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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)

OMB No 1545-1150

2008Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds 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

A For the 2008 calendar year, or tax year beginning **NOV 1, 2008** **and ending** **OCT 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		WISCONSIN STATE CRANBERRY GROWERS ASSOCIATION		39-1275145
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 365		E Telephone number 715-423-2070
		City or town, state or country, and ZIP + 4 WISCONSIN RAPIDS, WI 54495-0365		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: ▶ **WWW.WISCRAN.ORG****H Check** ☐ if the organization is not**J Organization type** (check only one) — ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 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 ▶ **\$ 804,347.****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	257,700.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	381,038.
	4 Investment income	4	167.
	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 <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 1)	6a	59,656.
	b Less: direct expenses other than fundraising expenses	6b	12,246.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	47,410.	
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 ▶ SEE STATEMENT 4)	8	105,786.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	792,101.	
Expenses	10 Grants and similar amounts paid (attach schedule) STMT 5	10	29,027.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	214,571.
	13 Professional fees and other payments to independent contractors	13	389,214.
	14 Occupancy, rent, utilities, and maintenance	14	23,197.
	15 Printing, publications, postage, and shipping	15	33,159.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	109,110.
	17 Total expenses. Add lines 10 through 16	17	798,278.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,177.
	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	204,814.
	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	198,637.

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	22 298,100.	22 318,937.
23 Land and buildings	23 64,774.	23 59,352.
24 Other assets (describe ▶ SEE STATEMENT 2)	24 3,669.	24 3,501.
25 Total assets	25 366,543.	25 381,790.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	26 161,729.	26 183,153.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 204,814.	27 198,637.

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12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

SCANNED MAR 12 2010

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Page 2

32	634,616.
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WISCONSIN STATE CRANBERRY GROWERS ASSOCIATION		39-1275145	Page 3																																								
Part V Other Information (Note the statement requirements in the instructions for Part VI)																																											
<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> <p>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</p> <p>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.</p> <p style="margin-left: 20px;">a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?</p> <p style="margin-left: 20px;">b If "Yes," has it filed a tax return on Form 990-T for this year?</p> <p>36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N</p> <p>37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.</p> <p style="margin-left: 20px;">b Did the organization file Form 1120-POL for this year?</p> <p>38 a 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?</p> <p style="margin-left: 20px;">b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A</p> <p>39 Section 501(c)(7) organizations. Enter:</p> <p style="margin-left: 20px;">a Initiation fees and capital contributions included on line 9 39a N/A</p> <p style="margin-left: 20px;">b Gross receipts, included on line 9, for public use of club facilities 39b N/A</p> <p>40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A</p> <p style="margin-left: 20px;">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</p> <p style="margin-left: 20px;">c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.</p> <p style="margin-left: 20px;">d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.</p> <p style="margin-left: 20px;">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</p> <p>41 List the states with which a copy of this return is filed. ▶ NONE</p> <p>42 a The books are in care of ▶ WI. STATE CRANBERRY GROWERS ASSN. Telephone no. ▶ 715-423-2070 Located at ▶ PO BOX 365, WISCONSIN RAPIDS, WI ZIP + 4 ▶ 54495-0365</p> <p style="margin-left: 20px;">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)?</p> <p style="margin-left: 20px;">If "Yes," enter the name of the foreign country: ▶</p> <p style="margin-left: 20px;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p> <p style="margin-left: 20px;">c At any time during the calendar year, did the organization maintain an office outside of the U.S.?</p> <p style="margin-left: 20px;">If "Yes," enter the name of the foreign country: ▶</p> <p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0.</p> <p>44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ</p> <p>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</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20px;"></th> <th style="width: 20px;">Yes</th> <th style="width: 20px;">No</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">33</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">34</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">35a</td><td style="text-align: center;">X</td><td></td></tr> <tr><td style="text-align: center;">35b</td><td style="text-align: center;">X</td><td></td></tr> <tr><td style="text-align: center;">36</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">37b</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">38a</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">40b</td><td style="text-align: center;">N/A</td><td></td></tr> <tr><td style="text-align: center;">40e</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">42b</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">42c</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">44</td><td></td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">45</td><td></td><td style="text-align: center;">X</td></tr> </tbody> </table>		Yes	No	33		X	34		X	35a	X		35b	X		36		X	37b		X	38a		X	40b	N/A		40e		X	42b		X	42c		X	44		X	45		X
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42b		X																																									
42c		X																																									
44		X																																									
45		X																																									

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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				
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 is none, enter "None."

