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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 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 \$500,000 and total assets less than \$1,250,000 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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization**NATIONAL WILDLIFE REHABILITATORS
ASSOCIATION**

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

2625 CLEARWATER ROAD

Room/suite

110

City or town, state or country, and ZIP + 4

ST. CLOUD, MN 56301-4539**D Employer identification number****37-1143442****E Telephone number****(320) 230-9920****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.NWRRAWILDLIFE.ORG****H Check** ☐ if the organization is not**J Tax-exempt status** (check only one) — ☒ 501(c) (3) ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ▶ **\$ 308,791.****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	56,181.
	2	Program service revenue including government fees and contracts	2	75,480.
	3	Membership dues and assessments	3	72,956.
	4	Investment income	4	25,760.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	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 STMT 6	7a	66,566.	
7b	Less: cost of goods sold	7b	32,385.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	34,181.	
8	Other revenue (describe ▶ SEE STATEMENT 4)	8	11,848.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	276,406.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5	10	10,975.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	81,784.
	13	Professional fees and other payments to independent contractors	13	16,236.
	14	Occupancy, rent, utilities, and maintenance	14	13,195.
	15	Printing, publications, postage, and shipping	15	36,502.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	43,092.
17	Total expenses Add lines 10 through 16	17	201,784.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	74,622.
	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	646,697.
	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	721,319.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	632,446.	693,900.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	100,036.	108,951.
25 Total assets	732,482.	802,851.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	85,785.	81,532.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	646,697.	721,319.

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED AUG 04 2010

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Page 2

Expenses

**NATIONAL WILDLIFE REHABILITATORS
ASSOCIATION**

37-1143442

Page 3

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

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. MN, IL		
42a The organization's books are in care of BARBARA SUTO, TREASURER Telephone no. (320) 230-9920 Located at 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN ZIP + 4 56301		
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)?		X
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.?		X
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.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form 990-EZ (2009)

**NATIONAL WILDLIFE REHABILITATORS
ASSOCIATION**

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Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's 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."

(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
NONE				

f Total number of other employees paid over \$100,000

- 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d 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 *Elaine M. Thrune* Date *11 July 2010*
Signature of officer

Elaine M. Thrune, Business Manager
Type or print name and title

Paid Preparer's Use Only Preparer's signature *[Signature]* Date *6/21/10* Check if self-employed ☐ Preparer's identifying number (See instr.)

Firm's name (or sole proprietor's name), address, and ZIP + 4 **LARSONALLEN LLP**
818 SECOND ST. SO., SUITE 320
WAITE PARK, MN 56387

EIN **320-203-5500**
Phone no. **320-203-5500**

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization NATIONAL WILDLIFE REHABILITATORS ASSOCIATION

Employer identification number
37-1143442

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- ☒ 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- ☐ 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above? ..
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ..

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

NATIONAL WILDLIFE REHABILITATORS

Schedule A (Form 990 or 990-EZ) 2009 **ASSOCIATION**

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	88,029.	82,398.	160,172.	141,054.	129,137.	600,790.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	127,364.	131,530.	168,535.	157,414.	142,046.	726,889.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	215,393.	213,928.	328,707.	298,468.	271,183.	1,327,679.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,276.	4,871.	75,801.	51,881.	33,719.	171,548.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	5,276.	4,871.	75,801.	51,881.	33,719.	171,548.
8 Public support (Subtract line 7c from line 6)						1,156,131.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	215,393.	213,928.	328,707.	298,468.	271,183.	1,327,679.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,511.	14,327.	18,002.	21,951.	25,760.	88,551.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,938.	3,676.	4,050.	6,314.	3,732.	23,710.
c Add lines 10a and 10b	14,449.	18,003.	22,052.	28,265.	29,492.	112,261.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,331.	9,321.	10,033.	9,537.	8,116.	43,338.
13 Total support (Add lines 9, 10c, 11, and 12)	236,173.	241,252.	360,792.	336,270.	308,791.	1,483,278.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	77.94	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	80.80	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	7.57	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	6.37	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
INSURANCE	2,379.
OFFICE EXPENSE	3,904.
TRAVEL	10,221.
EVENT EXPENSES	16,342.
DEPRECIATION	4,861.
MISC EXPENSES	2,603.
BANK FEES	2,782.
TOTAL TO FORM 990-EZ, LINE 16	43,092.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	81,233.	80,784.
PREPAID EXPENSES	10,331.	10,409.
RECEIVABLES	226.	1,565.
OTHER DEPRECIABLE ASSETS	8,246.	16,193.
TOTAL TO FORM 990-EZ, LINE 24	100,036.	108,951.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	6,108.	10,782.
DEFERRED REVENUE	79,677.	70,750.
TOTAL TO FORM 990-EZ, LINE 26	85,785.	81,532.

