| 2022 |
|---------|
| 12 9 0 |
| APR |
| SCANNED |

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Open to Public

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

| | | nue Service | ► Go to www.irs.gov/Form990EZ for instructions and the latest | informatio | on. (() | 1 1 | | | |
|------------|--------------|---|---|-----------------------|----------------|---------------|-------------------------------|------|--|
| ĀI | For the | 2018 calend | ar year, or tax year beginning , 2018, and | ending | | • | , 20 | | |
| В | Check if ap | pplicable | C Name of organization | | D Emplo | yer iden | tification number | | |
| | Address c | change | Dairy Farmers of America, Inc. Advancing Dairy Association RFCEI | /ED | 7 | 82-3 | 3439067 | | |
| | Name cha | ange | Number and street (or P O box, if mail is not delivered to street address)————Roo | m/suite | E) Teleph | one num | ber | | |
| = | Initial retu | | 1405 N 98th St | | ဖြ | | | 1 | |
| = | Amended | rn/terminated | | 2021 | Grou | 5 Exemp | otion | 1 | |
| = | | n pending | Kansas City KS 66111 | OV | Numi | oer ► | | - 1 | |
| | | ting Method | ☑ Cash ☐ Accrual Other (specify) ► ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | 1 PrH (| heck ▶ | ☐ ıf tl | he organization is not | • | |
| | Nebsite | • | 70 1, | . U / ' ', | | | h Schedule B | | |
| | | | eck only one) — ☐ 501(c)(3) ☐ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ | | | | EZ, or 990-PF) | | |
| | | organization | ✓ Corporation ☐ Trust ☐ Association ☐ Other | <u> </u> | | | | | |
| | | • | 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, | or if total | assets | | | | |
| | | | 5500,000 or more, file Form 990 instead of Form 990-EZ | , |) | > ¢ | 115,844 | | |
| _ | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (| see the i | nstruct | tions fe | | | |
| | arti | | the organization used Schedule O to respond to any question in th | | | | 51 T a. (1), | 1 | |
| | 1 | | ons, gifts, grants, and similar amounts received | iio i di ci | i | 1 | 129,003 | 1 | |
| | 2 | | ervice revenue including government fees and contracts | • • | | 2 | 129,003 | , | |
| | 3 | • | ip dues and assessments | | } | 3 | | | |
| | - | | • | | · } | 4 | | | |
| | 4 | Investment | 1 1 | | - | - | | | |
| | 5a | | unt from sale of assets other than inventory . 5a | | | | | | |
| | b | | or other basis and sales expenses | | i- | | | | |
| | C | | ss) from sale of assets other than inventory (Subtract line 5b from line 5 | oa) | - | 5c | - 국 ㅋ ㅋ | ၂ လ | |
| | 6 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | |
| a | а | | ome from gaming (attach Schedule G if greater than | | 1 | | | 25 | |
| Revenue | | \$15,000) | | | | | 1 9 2021 BRANCI | 7 7 | |
| Š | b | | · · · · · · · · · · · · · · · · · · · | ntributions | • | 1 | \$ ~ ≤ | ≦ ;; | |
| æ | į. | | aising events reported on line 1) (attach Schedule G if the | | ļ | | 9 2021 RANCI | S C | |
| | İ | sum of suc | h gross income and contributions exceeds \$15,000) 6b | | | 1 | i - C | J -4 | |
| | С | | t expenses from gaming and fundraising events . 6c | | ! | - 1 | | | |
| | ď | | e or (loss) from gaming and fundraising events (add lines 6a and 6b | and sub | tract | | | | |
| | | line 6c) . | | • | _ | 6d | | | |
| | 7a | Gross sale | s of inventory, less returns and allowances . 7a | | | | | | |
| | b | Less. cost | of goods sold | | | | | | |
| | С | Gross prof | t or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | | | |
| | 8 | Other reve | nue (describe in Schedule O) | | L | 8 | | | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | • | 9 | 129,003 | | |
| | 10 | Grants and | similar amounts paid (list in Schedule O) | | | 10 | | | |
| | 11 | Benefits pa | aid to or for members | • | . L | 11 | | | |
| Ś | 12 | Salaries, of | ther compensation, and employee benefits | | | 12 | | | |
| Expenses | 13 | Profession | al fees and other payments to independent contractors | | Γ | 13 | 1,144 | | |
| ᇗ | 14 | | y, rent, utilities, and maintenance | | | 14 | 11,434 | | |
| X | 15 | - | iblications, postage, and shipping . | | | 15 | | | |
| | 16 | | enses (describe in Schedule O) | | . [| 16 | 581 | | |
| | 17 | • | enses. Add lines 10 through 16 | | — | 17 | 13,159 | | |
| _ | 18 | | deficit) for the year (Subtract line 17 from line 9) | | + | 18 | 115,844 | | |
| Net Assets | 19 | | or fund balances at beginning of year (from line 27, column (A)) (mu | | with | | 113,044 | | |
| SS | .3 | | r figure reported on prior year's return) | | | 19 | ^ | | |
| ţ | 20 | | | | - | 20 | <u>0</u> | | |
| Ž | 20 | | | | _ | 21 | | | |
| | 21 | inet assets | or fund balances at end of year Combine lines 18 through 20 | | | | 115 <u>,844</u> | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