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

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.

Sign Here: *[Signature]* Date: 2-16-10

Type or print name and title: HEIDI A DOBBS Treasurer

Paid Preparer's Use Only: Preparer's signature: BRIAN SCHLAGENHAFT, C Date: 02/11/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr): P00023291

Firm's name (or yours if self-employed), address, and ZIP + 4: WIPFLI LLP PO BOX 8010 WAUSAU, WI 54402-8010 EIN: 39-0758449 Phone no.: 715-845-3111

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008
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► To be completed by organizations described below.
► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization **WISCONSIN STATE CRANBERRY GROWERS ASSOCIATION** Employer identification number **39-1275145**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

WISCONSIN STATE CRANBERRY GROWERS

Schedule C (Form 990 or 990-EZ) 2008

ASSOCIATION

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Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 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 over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, 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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

WISCONSIN STATE CRANBERRY GROWERS

Schedule C (Form 990 or 990-EZ) 2008 ASSOCIATION

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Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
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 1i)?			
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?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	381,038.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	22,247.
b Carryover from last year	2b	
c Total	2c	22,247.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	76,208.
4 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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	-53,961.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

Employer identification number
39-1275145

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

WISCONSIN STATE CRANBERRY GROWERS

Schedule G (Form 990 or 990-EZ) 2008

ASSOCIATION

39-1275145 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		STATE FAIR AND EDUCATION (event type)	CRANBERRY OPEN GOLF OU (event type)	1 (total number)	
Revenue	1 Gross receipts	23,206.	22,084.	14,366.	59,656.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	23,206.	22,084.	14,366.	59,656.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses		10,194.	2,052.	12,246.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(12,246.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				47,410.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

WISCONSIN STATE CRANBERRY GROWERS

Schedule G (Form 990 or 990-EZ) 2008 **ASSOCIATION**

39-1275145 Page **3**

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► _____			
Address ► _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
15a			
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____			
c If "Yes," enter name and address			
Name ► _____			
Address ► _____			
16 Gaming manager information			
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____			

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PRODUCT PROMOTION		15,344.	
FOOD SERVICE		13,355.	
MISCELLANEOUS EXPENSES		12,560.	
INSURANCE		6,065.	
PAYROLL TAXES		12,815.	
SUPPLIES		8,399.	
TRAVEL AND MEETINGS		16,948.	
TELEPHONE		4,243.	
DEPRECIATION		19,381.	
TOTAL TO FORM 990-EZ, LINE 16		109,110.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	2,589.	2,797.	
ACCOUNTS RECEIVABLE	1,080.	704.	
TOTAL TO FORM 990-EZ, LINE 24	3,669.	3,501.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	38,229.	43,927.	
DEFERRED REVENUE	123,500.	139,226.	
TOTAL TO FORM 990-EZ, LINE 26	161,729.	183,153.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
DESCRIPTION		AMOUNT	
ADMIN COSTS REIMBURSED		36,781.	
NEWSLETTER ADVERTISING		30,458.	
TRADE SHOWS		38,547.	
TOTAL TO FORM 990-EZ, LINE 8		105,786.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
GENERAL OPERATIONS UW RIVER FALLS 410 S. THIRD STREET RIVER FALLS, WI 54022-5001	NONE	7,850.	
GENERAL OPERATIONS WI CRANBERRY RESEARCH AND EDUCATION FOUNDATIO 11 SECOND ST S 3RD FLOOR WISCONSIN RAPIDS, WI 54494	NONE	7,850.	
GENERAL OPERATIONS WI CRANBERRY DISCOVERY CENTER PO BOX 187 WARRENS, WI 54666	NONE	7,850.	
GENERAL OPERATIONS VARIOUS CONTRIBUTIONS	NONE	5,477.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		29,027.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO ENABLE THE CRANBERRY INDUSTRY IN WISCONSIN TO PROSPER THROUGH THE
PROVISION OF GROWER INFORMATION, RESPONSIBLE ENVIRONMENTAL STEWARDSHIP,
SOUND GOVERNMENTAL POLICIES AND EFFECTIVE PUBLIC COMMUNICATIONS.