STATE OF WISCONSIN
WISCONSIN COOPERATIVE
ANNUAL REPORT

DUE March 31, 2020
03 Membership Cooperative V029067
VENTURE DAIRY COOPERATIVE
LAURIE FISCHER
1043 HEYERDAHL HEIGHTS
ONEIDA, WI 54155

INSTRUCTIONS ARE FOUND ON ENCLOSED SHEET
01/01/2020 - 12/31/2020
IF ANSWER TO ANY ITEM IS NONE SO STATE.

Address (if data shown below is incorrect, line out and enter changes.)

1043 HEYERDAHL HEIGHTS
ONEIDA, WI 54155

2. Describe the general nature of business:

3. NAMES & ADDRESSES OF PRINCIPAL OFFICERS, & ALL DIRECTORS (add additional sheets, if necessary)

Combining office of PRESIDENT with any office other than TREASURER is contrary to law, unless provided in charter.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>RESPECTIVE ADDRESS (give Street Number, City, State &amp; ZIP Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Jim Ostrom</td>
<td>14569 Vanden Bosch Rd, Kaukauna, WI 54130</td>
</tr>
<tr>
<td>Vice Pres.</td>
<td>Bob Zahn</td>
<td>16020 City Pk H, Gillett, WI 54124</td>
</tr>
<tr>
<td>Secretary</td>
<td>Nancy DuFek</td>
<td>5424 Gautier Rd, New Franken, WI 54229</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Cody Heller</td>
<td>100 East Main St, Alma Center, WI 54111</td>
</tr>
</tbody>
</table>

4. BOARD OF DIRECTORS

(Tall directors must be shown)

Todd Tuls (member of large)
3670 DRD
RISING CITY NE 68658

5. STOCK AUTHORIZED, and STOCK ISSUED

All boxes must be completed

<table>
<thead>
<tr>
<th>CLASS</th>
<th>SERIES (IF ANY)</th>
<th>NUMBER OF SHARES</th>
<th>Par value per share or a statement that shares are without par value.</th>
</tr>
</thead>
<tbody>
<tr>
<td>common</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>preferred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>common</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>preferred</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. The corporation has not entered into any combination, conspiracy, trust, pool, agreement or contract intended to restrain or prevent competition in the supply or price of any articles or commodity in general use in this state, or constituting a subject of trade of commerce therein, or which shall in any manner control the price of any such article or commodity, fix the price herein, limit or fix the amount or quantity thereof to be manufactured, mined, produced or sold in said state, or fix any standard or rate by which its price shall be in any manner controlled or established.

BY:  Officer Signature and Title
Robert Zahn  VICE PRESIDENT

Printed Name

Date 3/20/20
**WISCONSIN DOMESTIC COOPERATIVE**

**WISCONSIN DOMESTIC COOPERATIVE ANNUAL REPORT**

**REQUIRED UNDER SECTION 246.17, WIS. STATS.**

**DUE 3/31/2021**

**ENTITY ID # V029067**

**NAME OF ENTITY:** VENTURE DAIRY COOPERATIVE

**PRINCIPAL OFFICE ADDRESS**

VENTURE DAIRY COOPERATIVE
1043 HEYERDAHL HEIGHTS
ONEIDA WI 54155

**NAME OF THE REGISTERED AGENT/OFFICE ADDRESS (IF ANY):**

LAUREN BISCHER
1043 HEYERDAHL HEIGHTS
ONEIDA WI 54155

**NAME, TITLE, AND BUSINESS ADDRESS OF EACH OFFICER AND DIRECTOR (ATTACH ADDITIONAL PAGES AS NEEDED):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Ostoyny</td>
<td>350 W Vanden Bosch Rd</td>
<td>Waukesha</td>
<td>WI</td>
<td>53186</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bob Zabon</td>
<td>11620 City Rd H</td>
<td>Gillett</td>
<td>WI</td>
<td>54135</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larry Dufek</td>
<td>520 Gauthier Rd</td>
<td>New Franken</td>
<td>WI</td>
<td>54239</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cody Heller</td>
<td>100 East Main St</td>
<td>Alma Center</td>
<td>WI</td>
<td>54001</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randy Schmidt</td>
<td>7900 Old Elm Rd</td>
<td>Sturgeon Bay</td>
<td>WI</td>
<td>54235</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5. PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF BUSINESS:**

