


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

DAIRY MANAGEMENT INC

% CAROLYN GIBBS CFO

Doing business as

Number and street (or P O box if mail is not delivered to street address)

10255 W Higgins Road suite 900

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Rosemont, IL 60018

F Name and address of principal officer

Thomas Gallagher

10255 W Higgins Road ste 900

Rosemont,IL 60018

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.dairyinfo.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1995

M State of legal domicile

DC

Part I

Summary

Activities & Governance	<div><div>1</div><div>Briefly describe the organization’s mission or most significant activities</div><div>To invest dairy producer checkoff funds in strategic, coordinated mark strategic, coordinated marketing programs designed to increase consumption of dairy products both domestically and internationally</div></div>		
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>		
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div>3</div>	<div>81</div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div>4</div>	<div>81</div>
	<div><div>5</div><div>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</div></div>	<div>5</div>	<div>260</div>
	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div>6</div>	<div>51</div>
Revenue	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div>7a</div>	<div>0</div>
	<div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div>7b</div>	
	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>Prior Year</div>	<div>Current Year</div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>0</div>	<div>0</div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>141,043,618</div>	<div>145,039,566</div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>0</div>	<div>0</div>
Expenses	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>0</div>	<div>0</div>
	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>141,043,618</div>	<div>145,039,566</div>
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>1,000,000</div>	<div>1,000,000</div>
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>0</div>	<div>0</div>
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>23,681,158</div>	<div>31,753,801</div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) ▶-0</div></div>	<div>0</div>	<div>0</div>
Net Assets or Fund Balances	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div>	<div>0</div>	<div>0</div>
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>116,362,460</div>	<div>112,285,765</div>
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>141,043,618</div>	<div>145,039,566</div>
			<div>0</div>
		<div>Beginning of Current Year</div>	<div>End of Year</div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	<div>23,277,664</div>	<div>16,937,738</div>
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	<div>0</div>	<div>0</div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div>23,277,664</div>	<div>16,937,738</div>
		<div>0</div>	<div>0</div>

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Carolyn Gibbs CFO

Type or print name and title

Priint/Type preparer's name

TAMARA TARAZI

Preparer's signature

TAMARA TARAZI

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 155 N Wacker Drive

Chicago, IL 60606

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

EXPORT DMI Implements marketing programs to facilitate the sales of U S produced dairy products in international markets and U S produced dairy ingredients within and outside the United States DMI also provides trade policy and access support for exports into international markets

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)














4e

Total program service expenses

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 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	No
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	No
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	No
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	No
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, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
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	Yes
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	No
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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Form **990** (2014)

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CAROLYN GIBBS CFO
10255 WHIGGINS RD SUITE 900
ROSEMONT,IL 60018 (847) 627-3272

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 107

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶24

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	0			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	Program Funding Revenue	Business Code 900099	102,728,328	102,728,328	0	0
	b	Core Funding Revenue	900099	38,563,134	38,563,134	0	0
	c	Contract Service Revenue	900099	3,748,104	3,748,104	0	0
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		145,039,566			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss)		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b	Less direct expenses				
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b	Less direct expenses					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less cost of goods sold					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		145,039,566	145,039,566	0	0	

Part IX

Statement of Functional Expenses

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

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

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

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		112,131	1	137,247
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		971,485	4	1,403,148
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		278,624	9	8,240,101
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a5,049,719			
	b	Less accumulated depreciation	10b3,378,668	2,071,662	10c	1,671,051
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		19,843,762	15	5,486,191
	16	Total assets. Add lines 1 through 15 (must equal line 34)		23,277,664	16	16,937,738
Liabilities	17	Accounts payable and accrued expenses		19,219,415	17	16,153,921
	18	Grants payable		0	18	0
	19	Deferred revenue		250,000	19	200,622
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,808,249	25	583,195
	26	Total liabilities. Add lines 17 through 25		23,277,664	26	16,937,738
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		0	33	0
	34	Total liabilities and net assets/fund balances		23,277,664	34	16,937,738

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

Part XII Financial Statements and 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 36-3992031