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
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DESCRIPTION	AMOUNT
OTHER INCOME	8,116.
ADVERTISING INCOME	3,732.
TOTAL TO FORM 990-EZ, LINE 8	11,848.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS 4 INDIVIDUALS	NWRA MEMBERS	2,275.
SCHOLARSHIPS 3 INDIVIDUALS	NONE	2,500.
ACHIEVEMENT AWARDS 2 INDIVIDUALS	NWRA MEMBERS	200.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,975.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	66,566	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		66,566
4. COST OF GOODS SOLD (LINE 13)	32,385	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		34,181

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	81,233	
7. MERCHANDISE PURCHASED	31,936	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		113,169
12. INVENTORY AT END OF YEAR	80,784	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		32,385

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- 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

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JANUARY BILL, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 0.96	0.	0. 0.
DI CONGER, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	VICE PRESIDENT 18.13	0.	0. 0.
JENNIFER CONVY, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 0.65	0.	0. 0.
FRAN FEENEY, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	PRESIDENT ELECT 14.76	0.	0. 0.
WENDY FOX, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	PRESIDENT 7.28	0.	0. 0.
JOHN FRINK, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 1.52	0.	0. 0.
MICHELE GOODMAN, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 0.69	300.	0. 0.
RICHARD GRANT, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 1.65	0.	0. 0.
LORRIE HALE, DVM, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 1.96	0.	0. 0.
CHERYL HOGGARD, DVM, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	VICE PRESIDENT 1.69	0.	0. 0.
LESLIE LATTIMORE, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 0.58	0.	0. 0.
ERICA MILLER, DVM, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 4.80	0.	0. 0.
DIANE NICKERSON, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 1.31	0.	0. 0.
MARTHA POKRAS, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER 2.88	0.	0. 0.

NATIONAL WILDLIFE REHABILITATORS ASSOCIA

37-1143442

KAREN SHENOY, DVM, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	SECRETARY	3.21	0.	0.	0.
BARBARA SUTO, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	TREASURER	8.53	1,200.	0.	0.
ELAINE THRUNE, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	MEMBER	5.97	0.	0.	0.
SANDY WOLTMAN, 2625 CLEARWATER ROAD, SUITE 110, ST. CLOUD, MN 56301	VICE PRESIDENT	3.01	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV			1,500.	0.	0.

MEMBERSHIP FOR 2009 WAS 1651, ONLY SLIGHTLY BELOW MEMBERSHIP IN 2008 DESPITE THE DEPRESSED ECONOMY. NWRA CONTINUED ALL MEMBER BENEFITS WITH THE NOMINAL \$45 INDIVIDUAL DUES. BENEFITS INCLUDE:

1. WILDLIFE REHABILITATION BULLETIN: 48 TO 52 PAGE SEMI-ANNUAL JOURNAL WITH WILDLIFE CARE, MEDICAL ARTICLES, AND NEW DISCOVERIES;
2. THE WILDLIFE REHABILITATOR: 12 TO 16 PAGE SEMI-ANNUAL NEWSLETTER WITH ASSOCIATION NEWS AND INFORMATION;
3. MEMBER DIRECTORY: ANNUAL LISTING OF MEMBERS USED AS A RESOURCE FOR NETWORKING, ASSISTANCE, AND WILDLIFE PATIENT TRANSFERS;
4. A DOWNLOADABLE AND PRINTABLE MEMBERSHIP CERTIFICATE, SUITABLE FOR FRAMING, INDICATING PARTICIPATION IN THE NATIONAL ORGANIZATION.
5. ONCE OR TWICE MONTHLY EMAILS TO MEMBERS TO CONVEY CRITICAL NEWS, SUCH AS A NEW RABIES OUTBREAK OR THE NEW BAT WHITE NOSE SYNDROME, NEW OR CHANGES IN WILDLIFE RULES AND REGULATIONS, AND TIME-SENSITIVE ANNOUNCEMENTS OF BENEFIT TO MEMBERS; AND,
6. DISCOUNTS FOR ALL MEMBERS ON PURCHASES OF REFERENCE, EDUCATIONAL, OR DIAGNOSTIC AIDS AND ALL NWRA PUBLICATIONS.