- N/A

**6. ENTER THE INFORMATION FOR ALL AUTHORIZED SHARES:**

<table>
<thead>
<tr>
<th>Class</th>
<th>Par Value</th>
<th>Number of Shares Authorized</th>
<th>Number of Shares Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7. I CERTIFY THAT THE ENTITY HAS NOT ENTERED INTO ANY CONTRACT, COMBINATION IN THE FORM OF A TRUST OR OTHERWISE, OR CONSPIRACY IN RESTRAINT OF TRADE OR COMMERCE:**

**PRINTED NAME:** Kim Bremmer

**SIGNATURE:** Kim Bremmer

**DATE:** 4/12/2021

**MAILING ADDRESS:**

Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293
ARTICLES OF INCORPORATION

OF

VENTURE DAIRY COOPERATIVE

ARTICLE I
Name

The name of the cooperative shall be Venture Dairy Cooperative.

ARTICLE II
Period of Existence

The period of existence of the cooperative shall be perpetual.

ARTICLE III
Purpose and Powers

The cooperative is formed for the purpose of engaging in any activity and to possess all of the general and special powers for which cooperatives may be organized and with which it may be vested under the Wisconsin Statutes, including but not limited to the following:

(a) To engage in any activity in connection with the marketing or selling of the dairy products of its members, or with the packing, storing, handling, shipping or utilization thereof, or the manufacturing or marketing of the byproducts thereof, or any activity in connection with the manufacturing, selling or supplying to its members or other patrons of machinery, equipment or supplies or services;

(b) To borrow money, without limitation as to amount of indebtedness or liability, and to make advances to members;

(c) To act as the agent or representative of any member or members in any of the above-mentioned activities;

(d) To purchase or otherwise acquire, and to hold, own and exercise all rights of ownership in, shares of the capital stock or other ownership interests in any entity or association engaged in any related activity, or in the warehousing or handling or marketing of any of the products handled by the cooperative;

(e) To buy, hold and exercise all privileges of ownership over such real and personal property as may be necessary or convenient for the conduct and operating of any of the business of the cooperative or incidental thereto;

(f) To do each and every thing necessary, suitable or proper for the accomplishment of any one of the purposes or the attainment of any one or more of the objectives herein enumerated, or conducive to or expedient for the interest or benefit of the cooperative, and to contract accordingly;
(g) To exercise and possess all powers, rights and privileges necessary or incidental to the purposes for which the cooperative is organized or to the activities in which it is engaged, and any other rights, powers and privileges granted by the Wisconsin Statutes to ordinary corporations, except such as are inconsistent with the express provisions of these Articles of Incorporation, and to do any such thing anywhere.

**ARTICLE IV**
**Limitations**

The cooperative shall not market or deal in the products of non-members to an amount greater in value than such as are handled by it for members. It shall not purchase supplies or equipment for persons who are neither members nor producers of agricultural products in any amount the values of which exceed fifty percent (50%) of all its purchases.

**ARTICLE V**
**Non-Stock Association**

This cooperative shall be a non-stock association.

**ARTICLE VI**

(a) **Membership.** The cooperative shall admit applicants to membership upon such conditions as may be prescribed by its Bylaws and Board of Directors and shall be operated for the mutual benefit of its members as producers. Ownership of stock shall not be a condition of membership.

(b) **Voting.** The voting rights of the members of the cooperative shall be equal and no member shall have more than one vote.