| | | - 2 | | |
|-----|------|-----|-----|-----|
| orm | 990- | ·ΕΖ | (20 | 181 |

| _ | _ |
|------|-----|
| 'age | : 2 |

| Pa | rt II | Balance Sheets (see the instructions | for Part II) | | | | |
|-------|----------|--|--|--|-----------------------|---------|--|
| | | Check if the organization used Schedule | O to respond to a | ny question in this | Part II | | 🗀 |
| | | | | | (A) Beginning of year | | (B) End of year |
| 22 | Casi | n, savings, and investments | | [| 0 | 22 | 115,844 |
| 23 | | d and buildings | | | | 23 | |
| 24 | Othe | er assets (describe in Schedule O) | | [| | 24 | |
| 25 | Tota | ıl assets | | [| 0 | 25 | 115,844 |
| 26 | Tota | Il liabilities (describe in Schedule O) . | | [| | 26 | 0 |
| 27 | | assets or fund balances (line 27 of column | | | | 27 | 115,844 |
| Par | t III | Statement of Program Service Accom | • | | • | | _ |
| | | Check if the organization used Schedule | | | | /0- | Expenses |
| What | t is the | organization's primary exempt purpose? | Advancement and in | nprovement of the d | airy industry | | quired for section (c)(3) and 501(c)(4) |
| as m | neasure | e organization's program service accomplied by expenses. In a clear and concise mefited, and other relevant information for ea | anner, describe the | | | | anizations, optional forers) |
| 28 | | | | | | | |
| | | | | | | | |
| | (C+==+ | of \ \ If this amount | and idea forces are | ata abaal bara | | 00. | |
| 29 | (Grant | | includes foreign gra | | | 288 | • |
| 29 | | | | | | | |
| | | | | | | | |
| | (Grant | e ¢ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | includes foreign gra | inte check here | . | 29a | |
| 30 | Giant | · | | | | 2.50 | • |
| 30 | | | ••••• | | | | |
| | | | | | | | |
| | (Grant | e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ıncludes foreign gra | nte check here | ▶ □ | 30a | |
| 24 | | program services (describe in Schedule O) | | ints, check here . | · · · · | 302 | |
| 31 | (Grant | | includes foreign gra | nte check here | | 31a | |
| 32 | | program service expenses (add lines 28a | | | | 32 | |
| Par | | List of Officers, Directors, Trustees, and Key | <u>·</u> | | | | |
| | | Check if the organization used Schedule | | | | 101,0 | |
| | | Onder if the organization does contocute | · · · · · · · · · · · · · · · · · · · | (c) Reportable | (d) Health benefits, | Ť | · — |
| | | (a) Name and title | (b) Average hours per week devoted to position | compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | | | Estimated amount of other compensation |
| Brock | k Herzb | erg, President |] | | | | |
| 1405 | N 98th | St , Kansas City KS 66111 | 3 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | ļ | | |
| | | | | | | - | |
| | | | | | | \perp | |
| | | | Į | | | | |
| | | | , | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | ļ | | | İ | |
| | | | | | - | \bot | |
| | | | ļ | | | 1 | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | \perp | · · · - |
| | | | | | | | |
| | | | | | | \bot | |
| | | | | | | | |
| | | | | | | \perp | |
| | | | ļ | | | | |
| | | | i | i | I | - 1 | |



| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | |
|-----------------|--|-----------------|-----|-------------|
| | indications for that 4.) check if the organization assa confedence of to respond to any question in this | , | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | ~ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | > |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | |
| b c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b | • | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | - | ' |
| 37a b 38a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 37b 38a | | 1 |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| ь 40а | Gross receipts, included on line 9, for public use of club facilities | | | |
| b | section 4911 ▶ , section 4912 ▶ ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ~ |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 7 |
| 41 | List the states with which a copy of this return is filed ▶ N/A | | | |
| 42a | The organization's books are in care of ▶ Board of Directors Telephone no. ▶ | | | |
| | Located at ► 1405 N 98th St Kansas City KS ZIP + 4 ► | 661 | | |
| D | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 406 | Yes | |
| | If "Yes," enter the name of the foreign country ▶ | 42b | | 7 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶ | 42c | | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ 🔲 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 7 | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | <u>2</u> 44a | | 7 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ~ |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | |

| ⊅n 990-EZ (20 | 018) | | | | | | Ρ. | |
|---|--|---|---|--|-----------------------------|---------------------------------|----------------|-------------|
| | | | | | | | | No |
| | ne organization engage, directly or in | | | behalf of or | r in opposit | | 2 | |
| | ndidates for public office? If "Yes," c | | , Part I | <u> </u> | <u> </u> | . 46 | | |
| art VI | Section 501(c)(3) Organizations | s Only | | | | 4-11 | | |
| | All section 501(c)(3) organization | s must answer que | stions 47-49b and | 52, and co | mplete the | e tables f | or line | 95 |
| | 50 and 51. | | | | | | | _ |
| | Check if the organization used Sch | hedule O to respond | to any question in the | nis Part VI | | · · · · · | 122 | |
| | | | =0.40 1 11 | | 1 4. 0 | | Yes | No |
| | he organization engage in lobbying | | section 501(h) electio | n in ettect | auring the | | | |
| - | If "Yes," complete Schedule C, Part | | | · · · · | | 47 | | |
| | organization a school as described in | , ,, ,, ,, | • | | | | | |
| | he organization make any transfers to | • | _ | | | | | |
| | es," was the related organization a se | | | | | . 49b | <u> </u> | |
| | plete this table for the organization's | | | | | | | a ke |
| empi | oyees) who each received more than | \$100,000 of compe | nsation from the organ | | | e, emer "N | ione. | |
| (0) | Name and title of each employee | (b) Average | (c) Reportable compensation | | benefits, to employee | (e) Estimate | d amou | int of |
| (4) | value and the or each employee | hours per week devoted to position | (Forms W-2/1099-MISC) | | and deferred | other con | pensat | ion |
| | | <u> </u> | ļ <u>.</u> | Compa | - HOGUUN | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | 1 | 1 | l | | | |
| | | | | | | | | |
| | | | | 1 | - | | | |
| | | | 1 | ļ | | | | |
| · | | | | 1 | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| 1 Com | number of other employees paid over the organization of compensation from the organization. | 's five highest comp | ensated independent | contractors | s who each | n received | more | tha |
| 1 Com \$100 | | 's five highest companization. If there is n | ensated independent | | | received | | tha |
| 1 Com \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| 1 Com \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| 1 Com \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| 1 Com \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| 1 Com \$100 | plete this table for the organization ,000 of compensation from the orga | 's five highest companization. If there is n | ensated independent one, enter "None." | | | | | tha |
| 1 Com; \$100 (a) | plete this table for the organization, 000 of compensation from the orga | 's five highest comp anization. If there is no dent contractor | ensated independent one, enter "None." (b) Type of serv | | | | | tha |
| (a) | plete this table for the organization, 000 of compensation from the organization from th | 's five highest companization. If there is not dent contractor | ensated independent one, enter "None." (b) Type of serv | ice | (c) |) Compensat | | tha |
| d Total | plete this table for the organization, 000 of compensation from the organization complete Scheduling plete independent contrate organization complete Scheduling | 's five highest companization. If there is not dent contractor | ensated independent one, enter "None." (b) Type of serv | ice | (c) |) Compensati | on | tha |