MEMBER BENEFITS ADHERE TO THE NWRA MISSION OF DISSEMINATING KNOWLEDGE FOR MEMBERS TO IMPROVE WILDLIFE CARE AND RELEASE, BE BETTER EQUIPPED TO RESPOND TO AND EDUCATE THE PUBLIC IN WILDLIFE SITUATIONS OR ENCOUNTERS, AND ASSIST WITH MANAGEMENT OF TIME, FUNDS, RESOURCES, AND VOLUNTEERS AND STAFF.

NWRA IS RECOGNIZED FOR PUBLISHING ONE-OF-A-KIND VOLUMES PERTINENT TO THE FIELD FOR WILDLIFE REHABILITATORS, EDUCATORS, AND VETERINARIANS. NWRA MAINTAINED NOMINAL PRICING TO FOSTER AND PROMOTE SELF-EDUCATION, SKILLS DEVELOPMENT, AND BUILDING A FACILITY REFERENCE LIBRARY, FROM \$1 TO \$5 EACH FOR A SELECTION OF MORE THAN 200 ARTICLE REPRINTS AND NO MORE THAN \$75 FOR IN-DEPTH VOLUMES. THE NWRA WEBSITE, WWW.NWRAWILDLIFE.ORG, IS CONSTANTLY UPDATED AND DESIGNED TO FUNCTION AS A RESOURCE, NOT ONLY FOR MEMBERS, BUT ALSO FOR THE PUBLIC OR CASUAL BROWSERS SEEKING INFORMATION ON THE PROFESSION, ASSISTANCE WITH INJURED WILDLIFE, OR NWRA ITSELF. EXAMPLES OF NWRA PUBLICATIONS AND EDUCATIONAL AND TRAINING MATERIALS INCLUDE:

1. VETERINARY STUDENT NWRA WILDLIFE MEDICINE COURSE: A GROUNDBREAKING COURSE UNLIKE ANYTHING CURRENTLY AVAILABLE WITH COURSE MATERIAL UPDATED IN 2008 FOR INSTRUCTION IN 2009. THIS TRAINING INTRODUCES STUDENTS TO WILDLIFE MEDICINE PRIOR TO ENCOUNTERING WILD ANIMALS WHEN IN PRACTICE. FUNDED IN 2009 THROUGH A THREE-YEAR GRANT (2007-2009) FROM THE KENNETH A. SCOTT CHARITABLE TRUST, A KEYBANK TRUST, THE COURSE HAS BEEN PRESENTED 17 TIMES AT 13 DIFFERENT UNIVERSITIES, INCLUDING 2 IN CANADA, SINCE 1999.

2. PRINCIPLES OF WILDLIFE REHABILITATION, THE ESSENTIAL GUIDE FOR NOVICE AND EXPERIENCED REHABILITATORS: PRODUCED AND PUBLISHED BY NWRA AND THE ONLY PUBLICATION AVAILABLE THAT ENCOMPASSES ALL ASPECTS OF WILDLIFE REHABILITATION.

3. TOPICS IN WILDLIFE MEDICINE: AN ON-GOING SERIES ADDRESSING A PARTICULAR ASPECT OF VETERINARY MEDICINE RELATED TO WILDLIFE; EDITOR AND CHAPTER AUTHORS ARE EXPERIENCED VETERINARIANS WHO WORK WITH WILDLIFE. VOLUME 3, TOPICS IN WILDLIFE MEDICINE: INFECTIOUS DISEASES, WAS COMPLETED IN 2009 BY KAREN SHENOY, DVM, EDITOR.

4. WILDLIFE REHABILITATION: PUBLISHED ANNUALLY WITH PEER-REVIEWED PAPERS FROM EACH ANNUAL SYMPOSIUM; VOLUME 27 WAS AVAILABLE IN 2009.

5. MINIMUM STANDARDS FOR WILDLIFE REHABILITATION: THE STANDARD OF MINIMUM REQUIREMENTS TO PROVIDE APPROPRIATE CARE FOR WILDLIFE AND NOW ADOPTED INTO PERMITTING REGULATIONS BY SEVERAL STATE AGENCIES AND THE US FISH & WILDLIFE SERVICE.

