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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 , and ending 08-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WISCONSIN CRANBERRY BOARD INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 1351

City or town, state or country, and ZIP + 4
WISCONSIN RAPIDS, WI 544951351

D Employer identification number
39-1456308

E Telephone number
(715) 423-2070

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one)— ☑ 501(c) (5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 466,031

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	16,932
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	442,080
	4	Investment income		4	7,019
	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) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	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 ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	466,031
Expenses	10	Grants and similar amounts paid (attach schedule)		10	446,736
	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	4,300
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	8,190
	16	Other expenses (describe ▶)		16	34,613
	17	**Total expenses** (add lines 10 through 16) ▶		17	493,839
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-27,808
	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	88,833
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	61,025

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	326,897	22	375,965
23	Land and buildings		23	
24	Other assets (describe ▶)	2,890	24	2,890
25	**Total assets**	329,787	25	378,855
26	**Total liabilities** (describe ▶)	240,954	26	317,830
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	88,833	27	61,025

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
MARKET RESEARCH AND DEVELOPMENT, EDUCATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 MARKETING, RESEARCH AND EDUCATION (Grants $ 0)	If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0
29 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $)	If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) (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)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

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

42a The books are in care of ▶ WILLIAM J WOLFE Telephone no ▶ (715) 423-2070

Located at ▶ 3897 LYNN HILL ROAD NEKOOSA, WI ZIP + 4 ▶ 54457

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	**46**		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization(s) a section 527 organization?	**49b**		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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 — 2010-03-28 — Date

WILLIAM WOLFE TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Timothy E Jensen CPA	Date 2010-03-28	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clifton Gunderson LLP 201 Frontenac Ave PO Box 106 Stevens Point, WI 544810106			EIN ▶ Phone no ▶ (715) 344-4984

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 39-1456308
Name: WISCONSIN CRANBERRY BOARD INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DOUG RIFLEMAN PO BOX 1351 WISCONSIN RAPIDS,WI 54495	dIRECTOR 0 50	0	0	0
WILLIAM WOLFE PO BOX 1351 WISCONSIN RAPIDS,WI 54495	TREASURER 1 00	0	0	0
SCOTT SCHULTZ PO BOX 1351 WISCONSIN RAPIDS,WI 54495	DIRECTOR 0 50	0	0	0
MICHAEL O'BRIEN PO BOX 1351 WISCONSIN RAPIDS,WI 54495	DIRECTOR 0 50	0	0	0
NODJI VAN WYCHEN PO BOX 1351 WISCONSIN RAPIDS,WI 54495	SECRETARY 1 00	0	0	0
EDWARD GRYGLESKI PO BOX 1351 WISCONSIN RAPIDS,WI 54495	dIRECTOR 0 50	0	0	0
STEPHEN BROWN PO BOX 1351 WISCONSIN RAPIDS,WI 54495	PRESIDENT 1 00	0	0	0
TOM LOCHNER PO BOX 1351 WISCONSIN RAPIDS,WI 54495	EXECUTIVE DIRECTOR 1 00	0	0	0

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: WISCONSIN CRANBERRY BOARD INC

EIN: 39-1456308

Item No.	1
Class of Activity	BREEDING CRANBERRIES
Donee's Name	UNIVERSITY OF WISCONSIN
Donee's Address	423 NORTH LAKE STREET MADISON, WI 53706
Amount (FMV)	253,924
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	WEATHER FORECASTS AND MARKETING
Donee's Name	WISCONSIN STATE CRANBERRY GROWERS
Donee's Address	PO BOX 365 WISCONSIN RAPIDS, WI 544950365
Amount (FMV)	106,400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	ORAL HEALTH BENEFITS OF CRANBERRIES
Donee's Name	CRANBERRY INSTITUTE
Donee's Address	3203-B CRANBERRY HIGHWAY EAST WAREHAM, MA 02538
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	WISCONSIN CRANBERRY DISCOVERY CENTER
Donee's Name	CRANBERRY MUSEUM INC
Donee's Address	PO BOX 187 WARRENS, WI 54666
Amount (FMV)	22,880
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	WISCONSIN CRANBERRY SCHOOL
Donee's Name	WISCONSIN CRANBERRY RESEARCH AND EDUCATION FOUNDATION
Donee's Address	PO BOX 365 WISCONSIN RAPIDS, WI 544950365
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	ASSIST CRANBERRY GROWERS
Donee's Name	WI STATE CRANBERRY GROWERS ASSOC
Donee's Address	PO BOX 365 WISCONSIN RAPIDS, WI 54495
Amount (FMV)	16,932
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	WISCONSIN CRANBERRY CROP MANAGEMENT NEWSLETTER VOL XXII
Donee's Name	MATTHEW LIPPERT
Donee's Address	400 MARKET STREET WISCONSIN RAPIDS, WI 54494
Amount (FMV)	1,600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	VALIDATION OF DEGREE DAY MODEL FOR CRANBERRY TIPWORM
Donee's Name	JAYNE SOJKA
Donee's Address	10107 HWY 54 PITTSVILLE, WI 54466
Amount (FMV)	12,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Assets Schedule

Name: WISCONSIN CRANBERRY BOARD INC

EIN: 39-1456308

Description	Beginning of Year Amount	End of Year Amount
INTEREST RECEIVABLE	2,890	2,890

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TY 2008 Other Expenses Schedule

Name: WISCONSIN CRANBERRY BOARD INC

EIN: 39-1456308

Description	Amount
ADMINISTRATION - WSCGA	29,941
ADMINISTRATION - DEPT OF AG	3,449
BONDING	500
POST OFFICE BOX RENT	44
Conferences, Conventions, Meetings	679

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TY 2008 Other Liabilities Schedule

Name: WISCONSIN CRANBERRY BOARD INC

EIN: 39-1456308

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	14,981	22,257
Grants Payable	225,973	286,724
REFUNDS PAYABLE	0	8,849

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TY 2008 Transfers Personal Benefits Contracts Declaration

Name: WISCONSIN CRANBERRY BOARD INC

EIN: 39-1456308

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.