Name: DAIRY MANAGEMENT INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARILYN HERSHEY DIRECTOR	1 0 0 0	X						0	0	0
(1) KENTON W HOLLE DIRECTOR	1 0 0 0	X						0	0	0
(2) AMBER HORN-LEITERMAN DIRECTOR	1 0 0 0	X						0	0	0
(3) JOHN HOWERTON DIRECTOR	1 0 0 0	X						0	0	0
(4) HAROLD J HOWRIGAN JR DIRECTOR	1 0 0 0	X						0	0	0
(5) EDWARD JASURDA DIRECTOR	1 0 0 0	X						0	0	0
(6) DOUGLAS L KRICKENBARGER DIRECTOR	1 0 0 0	X						0	0	0
(7) SHARON K LAUBSCHER DIRECTOR	1 0 0 0	X						0	0	0
(8) JULIE LUND DIRECTOR	1 0 0 0	X						0	0	0
(9) STEPHEN D MADDOX DIRECTOR	1 0 0 0	X						0	0	0
(10) GEORGE E MARSH DIRECTOR	1 0 0 0	X						0	0	0
(11) RONALD R MCCORMICK DIRECTOR	1 0 0 0	X						0	0	0
(12) URBAN MESCHER DIRECTOR	1 0 0 0	X						0	0	0
(13) KEN MEYERS DIRECTOR	1 0 0 0	X						0	0	0
(14) ZACHARY H MYERS DIRECTOR	1 0 0 0	X						0	0	0
(15) RAY S PROCK DIRECTOR	1 0 0 0	X						0	0	0
(16) BRAD SCOTT DIRECTOR	1 0 0 0	X						0	0	0
(17) RONALD E SHELTON DIRECTOR	1 0 0 0	X						0	0	0
(18) LARRY SHOVER DIRECTOR	1 0 0 0	X						0	0	0
(19) KIMA SIMONSON TREASURER	1 0 0 0	X						0	0	0
(20) SANFORD STAUFFER DIRECTOR	1 0 0 0	X						0	0	0
(21) SUSAN TROY DIRECTOR	1 0 0 0	X						0	0	0
(22) ARLENE J VANDER EYK DIRECTOR	1 0 0 0	X						0	0	0
(23) DAVE VEENHOUWER DIRECTOR	1 0 0 0	X						0	0	0
(24) VICTOR BISSELL DIRECTOR	1 0 1 0	X						0	6,300	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PAUL BROERING DIRECTOR	1 0 1 0	X						0	7,400	0
(1) BOBBY COMBS DIRECTOR	1 0 1 0	X						0	3,000	0
(2) BRYAN DAVIS DIRECTOR	1 0 1 0	X						0	4,000	0
(3) TOM DORSEY DIRECTOR	1 0 1 0	X						0	6,000	0
(4) STEVE P FRISCHKNECHT DIRECTOR	1 0 1 0	X						0	3,900	0
(5) STEVE GRAYBEAL DIRECTOR	1 0 1 0	X						0	2,100	0
(6) DONALD GURTNER DIRECTOR	1 0 1 0	X						0	3,800	0
(7) DAVID SKIP HARDIE SECRETARY	1 0 1 0	X						0	10,100	0
(8) JERREL HEATWOLE DIRECTOR	1 0 1 0	X						0	3,600	0
(9) VERNON HORST DIRECTOR	1 0 1 0	X						0	5,300	0
(10) ROBERT KRAN DIRECTOR	1 0 1 0	X						0	4,500	0
(11) ALLEN MERRIL DIRECTOR	1 0 1 0	X						0	4,800	0
(12) JERRY G MESSER DIRECTOR	1 0 1 0	X						0	6,600	0
(13) KEN NOBIS DIRECTOR	1 0 1 0	X						0	600	0
(14) LYNN RAMSEY DIRECTOR	1 0 1 0	X						0	2,600	0
(15) PAUL E ROVEY BOARD CHAIR	1 0 1 0	X						0	48,000	0
(16) JOAN D SMITH DIRECTOR	1 0 0 0	X						0	0	0
(17) JAY STAUFFACHER DIRECTOR	1 0 0 0	X						0	0	0
(18) PAUL DOTON DIRECTOR	1 0 1 0	X						0	6,200	0
(19) LARRY ALEXANDER DIRECTOR	1 0 1 0	X						0	5,000	0
(20) ELIZABETH ANDERSON DIRECTOR	1 0 1 0	X						0	3,600	0
(21) RYAN ANGLIN DIRECTOR	1 0 1 0	X						0	9,400	0
(22) AUDREY DONAHOE DIRECTOR	1 0 1 0	X						0	4,700	0
(23) GLEN EASTER DIRECTOR	1 0 1 0	X						0	0	0
(24) BRIAN ESPLIN DIRECTOR	1 0 1 0	X						0	6,400	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) ARLEY GEORGE DIRECTOR	1 0 1 0	X						0	1,400	0
(1) DALE JONES DIRECTOR	1 0 1 0	X						0	0	0
(2) JOHN M LARSON DIRECTOR	1 0 1 0	X						0	3,700	0
(3) JIM REID DIRECTOR	1 0 1 0	X						0	6,900	0
(4) ARIE ROELOFFS DIRECTOR	1 0 1 0	X						0	2,600	0
(5) NORBERT SCHMIDT DIRECTOR	1 0 0 0	X						0	0	0
(6) CONNIE SEEFELDT DIRECTOR	1 0 1 0	X						0	5,900	0
(7) HAROLD SHAULIS DIRECTOR	1 0 1 0	X						0	4,700	0
(8) KATHLEEN SKIBA DIRECTOR	1 0 1 0	X						0	0	0
(9) CHRISTINE SUKALSKI DIRECTOR	1 0 1 0	X						0	4,300	0
(10) BERNIE TEUNISSEN DIRECTOR	1 0 0 0	X						0	0	0
(11) DOUG NUTTLEMAN DIRECTOR	1 0 1 0	X						0	1,200	0
(12) JERRY TRUELOVE DIRECTOR	1 0 1 0	X						0	4,700	0
(13) RICK VAN RYN DIRECTOR	1 0 1 0	X						0	1,600	0
(14) TOM A WOODS DIRECTOR	1 0 1 0	X						0	5,000	0
(15) NEIL A HOFF DIRECTOR	1 0 1 0	X						0	21,450	0
(16) DAN DEGROOT DIRECTOR	1 0 1 0	X						0	6,000	0
(17) STEVE NEAHRING DIRECTOR	1 0 1 0	X						0	4,800	0
(18) JAMES L AHLEM VICE CHAIR	1 0 0 0	X						0	0	0
(19) JOHN B FISCALINI DIRECTOR	1 0 0 0	X						0	0	0
(20) CELESTE BLACKBURN DIRECTOR	1 0 0 0	X						0	0	0
(21) DAVID P CROWL DIRECTOR	1 0 0 0	X						0	0	0
(22) DOUGLAS T DANIELSON DIRECTOR	1 0 0 0	X						0	0	0
(23) RENAE A DE JAGER DIRECTOR	1 0 0 0	X						0	0	0
(24) MARK E ERDMAN DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) LYNDA FOSTER DIRECTOR	1 0 0 0	X						0	0	0
(1) PAUL A FRITSCHÉ DIRECTOR	1 0 0 0	X						0	0	0
(2) CAROL AHLEM DIRECTOR	1 0 0 0	X						0	0	0
(3) CHRISTOPHER BRAZIL DIRECTOR	1 0 0 0	X						0	0	0
(4) CHERI CHAPIN DIRECTOR	1 0 0 0	X						0	0	0
(5) JOE KELSAY DIRECTOR	1 0 0 0	X						0	0	0
(6) SARAH LLOYD DIRECTOR	1 0 0 0	X						0	0	0
(7) BRIAN MEDEIROS DIRECTOR	1 0 0 0	X						0	0	0
(8) EDDIE SCHAAP DIRECTOR	1 0 0 0	X						0	0	0
(9) LISA VANDER EYK DIRECTOR	1 0 0 0	X						0	0	0
(10) PAM BOLIN DIRECTOR	1 0 1 0	X						0	5,700	0
(11) JOHN BRUBAKER DIRECTOR	1 0 1 0	X						0	4,200	0
(12) RICHARD BYMA DIRECTOR	1 0 1 0	X						0	2,200	0
(13) CRAIG CALLABERO DIRECTOR	1 0 1 0	X						0	700	0
(14) MIKE FERGUSON DIRECTOR	1 0 1 0	X						0	3,000	0
(15) RICK PODTBURG DIRECTOR	1 0 1 0	X						0	1,900	0
(16) LARRY HANCOCK DIRECTOR	1 0 0 0	X						0	0	0
(17) JEFFREY A HARDY DIRECTOR	1 0 0 0	X						0	0	0
(18) LANETTE HARSDORF DIRECTOR	1 0 0 0	X						0	0	0
(19) CHACE FULLMER DIRECTOR	1 0 0 0	X						0	1,200	0
(20) SIETO MELLEMA DIRECTOR	1 0 1 0	X						0	0	0
(21) JOHN BALLARD DIRECTOR	1 0 0 0	X						0	0	0
(22) JAMES WEBB DIRECTOR	1 0 0 0	X						0	0	0
(23) WILLIAM HERR DIRECTOR	1 0 0 0	X						0	0	0
(24) THOMAS GALLAGHER CEO	40 0 10 0			X				631,410	0	137,233