(c) **Board of Directors.** Subject to Chapter 185 of the Wisconsin Statutes, these Articles and the cooperative’s Bylaws, the business and affairs of the cooperative shall be managed by its Board of Directors. The number of directors on the Board of Directors shall be as set forth in the Bylaws.

(d) **Officers.** The officers of the cooperative shall be a President, a Treasurer and a Secretary. The officers shall be elected annually by the Board of Directors at such time and in such manner as provided in the Bylaws.

(e) **Property rights.** The property rights and interest of each member in the cooperative may be unequal, and shall be determined and fixed in the proportion that the patronage of each member shall bear to the total patronage of all members with the cooperative. New members admitted to the cooperative shall be entitled to share in the property of the cooperative in accordance with the foregoing general rule.
ARTICLE VII
Liquidation

In the event of liquidation of the cooperative, all debts of the cooperative shall first be paid and any money or assets available for distribution shall be ratably apportioned and paid to members or patrons in accordance with the ratio that their membership patronage bears to total patronage.

ARTICLE VIII
Distribution of Net Proceeds

The cooperative shall be operated for the mutual benefit of its members as producers. At least once annually, and upon liquidation, net proceeds of the cooperative may be distributed as provided by Chapter 185 of the Wisconsin Statutes, except that a certain portion of the net proceeds of the cooperative may be retained by the Cooperative as surplus or reserves, in the discretion of the Board of Directors, pursuant to the terms of Section 185.45 of the Wisconsin Statutes. Reasonable reserves for necessary purposes may be created and any of the net proceeds may be credited to allocated or unallocated surplus or reserves of the cooperative, as determined by the Board of Directors of the cooperative.

ARTICLE IX
Principal Office

The cooperative shall have its principal office at 1043 Heyerdahl Heights, Oneida, WI 54155. The registered agent of the cooperative at such address shall be Laurie Fischer.

ARTICLE X
Indemnification of Officers and Directors

Each director, officer, employee and agent of the cooperative shall be indemnified by the cooperative against expenses that such person has reasonably incurred in connection with any action, suit or proceeding to which such person may be made a party by reason of his or her being or having been a director, officer employee or agent of the cooperative (whether or not he or she continues to be a director, officer employee or agent at the time of incurring such expenses), except in relation to matters as to which he or she shall be finally adjudged in any such action, suit or proceeding to have been guilty of negligence or misconduct in the performance of his or her duty as a director, officer employee or agent; provided, however, that in the event of a settlement of such action, suit or proceeding such director, officer employee or agent shall be indemnified by the cooperative against such expenses incurred by him or her to the extent, if any, as may be determined is in connection with such settlement, and then only if such determination shall have been approved by a court of competent jurisdiction or by a resolution duly adopted by a majority of the Board of Directors, and no director included in such majority shall have or shall at any time have had any financial interest adverse to the cooperative in the action, suit or proceeding, or the subject matter of the outcome thereof. The foregoing right of indemnification shall be in addition to any other rights to which any director, officer employee or agent may be entitled as a matter of law.
ARTICLE XI
Incorporators: Temporary Directors

The names of the incorporators and the members of the temporary Board of Directors of the cooperative are as follows:

Larry Dufek
5424 Gauthier Road
New Franken, WI 54229

Jim Ostrom
N3569 Vanden Bosch Road
Kaukauna, WI 54130

F. Cody Heller
100 East Main Street
Alma Center, WI 54611

Todd Tuls
2670 D Road
Rising City, NE 68658

Bob Zahn
11620 County Road H
Gillett, WI 54124

(Signature Pages to Follow)
IN WITNESS WHEREOF, the undersigned has hereunto set his hand on this 5th day of February, 2019.

Larry Dufek

STATE OF WISCONSIN )
Kewaunee COUNTY ) ss.