| d Total | plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent and business address of each independent contraction organization complete Schedule A | 's five highest companization. If there is not dent contractor actors each receiving the A? Note: All so | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did compler penalties | plete this table for the organization, 000 of compensation from the organization complete Scheduling plete independent contrate organization complete Scheduling | 's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All so return, including accompanies. | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did completer penalties | plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization of each independent contrate organization complete Scheduled Schedule | 's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All so return, including accompanies. | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did completer penalties a, correct, ar | plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization of each independent contrate organization complete Scheduled Schedule | 's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All so return, including accompanies. | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did completer penalties a, correct, ar | plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization of each independent contrate organization complete Scheduled Schedule | 's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All so return, including accompanies. | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did complete penalties a, correct, ar | plete this table for the organization, 000 of compensation from the organization from the organization from the organization and business address of each independent and business address of each independent of the organization complete. Schedule A complete Schedule A complete. Declaration of preparer (other than signature of officer.) | 's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All so return, including accompanies. | over \$100,000 | nizations n | nust attacl |) Compensati | on | No |
| d Total 2 Did completer penalties, correct, ar | plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization of each independent contrate organization complete Schedule A of perjury, I declare that I have examined this of complete. Declaration of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of officer of persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the organization of preparer (other than signature of other persons the other persons the organization of preparer (other than signature of other persons the other persons the organization of preparer (other than signature of other persons the | s five highest companization. If there is not dent contractor actors each receiving alle A? Note: All sometimes on all information officer) is based on all information. | over \$100,000 | nizations n | nust attact | h a Nowledge any | on | No |
| d Total 2 Did completer penaltiles a, correct, ar | number of other independent contrate organization of compensation from the organization from the organization of compensation from the organization of cach independent contrate organization complete Schedule A contrate of compete of contrate of compete of contrate of compete of contrate of compete of contrate of compete of contrate of compete of contrate of contra | s five highest companization. If there is not dent contractor actors each receiving alle A? Note: All sometimes on all information officer) is based on all information. | over \$100,000 | nizations n | nust attacl | h a PTIN | on | No ıt is |
| d Total 2 Did complete penalties a, correct, ar | number of other independent contrate organization complete Schedule A of perfury, I declare that I have examined this indicomplete. Declaration of preparer (other than Signature of officer Type or print name and title Print/Type preparer's name Keith Kehrer | actors each receiving alle A? Note: All so return, including accompany notificer) is based on all information. | over \$100,000 | nizations in a sany knowled the "24 - 2/ | nust attact a best of my kr | h a PTIN PTIN pyed Ptin po | t belief, | No ıt is |
| d Total 2 Did completer penalties a, correct, ar | number of other independent contrate organization of perfury, I declare that I have examined this independent. Declaration of preparer (other than Sighature of officer Type or print name and title Print/Type preparer's name Keith Kehrer | actors each receiving all A? Note: All so return, including accompany officer) is based on all information. | over \$100,000 ection 501(c)(3) organization of which preparer to the commatton of which preparer to the commatton of which preparer to the commatten of the | nizations n ents, and to the has any knowle Da | nust attacl | h a PTIN | 14664 02162 | No ıt is |

Form **990-EZ** (2018)

SCHEDULE C (Farm 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Open to Public Inspection

| • Se | ection 501(c)(3) organizations | Complete Parts I-A and B Do not con | nplete Part I-C | | | | • |
|----------|---|--|-------------------------------------|----------------------------|---|--|----------|
| • Se | ection 501(c) (other than section | on 501(c)(3)) organizations: Complete F | arts I-A and C belo | w Do not com | plete Part I-B | | |
| • Se | ection 527 organizations Con | nplete Part I-A only | | | | | |
| If the c | organization answered "Yes | ," on Form 990, Part IV, line 4, or For | m 990-EZ, Part VI, | line 47 (Lobby | ing Activities |), then | |
| • Se | ection 501(c)(3) organizations | that have filed Form 5768 (election und | der section 501(h)) (| Complete Part | II-A Do not co | omplete Part II-B | |
| • Se | ection 501(c)(3) organizations | that have NOT filed Form 5768 (election | n under section 501 | (h)) Complete | Part II-B Do r | not complete Part II-A | |
| | organization answered "Yes see separate instructions), t | s," on Form 990, Part IV, line 5 (Proxy hen | Tax) (see separate | e instructions | or Form 990 | -EZ, Part V, line 35c (Pro | хy |
| | ection 501(c)(4), (5), or (6) orga | | | | | | |
| | of organization | · | | | Employer ider | ntification number | |
| Dairy F | Farmers of America, Inc. Ad | vancing Dairy Association | | | | 82-3439067 | |
| Part | LA Complete if the | e organization is exempt und | er section 501(| c) or is a se | | | _ |
| 1 | Provide a description of | f the organization's direct and in- | | - | | | or |
| 2 | definition of "political car | | | | ▶ ¢ | • | |
| 2 3 | | ry expenditures (see instructions) | | • • • | • | | |
| | | cal campaign activities (see instruc | | · · · · | • | | |
| Part | • | e organization is exempt und | | | . ▶ \$ | <u> </u> | |
| 1 | | excise tax incurred by the organiza | | | • • |) ! | |
| 2 | | excise tax incurred by organization | | |) • | , | |
| 3 | | ed a section 4955 tax, did it file For | m 4/20 for this ye | ear/ | | Yes N | |
| 4a | Was a correction made? | | • • • | | | ∐ Yes | 0 |
| b | If "Yes," describe in Part | | | a) avaant a | | (-)(2) | — |
| Part | | e organization is exempt und | | | | (0)(3). | _ |
| 1 | Enter the amount direct activities | ly expended by the filing organiz | ation for section | 527 exempt | function \$ | | |
| 2 | Enter the amount of the | filing organization's funds contrib | uted to other org | anizations fo | r section | | |
| | 527 exempt function acti | vities | • | | . ▶ \$ | | |
| 3 | Total exempt function e | expenditures. Add lines 1 and 2. | Enter here and | on Form 1 | 120-POL, | | |
| | • | | | | ▶ \$ | | |
| 4 | Did the filing organization | n file Form 1120-POL for this year' | · | | | Yes N | 0 |
| 5 | organization made payme the amount of political co | ses and employer identification nur ents. For each organization listed, on tributions received that were pro- fund or a political action committe | enter the amount mptly and directly | paid from the delivered to | filing organi a separate p | ization's funds. Also ent iolitical organization, suc | er ch |
| | (a) Name | (b) Address | (c) EIN | filing orga | t paid from anization's ne, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- | |
| (1) | | j | | | | | |
| (2) | 12.12.1 | | | | | | |
| (3) | | | - | | | | |
| (4) | | | | | | | _ |
| (5) | | | | | | | _ |
| (6) | | | | | | | |

