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A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WILD BIRD FEEDING INDUSTRY		D Employer identification number 36-3345609
☐ Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number (888) 839-1237
☐ Name change		1305 N TAHOE TRAIL		
☐ Initial return		Room/suite		
☐ Terminated		City or town, state or country, and ZIP + 4 SIOUX FALLS, SD 57110		F Group Exemption Number ▶
☐ Amended return				
☐ Application pending				

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) ▶
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I Website: WWW.WBFI.ORG		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) ☒ 501(c)(6) (insert no.) 4947(a)(1) or 527		

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	\$	263,340
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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	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	207,237
	4	Investment income						4	238
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	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	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			
Expenses	7a	Gross sales of inventory, less returns and allowances				7a		7c	
	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	55,865
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 						9	263,340
	10	Grants and similar amounts paid (attach schedule) 						10	55,000
	11	Benefits paid to or for members						11	
Net Assets	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	78,149
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	4,800
	16	Other expenses (describe )						16	95,085
	17	Total expenses. Add lines 10 through 16 						17	233,034
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	30,306
Net Assets	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	70,680
	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	100,986

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	.	.	.	.	.	.	.	.	.	.	.	70,680	22	100,986	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.		23		
24	Other assets (describe  _____)													24		
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	70,680	25	100,986	
26	Total liabilities (describe  _____)													26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)												70,680	27	100,986	

Form **990-EZ** (2009)

Part VOther 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	33	No
34	Were any changes made to the organizing or governing documents? 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 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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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 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	40b	
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 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ EA MOHAN ASSOCIATESLLC Telephone no ▶ (701) 261-9326 1751 6TH ST E Located at ▶ WEST FARGO, ND ZIP + 4 ▶ 58078		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
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		
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 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		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

50(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

51(d) Total number of other independent contractors each 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		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	FARGO, ND 58104				(701) 356-3055
	May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:

Software Version:

EIN: 36-3345609

Name: WILD BIRD FEEDING INDUSTRY

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
REGINALD VANDEN BOSCH CENTRAL AVIAN SMALL ANIMAL CHILTON,WI 53014	PRESIDENT 0	0		
CRAIG BRUMMELL ESSEX TOPCROP SALES LTD ESSEX,CA 92332	VICE PRESIDE 0	0		
ROBERT YODER WAGNERS LLC LAKESHORE CA	TREASURER 0	0		
MARC AUDET SANIMAX MARKETING NIVERVILLE CA	DIRECTOR 0	0		
KAREN BURNS ETO STERILIZATION LINDEN,NJ 07036	DIRECTOR 0	0		
KRIS MANTEY THE SCOTTS CO MARYSVILLE,OH 43041	DIRECTOR 0	0		
MIKE DUNN DUNCRAFT CONCORD,NH 03303	DIRECTOR 0	0		
KEITH HARRINGTON CENTRAL/VALLEY BAG EAST GRAND FORKS,MN 56721	DIRECTOR 0	0		
ROGER JAEGER RED RIVER COMMODITIES FARGO,ND 58108	DIRECTOR 0	0		
WAYNE LINDBERG SUNBIRD INC MINNETONKA,MN 55305	DIRECTOR 0	0		
DAVE NETTEN ALL SEASONS WILD BIRD STORES BLOOMINGTON,MN 55420	DIRECTOR 0	0		
CHRIS TEPROVICH FM BROWNS SONS INC SINKING SPRING,PA 19608	DIRECTOR 0	0		
MIKE WULF DD COMMODITIES STEPHEN,MN 56757	DIRECTOR 0	0		
JIM LESCH WILD BIRDS UNLIMITED CARMEL,IN 46032	DIRECTOR 0	0		
ROB MANN ALL STAR TRADING PARK RIDGE,IL 60068	DIRECTOR 0	0		
ERIC JUERGENS CENTRAL AVIAN SMALL ANIMAL CHILTEN,WI 53014	DIRECTOR 0	0		
TOM YOUNG AGWAY DEALER NETWORK BARRINGTON,MA 01230	DIRECTOR 0	0		
GEORGE BORUCH LEBANON SEABOARD LEBANON,PA 17042	DIRECTOR 0	0		
STEPHANIE ANDERSON ANDERSON SEED CO MENTOR,MN 56736	DIRECTOR 0	0		
CHRIS TRIBOLET HAWKEYE COMMODITIES 11905 NW 54TH AVE GRIMES,IA 50111	DIRECTOR 0	0		
HENRIK LEHMANN WENG WILD BIRD CENTERS OF AMERICA INC 7370 MACARTHUR BLVD GLEN ECHO,MD 20812	DIRECTOR 0	0		
SUE HAYS WILD BIRD FEEDING INDUSTRY 1305 N TAHOE TRAIL SIOUX FALLS,SD 57110	SECRETARY/EX 0	56,800		

TY 2009 Compensation Explanation**Name:** WILD BIRD FEEDING INDUSTRY**EIN:** 36-3345609

Person Name	Explanation
REGINALD VANDEN BOSCH	
CRAIG BRUMMELL	
ROBERT YODER	
MARC AUDET	
KAREN BURNS	
KRIS MANTEY	
MIKE DUNN	
KEITH HARRINGTON	
ROGER JAEGER	
WAYNE LINDBERG	
DAVE NETTEN	
CHRIS TEPROVICH	
MIKE WULF	
JIM LESCH	
ROB MANN	
ERIC JUERGENS	
TOM YOUNG	
GEORGE BORUCH	
STEPHANIE ANDERSON	
CHRIS TRIBOLET	
HENRIK LEHMANN WENG	
SUE HAYS	

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** WILD BIRD FEEDING INDUSTRY**EIN:** 36-3345609

Item No.	1
Class of Activity	
Donee's Name	WBFI RESEARCH FOUNDATION
Donee's Address	1305 N TAHOE TRAIL SIOUX FALLS, SD 57110
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** WILD BIRD FEEDING INDUSTRY**EIN:** 36-3345609

Description	Amount
EXPENSES	
OFFICE EXPENSES	4,266
TRAVEL	7,645
MEETING EXPENSES	62,771
INDUSTRY STATISTICS	5,800
WEBSITE DESIGN & MAINT	4,122
GLOBAL PET	6,967
MISCELLANEOUS	890
CREDIT CARD FEES	2,624

TY 2009 Other Revenues Schedule

Name: WILD BIRD FEEDING INDUSTRY

EIN: 36-3345609

Description	Amount
ANNUAL MEETING	51,965
STANDARDS REGISTRATIONS	3,900