Personally before me, this 5th day of February, 2019, came the aforementioned incorporator, Larry Dufek to me known to be the person who executed the foregoing document and acknowledged that he executed the same for the purposes therein contained.

Gregory Malinowski
Notary Public, State of Wisconsin
My commission: July 12, 2019
IN WITNESS WHEREOF, the undersigned has hereunto set his hand on this 5th day of February, 2019.

__________________________
Jim Ostrom

STATE OF WISCONSIN )
Outagamie COUNTY ) ss.

Personally before me, this 5th day of February, 2019, came the aforementioned incorporator, Jim Ostrom to me known to be the person who executed the foregoing document and acknowledged that he executed the same for the purposes therein contained.

__________________________
Whitney L. Vandenberg
Printed Name: Whitney L. Vandenberg
Notary Public, State of Wisconsin
My commission: expires 3/10/2019
IN WITNESS WHEREOF, the undersigned has hereunto set his hand on this __ day of February, 2019.

F. Cody Heller

STATE OF WISCONSIN }
JACKSON COUNTY }

Personally before me, this __ day of February, 2019, came the aforementioned incorporator, F. Cody Heller to me known to be the person who executed the foregoing document and acknowledged that he executed the same for the purposes therein contained.

AMANDA MATALAS
Notary Public
State of Wisconsin

Printed Name: Amanda Matalas
Notary Public, State of Wisconsin
IN WITNESS WHEREOF, the undersigned has hereunto set his hand on this 11th day of February, 2019.

[Signature]

STATE OF )
 } ss.
 )

 лично передо мною, в этот 11-й день февраля, 2019 года, явился неуказанный учредитель, Тодд Тусл, известный мне как лицо, выполнившее вышеуказанное документ и признавшее, что он выполнил его в соответствии с его целями, содержащимися в нем.

[Signature]

GENERAL NOTARY - State of Nebraska
TERESA L. ANDERSON
My Comm. Exp. January 24, 2021

Printed Name: TERESA L. ANDERSON
Notary Public, State of NEBRASKA
My commission: January 24, 2021
IN WITNESS WHEREOF, the undersigned has hereunto set his hand on this 7th day of February, 2019.

Bob Zahn

STATE OF WISCONSIN )
) ss.
SHEBOYGAN COUNTY )

Personally before me, this 7th day of February, 2019, came the aforementioned incorporator, Bob Zahn to me known to be the person who executed the foregoing document and acknowledged that he executed the same for the purposes therein contained.

Tamme Gretzinger
Printed Name: Tamme Gretzinger
Notary Public, State of Wisconsin
My commission: 11-3-3030

This instrument was drafted by and is returnable to:

Phillip R. Maples, Esq.
Michael Best & Friedrich L.L.P
1000 Maritime Dr.
Manitowoc, WI 54220
(920) 682-9036
State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF INCORPORATION - CHAP 185

VENTURE DAIRY COOPERATIVE

Received Date: 2/15/2019
Filing Fee: $25.00
Expedited Fee: $25.00
Total Fee: $50.00

Filed Date: 2/18/2019
Entity ID#: V029067

MEMBERSHIP COOPERATIVE

BROWN COUNTY
CERTIFICATE OF INCORPORATION

OF

VENTURE DAIRY COOPERATIVE

The state of Wisconsin hereby grants to said cooperative the powers and privileges conferred upon it by Chapter 185 of the Wisconsin Statutes, for the pursuit of any purpose lawful under said Chapter, except as may be further limited in its articles of incorporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 18, 2019.