6. WILDLIFE IN EDUCATION, A GUIDE FOR THE CARE AND USE OF PROGRAM ANIMALS AND INTRODUCTION TO WILDLIFE EDUCATION PROGRAMMING, TIPS & TECHNIQUES FOR BETTER PRESENTATIONS: BOTH BOOKS COMPILED AND PUBLISHED BY NWRA AND THE FIRST PUBLICATIONS AVAILABLE WITH A COMPREHENSIVE APPROACH TO LONG-TERM CARE OF CAPTIVE WILDLIFE AND DEVELOPING EFFECTIVE AND MEANINGFUL PROGRAMS ON WILDLIFE EDUCATION AND PRESERVATION AND ECOSYSTEM AWARENESS.

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STATEMENT 11

THE 2009 ANNUAL SYMPOSIUM IN BLOOMINGDALE, IL, THE LARGEST AND MOST COMPREHENSIVE PROFESSIONAL TRAINING AND DEVELOPMENT EVENT IN THE FIELD, HOSTED OVER 430 INDIVIDUALS ATTENDING FROM 34 STATES AND THE DISTRICT OF COLUMBIA, BRAZIL, FRANCE, SWEDEN, COSTA RICO, THE CAYMAN ISLANDS, AND 6 CANADIAN PROVINCES. TOTAL ATTENDANCE IS REPRESENTATIVE OF 26% OF MEMBERSHIP AND NEW NWRA MEMBERS REPRESENTED NEARLY 20% OF ATTENDEES. STATE VETERINARY BOARDS AND DEPARTMENTS OF NATURAL RESOURCES AS WELL AS FEDERAL MIGRATORY BIRD OFFICES APPROVE THE ANNUAL NWRA SYMPOSIA AS QUALIFYING FOR CONTINUING EDUCATION CREDITS REQUIRED OF PRACTICING VETERINARIANS AND LICENSED WILDLIFE REHABILITATORS. FIVE DAYS OF CONCURRENT PROGRAMMING OFFERED OVER 140 HOURS OF EDUCATIONAL OPPORTUNITY, INCLUDING TWO TARGETED 8-HOUR SEMINARS ON INTRODUCTION TO WILDLIFE REHABILITATION AND ADVANCED CRITICAL CARE AND DIAGNOSTIC TESTING.

990-EZ PG 2

STATEMENT 12

PROVIDE EDUCATION, TRAINING, AND RESOURCES TO THOSE IN THE PROFESSION OF WILDLIFE REHABILITATION, INCLUDING ENVIRONMENTAL EDUCATION AND WILDLIFE MEDICINE.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 13

DESCRIPTION

GRANTS

EXPENSES

THE NWRA GRANT PROGRAM IS UNIQUE IN AWARDING UP TO \$6,000 ANNUALLY SPECIFICALLY TO THOSE WHO WORK WITH WILDLIFE. SINCE 1984 NWRA HAS PROVIDED \$82,000 TO IMPROVE THE FIELD AND CARE FOR WILDLIFE. NWRA FUNDS GRANTS DIRECTLY, BUT ALSO USES DONOR CONTRIBUTIONS FOR ADDITIONAL AWARDS AND SCHOLARSHIPS. TWO \$500 SCHOLARSHIPS, ONE \$525 SCHOLARSHIP, ONE \$750 SCHOLARSHIP, AND ONE INTERNATIONAL \$1,750 SCHOLARSHIP ASSISTED ATTENDEES COMING TO THE ANNUAL SYMPOSIUM, INCLUDING ONE FOR VETERINARY STUDENTS ONLY, PLUS ONE \$250 SCHOLARSHIP TO ASSIST IN PURCHASING PUBLICATIONS AND RESOURCE MATERIALS. NWRA RECOGNIZES THOSE WHO HAVE MADE MEANINGFUL ADVANCES IN THE FIELD THROUGH THE SIGNIFICANT ACHIEVEMENT, LIFETIME ACHIEVEMENT, AND MARLYS BULANDER WORKING TOGETHER FOR WILDLIFE AWARDS.

10,975.

10,975.

TOTAL TO FORM 990-EZ, LINE 31

10,975.

10,975.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization NATIONAL WILDLIFE REHABILITATORS ASSOCIATION	Employer identification number 37-1143442
	Number, street, and room or suite no. If a P.O. box, see instructions. 2625 CLEARWATER ROAD, NO. 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. CLOUD, MN 56301-4539	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

BARBARA SUTO, TREASURER

- The books are in the care of ► **2625 CLEARWATER ROAD, SUITE 110 - ST. CLOUD, MN 56301**
Telephone No. ► **(320) 230-9920** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)