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization DAIRY MANAGEMENT INC	Employer identification number 36-3992031
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,484,511	524,647	959,864
d Equipment	0	1,542,111	1,124,226	417,885
e Other		2,023,097	1,729,795	293,302
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,671,051

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

1	Total expenses and losses per audited financial statements	1	145,039,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	145,039,566
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	145,039,566

Part XIII

Supplemental Information

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

Return Reference	Explanation

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
DAIRY MANAGEMENT INC

Employer identification number
36-3992031

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Youth Improved Inc 10255 WEST HIGGINS RD ROSEMONT,IL 60018	27-0988546	501(C)(3)	1,000,000				Progam service Expenses

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

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

Part III

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

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DAIRY MANAGEMENT INC

Employer identification number
36-3992031

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

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

Additional Data

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
DAIRY MANAGEMENT INC**Employer identification number**

36-3992031

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DAIRY MANAGEMENT INC

Employer identification number
36-3992031

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

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

Part V

Transactions With Related Organizations

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

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

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

aReceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

jLease of facilities, equipment, or other assets to related organization(s)

kLease of facilities, equipment, or other assets from related organization(s)

lPerformance of services or membership or fundraising solicitations for related organization(s)

mPerformance of services or membership or fundraising solicitations by related organization(s)

nSharing of facilities, equipment, mailing lists, or other assets with related organization(s)

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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