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, The Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/CORP/201 (R03/2014)
Form 990EZ

Short Form

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WISCONSIN DAIRY ALLIANCE INC

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

18814 TWIN BAY LANE

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

KIEL, WI 53042

D Employer identification number

83-2448637

E Telephone number

(920) 483-0476

F Group Exemption Number


G Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶

I Website: ▶WISCONSINDAIRYALLIANCE.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c)(6) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 102,850

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

1 Contributions, gifts, grants, and similar amounts received .......................................................... 1 39,500

2 Program service revenue including government fees and contracts ........................................... 2

3 Membership dues and assessments ................................................................................................. 3 63,350

4 Investment income .......................................................................................................................... 4

5a Gross amount from sale of assets other than inventory ............................................................... 5a

b Less: cost or other basis and sales expenses .................................................................................... 5b

c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ................. 5c

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than $15,000) ...................................... 6a

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) .................................................. 6b

c Less: direct expenses from gaming and fundraising events ...................................................... 6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d

7a Gross sales of inventory, less returns and allowances ................................................................ 7a

b Less: cost of goods sold .................................................................................................................. 7b

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ............................... 7c

8 Other revenue (describe in Schedule O) ......................................................................................... 8

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ................................................................... 9 102,850

10 Grants and similar amounts paid (list in Schedule O) ................................................................. 10

11 Benefits paid to or for members .................................................................................................... 11

12 Salaries, other compensation, and employee benefits ............................................................... 12

13 Professional fees and other payments to independent contractors ........................................... 13 43,360

14 Occupancy, rent, utilities, and maintenance ............................................................................... 14

15 Printing, publications, postage, and shipping ............................................................................. 15

16 Other expenses (describe in Schedule O) .................................................................................... 16 25,000

17 Total expenses. Add lines 10 through 16 .................................................................................... 17 68,360

18 Excess or (deficit) for the year (Subtract line 17 from line 9) ...................................................... 18 34,490

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .......................................................... 19 3,831

20 Other changes in net assets or fund balances (explain in Schedule O) ....................................... 20

21 Net assets or fund balances at end of year. Combine lines 18 through 20 .................................. 21 38,321

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2021)
**Part II** Balance Sheets (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>3,831</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25 Total assets</td>
<td>3,831</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>3,831</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III

<table>
<thead>
<tr>
<th>Expenses (Required for section 51 (3) and 501(c)(4) organizations; optional others.)</th>
</tr>
</thead>
</table>

What is the organization’s primary exempt purpose?

WISCONSIN DAIRY ALLIANCE REPRESENTS MODERN REGULATED DAIRY FARMS IN WISCONSIN AND WORKS DILIGENTLY TO PRESERVE WISCONSIN’S HERITAGE AS THE DAIRY STATE. THE ORGANIZATION ADVOCATES FOR THE TRUTH BY CONTESTING UNNECESSARY REGULATIONS THAT DO NOT PROTECT NATURAL RESOURCES. THE WDA BELIEVES IN PARITY FOR ALL DISCHARGERS AND WORKS TO OPERATE UNDER THE “ZERO DISCHARGE” STANDARD APPLIED TO WDA MEMBERS.

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 ADVOCATE FOR THE DAIRY INDUSTRY AND APPROXIMATELY 283 WISCONSIN DAIRY FARMS IN RULE MAKING AND LEGISLATION WHICH AFFECTS THEM. OBTAIN LEGAL INFORMATION TO SUPPORT OPERATIONS AND UNDERSTANDING OF LEGISLATIVE ACTS AND RULE MAKING ON BEHALF OF THE WISCONSIN DAIRY INDUSTRY. OBTAIN REPORTS AND STUDIES FROM PROFESSIONALS TO VERIFY DATA USED IN THE SUPPORTING DOCUMENTATION FOR PROPOSED RULES AND LEGISLATION.

(Grants $ )  
If this amount includes foreign grants, check here . . . . .

29

(Grants $ )  
If this amount includes foreign grants, check here . . . . .

30

(Grants $ )  
If this amount includes foreign grants, check here . . . . .

31 Other program services (describe in Schedule O)  
(Grants $ )  
If this amount includes foreign grants, check here . . . . .