| | _ |
|---|---|
| n | |
| | |

| Pa | ert II-A | Complete if the organizat section 501(h)). | ion is exempt (| under section 50 | 01(c)(3) and filed | d Form 5768 (ele | ection under |
|----|---|---|----------------------------------|---|--------------------|----------------------------------|-----------------------------|
| A | Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | |
| В | Check ▶ | if the filing organization che | ecked box A and ' | "limited control" pr | ovisions apply | | |
| | | Limits on Lo (The term "expenditures" | bbying Expendit means amounts | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 | a Total lo | obbying expenditures to influen | ce public opinion | (grass roots lobby | ring) | | |
| | | obbying expenditures to influen | | | | | |
| | c Total lo | bbying expenditures (add lines | s 1a and 1b) | | | | |
| | d Other e | exempt purpose expenditures | | | | | _ |
| | e Total e | xempt purpose expenditures (a | add lines 1c and 1 | d) | | | _ |
| | f Lobbyi columr | ng nontaxable amount. Ente ns | r the amount fi | rom the following | table in both | | |
| | If the ar | nount on line 1e, column (a) or (b) | is: The lobbying | nontaxable amoun | t is: | | |
| | Not ove | r \$500,000 | 20% of the an | mount on line 1e | | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000 | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess | over \$1,000,000 | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess o | ver \$1,500,000 | | |
| | Over \$1 | 7,000,000 | \$1,000,000 | | | | |
| | g Grassr | oots nontaxable amount (enter | 25% of line 1f) | | | | |
| | h Subtra | ct line 1g from line 1a. If zero o | r less, enter -0- | | | | |
| | i Subtra | ct line 1f from line 1c If zero or | less, enter -0- | • | | | |
| | • | e is an amount other than zeing section 4911 tax for this yea | | 1h or line 1i, did | the organization | file Form 4720 | Yes No |
| | (Som | e organizations that made a | section 501(h) ele | Period Under Sec ection do not hav ructions for lines | e to complete all | of the five colum | ns below. |
| | | Lobbyi | ng Expenditures | During 4-Year Av | eraging Period | - | |
| | Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2 | a Lobbyı | ng nontaxable amount | | | | | |
| | • | ng ceiling amount of line 2a, column (e)) | | | | | |
| | c Total lo | obbying expenditures | | | | | |
| | d Grassr | oots nontaxable amount | | | | | |
| | | oots ceiling amount of line 2d, column (e)) | | | | | |
| | f Grassr | oots lobbying expenditures | | | | | |

| For e | (election under section 501(h)). each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | | a) | | (b) | |
|-----------|--|--------------|--------------------------------|-----------|--------------|----------------|
| | and the state of t | Yes | No | , | lmoun | t |
| 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)? | | | | 7. | V 1 - N |
| С | 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? | * 445. 358 | 147 NOTE: | | | |
| j | | 1785 | PE | 35463885v | ir. alientet | 481.9e*99549 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | C. J. 157 | 5 \$ 5 2 \$ 7.52 | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | ··· |
| G | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | GENS | 137:2015 | Live See | Annie Staff |
| d Part | | '5\ <i>(</i> | | etion | N SOR BEA | |
| rart | 501(c)(6). | اری, ر |) Se | Cuon | | |
| | Were authorizable all (000), as mare) dues reserved pendeductible by members? | | | 1 | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | • | • | 2 | + | ~ |
| 2 3 | Did the organization make only in-house loobying experiations of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the p | · | | | 1 | - |
| Part | | | | | <u> </u> | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes." | | | | line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| ¢ | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi | he ng | | | | |
| | and political expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | _ | |
| Part | | | | | | |
| | the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou | p list | t), Par | t II-A, | lines ' | and |
| 2 (see | nstructions); and Part II-B, line 1 Also, complete this part for any additional information | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | . . |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |
| | | | | | | |
| | | | | ` | | |
| | | | | | | - |
| | | | | | | |

| Schedule C (For | m 990 or 990-EZ) 2018 | Page 4 |
|-----------------|---|---|
| Part IV | Supplemental Information (continued) | |
| | | |
| | | , |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | | |
| | ······ | ••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | · · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | |
| | ••••• | |
| | | |
| | | |
| ••••• | | |
| | • | |
| | | |
| | | |
| | | |
| | , " | |
| | | |
| | | *************************************** |
| | | |
| | •••••• | |
| | | |
| | | ••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |