMIT E NO SUBSTITUTIO	DIRECTOR S FEE MEMBER N BY AUT	

Return Explanation
Reference

FORM 990, PART VI, CATTLE AND PRODUCING MILK FOR SALE (2) CORPORATIONS AND BUSINESSES ENGAGED IN THE DAIRY IN DUSTRY IN WISCONSIN (3) PROFESSIONAL PERSONS AND BUSINESSES NOT OWNING DAIRY CATTLE AND PRODUCING MILK FOR SALE BUT WHO ARE INVOLVED IN THE DAIRY INDUSTRY

Return Explanation
Reference

FORM 990,	(1) PRODUCERS ARE ENTITLED TO CAST ONE VOTE FOR EVERY \$1 CONTRIBUTED TO DBA TO VOTE FOR PR
PART VI,	ODUCERS TO FILL THE SIX AVAILABLE PRODUCER BOARD SEATS (2) CORPORATE/PROFESSIONAL MEMBERS
SECTION A,	ARE ENTITLED TO ONE VOTE PER MEMBERSHIP TO ELECT CORPORATE/PROFESSIONAL MEMBERS TO FILL TH
LINE 7A	ETHREE BOARD SEATS AVAILABLE TO THIS CLASS

Return Explanation
Reference

LINE 7B

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS, OFFICERS, AND COMMITTEE MEMBERS WITH BOARD DELEGATED POWERS ARE CO VERED BY THE CONFLICT OF INTEREST POLICY THE POLICY THE POLICY TO DISCLOSE ON ALL COV ERED PERSONS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTE D PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNIT Y TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DEL EGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT HOWEVER, ANY COVERED PE RSON MAY RECUSE THEMSELVES AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN W HICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS THE INTERESTED PERSON DISCLOSES THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DE TERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST ARE ABBREVIATED AS FOLLOWS IF A CONFLICT HAS BEEN IDENTIFIED, AN INTERESTED PERSON PRESENTS TO THE BOARD BUT LEAVES THE MEETING BEFORE ANY DISCUSSION OR VO TE ON THE TRANSACTION THE PRESIDING MEMBER COULD APPOINT A DISINTERRED PERSON TO INVESTIG ATE ALTERNATIVES TO THE PRESIDING MEMBER COULD APPOINT A DISINTERRED PERSON TO INVESTIG ATEA ATERNATIVES TO THE PROPOSED TRANSACTION AFTER INVESTIGATION. THE BOARD OR COMMITTEE DETERMINES WHETHER A BETTER TRANSACTION IS AVAILABLE IF THERE IS NONE, THE BOARD OR COMMITTEE DETERMINES WHETHER TO PROCEED WITH THE TRANSACTION ON THE CHANCE THERE IS A VIOLATION OF THE CONFLICT OF INTEREST POLICY IF THE BOARD OR COMMITTEE OF INTEREST, IT SHALL INFOR M THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AND OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERE

Return Explanation
Reference

FORM 990, A COLLABORATIVE PROCESS TOOK PLACE BETWEEN THE EXECUTIVE COMMITTEE OF DBA AND THE BOARD OF PART VI, EDGE FARMER DAIRY COOPERATIVE TO CONCLUDE THAT A RAISE WAS JUSTIFIED NO FORMAL WRITTEN M SECTION B, ETRIC WAS USED FOR CEO OR EXECUTIVE DIRECTOR

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE PART VI, NOT OPEN TO THE PUBLIC FINANCIAL STATEMENTS ARE PRESENTED TO THE MEMBERS EACH YEAR AT THE SECTION C, ANNUAL MEETING
LINE 19

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

DAIRY BUSINESS ASSOCIATION INC

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2018

Employer identification number

DLN: 93493311010039OMB No 1545-0047

Open to Public Inspection

							39-1	994907				
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answer	ed "Yes	" on Form 9	90, Part :	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ	rity	(c) Legal domici or foreign c	le (state ountry)	(d) Total inc	ome	(e) End-of-year as	sets	(f) Direct cor enti		
Part II Identification of Related Tax-Exempt Organization	ne Comple	ete if the organ	ızatıon	answered "	/es" on F	orm 990	Dart IV	/ line 34 he	Calleo	it had one or r	more	
related tax-exempt organizations during the tax year.	iis comple	ite ii tile organ	ization	answered	163 0111	01111 990,	raiti	, lille 34 be	cause	it flad offe of f	11016	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) omicile (state ign country)	Exempt Co	i) ide section	Public (if sect	(e) charity status ion 501(c)(3))	Di	(f) irect controlling entity	Section (13) co ent	ntrolled
(1)DAIRY BUSINESS FOUNDATION INC 2763 MANITOWOC RD STE B	DAIRY AND PROMOTION	AGRICULTURAL I		WI	501(C)(3)		LINE 12	A, I	NONE		Yes	No No
GREEN BAY, WI 543116633 20-4593857												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t No 50135	<u> </u>				Sch	edule R (Form	990) 24	118

(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(b) (c) (d) Primary Legal Direct domicile (state or foreign country)		Predominant Income(related unrelated, excluded from tax under sections 512-	total income						(j) eral or naging rtner?		ntage
					514)			Yes	No		Yes	No	1	
												-		
												+		
												+		
												+		
													1	
IV Identification of Related Organi because it had one or more related						ızatıon ans	wered "Yes	" on F	orm 9	90, Part I\	/, line	e 34		
		s a corporation		st during th	(d) controlling Tyentity (Co	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Perc	/, line (h) centage	.	(1) Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h)	.	Section (13) con entit	512(b trolle
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h)	.	Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h)	.	Section (13) con entit	512(b trolle ty?
because it had one or more related (a) Name, address, and EIN of	organizations treated a	s a corporation	(c) egal micile or foreign	st during th	(d) controlling Tyentity (Co	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perc	(h)	.	Section (13) con entit	512(b trolle ty?

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		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No

Page **3**

k	Lease of facilities, equipment, or other assets from related organization(s)	1K		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	ı	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
	ı									Schedul	e R (Form	199	0) 2018	