31a

32 Total program service expenses (add lines 28a through 31a)  

32

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYNTHIA LEITNER</td>
<td>10.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CODY HELLER</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICE PRESIDE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARRY DUFEK</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECRETARY/TR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part V** Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

<table>
<thead>
<tr>
<th>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</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 Were any significant changes made to the organizing or governing documents? If &quot;Yes,&quot; attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
on Schedule O. See instructions.  

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)?  

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  

35c Yes

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file Form 1120-POL for this year?  

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9  

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

b 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

41 List the states with which a copy of this return is filed

42a The organization's books are in care of

b 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)?  

If "Yes," enter the name of the foreign country:

42b

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

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  

c Did the organization receive any payments for indoor tanning services during the year?  

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

45b 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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td>49b</td>
</tr>
<tr>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

(a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation

<table>
<thead>
<tr>
<th>(f) Total number of other employees paid over $100,000</th>
</tr>
</thead>
</table>
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor (b) Type of service (c) Compensation

<table>
<thead>
<tr>
<th>(d) Total number of other independent contractors each receiving over $100,000.</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A.</td>
</tr>
</tbody>
</table>

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

Signature of officer
CYNTHIA LISITIN PRESIDENT
Date 2022-05-03
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name NATHAN VOLKOMEN CPA
Preparer's signature Date 2022-05-03
Check □ of self-employed
PTIN P9052218
Firm's name HUBERTY & ASSOCIATES SC
Firm's EIN 39-1392227
Firm's address 2829 EASTERN AVENUE
PLYMOUTH, WI 530731840
Phone no. (920) 892-2423

May the IRS discuss this return with the preparer shown above? See instructions.

□ Yes □ No

Form 990-EZ (2021)
### Schedule B

#### Schedule of Contributors

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WISCONSIN DAIRY ALLIANCE INC</td>
<td>83-2448637</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

- **Form 990 or 990-EZ**
  - ☐ 501(c)( ) (enter number) organization
  - ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - ☐ 527 political organization
- **Form 990-PF**
  - ☐ 501(c)(3) exempt private foundation
  - ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - ☐ 501(c)(3) taxable private foundation

---

**Check if your organization is covered by the General Rule or a Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

---

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

---

**Schedule B (Form 990) (2021)**

**Part I**

**Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.**
### Schedule B (Form 990) (2021)

**Contributors**

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTRICTED</td>
<td></td>
<td>$ RESTRICTED</td>
<td>☐ Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>☐ Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td>☐ Payroll</td>
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<td></td>
<td>☐ Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
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<th>(d) Type of contribution</th>
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</thead>
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<tr>
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<td></td>
<td>☐ Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>☐ Person</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

---

**Part II**  
**Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part II</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate) (See instructions)</td>
<td>Date received</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>(a)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
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<td>(d)</td>
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<td>(a)</td>
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<td>(a)</td>
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<td>(c)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B (Form 990) (2021)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
</table>

(e) Transfer of gift
Transferee's name, address, and ZIP 4
Relationship of transferor to transferee

Schedule B (Form 990) (2021)

Additional Data

Software ID:
Software Version:

↑ Back to Top
**SCHEDULE C (Form 990) - Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization:

WISCONSIN DAIRY ALLIANCE INC

Employer identification number:

83-2448637

### Part I-A

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2. Political campaign activity expenditures. See instructions ........................................... ► $

3. Volunteer hours for political campaign activities. See instructions ...................................

### Part I-B

**Complete if the organization is exempt under section 501(c)(3).**

1. Enter the amount of any excise tax incurred by the organization under section 4955 ................................... ► $

2. Enter the amount of any excise tax incurred by organization managers under section 4955 ................................... ► $

3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.................................
   □ Yes □ No

4a. Was a correction made? ...........................................................................................................
   □ Yes □ No

b. If "Yes," describe in Part IV.

### Part I-C

**Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities..... ► $

2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ........................................................................ $

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

4. Did the filing organization file Form 1120-POL for this year?..........................................................
   □ Yes □ No

5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or apolitical action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter &quot;-0-.&quot;</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter &quot;-0-.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Cat. No. 500845

Schedule C (Form 990) 2021

Page 2 of 2
A Check □ if 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).

B Check □ if the filing organization checked box A and "limited control" provisions apply.

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The term &quot;expenditures&quot; means amounts paid or incurred.)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
</tr>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Not over $500,000</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
</tr>
</tbody>
</table>

| g | Grassroots nontaxable amount (enter 25% of line 1f) | |
| h | Subtract line 1g from line 1a. If zero or less, enter 0-. | |
| i | Subtract line 1f from line 1c. If zero or less, enter 0-. | |
| j | If there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year? | Yes □ No □ |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<table>
<thead>
<tr>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
</tbody>
</table>

| 2a | Lobbying nontaxable amount | |
| b | Lobbying ceiling amount | |
| (150% of line 2a, column (a)) | |
| c | Total lobbying expenditures | |
| d | Grassroots nontaxable amount | |
| e | Grassroots ceiling amount | |
| (150% of line 2d, column (c)) | |
| f | Grassroots lobbying expenditures | |

Schedule C (Form 990) 2021

---

Schedule C (Form 990) 2021

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Amount</td>
<td></td>
</tr>
</tbody>
</table>

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: |
| a | Volunteers? | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1l) | |
| c | Media advertisements? | |
| d | Mailings to members, legislators, or the public? | |
| e | 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? | |
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 

Other activities? 

Total. Add lines 1c through 1l. 

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 

If "Yes," enter the amount of any tax incurred under section 4912. 

If "Yes," enter the amount of any tax incurred by organization managers under section 4912. 

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 

Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 

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? 

Did the organization agree to carry over lobbying and political expenditures from the prior year? 

Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 

Dues, assessments and similar amounts from members. 

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 

Carryover from last year. 

Total 

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

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 

Taxable amount of lobbying and political expenditures. See Instructions. 

Part IV  Supplemental Information 

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. 

Schedule C (Form 990) 2021 

Additional Data 

Software ID: 

Software Version: 

Return to Form 

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### 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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990-EZ, PART I, LINE 16</td>
<td>EXPENSES WMC DUES 25,000 TOTAL 25,000</td>
</tr>
<tr>
<td>FORM 990-EZ, PART III</td>
<td>WISCONSIN DAIRY ALLIANCE REPRESENTS MODERN REGULATED DAIRY FARMS IN WISCONSIN AND WORKS DILIGENTLY TO PRESERVE WISCONSIN'S HERITAGE AS THE DAIRY STATE, THE ORGANIZATION ADVOCATES FOR THE TRUTH BY CONTESTING UNNECESSARY REGULATIONS THAT DO NOT PROTECT NATURAL RESOURCES, THE WDA BELIEVES IN PARITY FOR ALL DISCHARGERS AND WORKS TO OPERATE UNDER THE &quot;ZERO DISCHARGE&quot; STANDARD APPLIED TO WDA MEMBERS.</td>
</tr>
<tr>
<td>FORM 990-EZ, PART III, LINE 28</td>
<td>ADVOCATE FOR THE DAIRY INDUSTRY AND APPROXIMATELY 283 WISCONSIN DAIRY FARMS IN RULE MAKING AND LEGISLATION WHICH AFFECTS THEM. OBTAIN LEGAL INFORMATION TO SUPPORT OPERATIONS AND UNDERSTANDING OF LEGISLATIVE ACTS AND RULE MAKING ON BEHALF OF THE WISCONSIN DAIRY INDUSTRY. OBTAIN REPORTS AND STUDIES FROM PROFESSIONALS TO VERIFY DATA USED IN THE SUPPORTING DOCUMENTATION FOR PROPOSED RULES AND LEGISLATION.</td>
</tr>
</tbody>
</table>

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

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**Additional Data**

Software ID:

Software Version: