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Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the .	2010 calen	dar year, or tax year begir	nning 01-01-2010 and ending 12-31-20	10			
B Ch	eck if a		Name of organization WILD BLUEBERRY ASSOCIATION	OF		D Empl	loyer i	identification number
☐ Ad	dress ch	nange [NORTH AMERICA INC			22-3	3447	986
∏ Na	me cha	nge	Doing Business As			E Telep	hone	number
┌ Inı	tıal retu	rn	Number and street (or P O box	ıf maıl ıs not delivered to street address)	Room/s	Suite (207	'\ 58 '	1-1475
Гте	rmınate	l r	PO BOX 100	,		(20)	, 50.	
Г Am	nended	return (City or town, state or country, a	nd ZIP + 4		G Gross	receip	ots \$ 1,491,162
┌ Ap	plication	n pending	OLD TOWN, ME 044680100					
	•		F Name and address of p	orincipal officer	H(2)		· · · · · ·	
			JEREL KIM HIGGINS	interpar officer	П(а)	Is this a group return	for affil	rates? Yes No
			PO BOX 100 OLD TOWN, ME 044680	100	Н(Ь)	Are all affiliates in	cluded	?
			025 10 111,112 011000	100		•		t (see instructions)
I Ta	ıx-exem	npt status	501(c)(3) 5 01(c)(5)	◀ (insert no)	H(c)	Group exempt	ion n	umber 🟲
1 W	ebsit <i>e</i>	=: = - WWW \	WILDBLUEBERRIES COM		_			
					1			
			Corporation Trust Associ	ation Other 🗠	L Yea	r of formation 19	81	M State of legal domicile ME
Pa	rt I	Summa						
				sion or most significant activities BLUEBERRY ASSOCIATION OF NORT	H AMERIC	`A (WRANA) I	s TO	PROMOTE THE
e e	1			WBUSH BLUEBERRIES THAT ARE NA		,		
Governance	-							
Ĕ	-							
š	, ;	Chaali thia l	hav b .ftha araanination	discontinued its operations or disposed		han 2 E 0/ af ita		
			•			11a11 25 70 01 ILS	ı	1
න් ග	1			erning body (Part VI, line 1a)			3	11
ě	1			rs of the governing body (Part VI, line 1			4	11
Activities &	1			in calendar year 2010 (Part V, line 2a)			5	0
ă	1		·	If necessary)			6	10
				n Part VIII, column (C), line 12			7a	0
	Ь	Net unrelate	ed business taxable incom	e from Form 990-T, line 34			7b	
			/D			Prior Year	274	Current Year
9	8			, line 1 h)	•	892,		901,000
enu	9	-	`	, line 2g)		699,	$\overline{}$	574,300
Revenue	10		•	mn (A), lines 3, 4, and 7d)	•		075	11,950
_	11			\), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), li		9,	052	3,912
	12				ile	1,617,	750	1,491,162
	13			art IX, column (A), lines 1–3)		394,	552	421,224
	14	Benefits p	oald to or for members (Pa	rt IX, column (A), line 4)				0
76	15		other compensation, empl	oyee benefits (Part IX, column (A), lines	5-			
& ∞		10)						0
Expenses	16a			X, column (A), line 11e)				0
ठ	Ь		aising expenses (Part IX, column	· · · · <u></u>				
	17	•), lines 11a-11d, 11f-24f)		1,145,		1,477,937
	18			nust equal Part IX, column (A), line 25)		1,540,		1,899,161
	19	Revenue	less expenses Subtract li	ne 18 from line 12		-	290	-407,999
98 98					Beg	inning of Curre Year	nt	End of Year
10 kg	20	Total ass	ets (Part X, line 16)			1,450,	757	936,352
Net Assets or Fund Balances	21					448,	-	342,486
žÏ	22		, , ,	ct line 21 from line 20		1,001,	-	593,866
Pa	rt II	Signati	ure Block					·
Unde know	r penal	ties of perju	ry, I declare that I have exar	nined this return, including accompanying te. Declaration of preparer (other than offi				
		*****				2011-06-27		
Sign		Signature	e of officer			Date		
Her	е		KAMP VICE-PRESIDENT					
		<u> </u>	print name and title	<u> </u>				
		Print/Type preparer's na	ame MARK CHELLIS	Preparer's signature MARK CHELLIS	Date 2011-06-27	Check if se employed		PTIN
Paid			EDWARDS FAUST & SMITH		2011-00-2/			Firm's EIN
	arer	Firm's addres	ss F 716 UNION ST					
Use	Only							Phone no (207) 947- 4575
 Маv	the IR	l S discuss t	BANGOR, ME 044013156 his return with the prepare	r shown above? (see instructions) .				⊤Yes ⊤No

Par		ment of Program Service If Schedule O contains a respons		ı	
1	Briefly descr	ibe the organization's mission			
		ON OF THE WILD BLUEBERRY AS LOWBUSH BLUEBERRIES THAT		RICA (WBANA) IS TO PROMOTE T ERICA	HE REPUTATION
2	the prior Form	ızatıon undertake any sıgnıfıcant			s ァ No
3	Did the organ services?	ribe these new services on Sched ization cease conducting, or make 	e significant changes in how it c	onducts, any program Ye	s 🗸 No
4	Section 501(and section 4947(a)(1) trusts	e largest program services by exper are required to report the amount of a service reported	
4a	BLUEBERRIES TO COMMUNICATION TRADE ADVERT SCHEDULE O) TO LATE 1990'S KOMERICAN DIE THESE ACTIVITY MARKET SEGMI MULTIPLE WILLE GROCERY SEGISHOW, AND A FOONSUMER COOON THE CONSUMER COOON THE COON THE COOR THE COON THE COOR THE COON THE COOR	THAT ARE NATIVE TO NORTH AMERICA TONS" AND "CONSUMER COMMUNICATION ISING, TRADE SHOWS, CONSUMER ADVEITHE HEALTH ATTRIBUTES OF WILD BLUBE BY 2010 ACTIVITIES INCLUDED RELEASES TETIC ASSOCIATION FOOD & NUTRITION IES DRIVE CONSUMER INTEREST AND AWENT THAT USES WILD BLUEBERRIES THE DELUBBERRY ADS WERE PLACED IN TRADE MENTS TRADE SHOWS ATTENDED INCLUPRODUCE SHOW TRADE SHOW BOOTH GOMMUNICATIONS IS A KEY COMPONENT OF META	HE CORE 2010 WBANA PROMOTION PER IS" ALL PROMOTION COMPONENTS AR RTISING, INTERNET MARKETING, STR. ERRIES HAS BEEN THE UNDERPINNING SON THE LATEST BLUEBERRY HEALTH CONFERENCE & EXPO, AND PARTNER: VARENESS RELATED TO WILD BLUEBER TRADE PROMOTION PROGRAM CARRIDE PUBLICATIONS COVERING THE BAKE DED THE LARGEST FOOD INGREDIENT, RAPHICS, BROCHURES AND OTHER FAIT WBANA'S WILD BLUEBERRY PROMOTIL FROZEN WILD BLUEBERRIES AS WEI	421,224) (Revenue \$ TO PROMOTE THE REPUTATION AND USE OF ROGRAMS INCLUDED "THE HEALTH STORY", BE PART OF AN INTEGRATED PROMOTION PROFITED PROMOTION PROFITED PROMOTION PROFITED PROMOTION PRELATED SCIENTIFIC DISCOVERIES, PARTICING WITH THE PRODUCE FOR BETTER HEALT RIES THE TRADE COMMUNICATIONS FOCUSED OUT IN 2010 INCLUDED ADVERTISING AND ALTECHNOLOGY SHOW IN NORTH AMERICA, AND ALTER PRODUCTS CONTAINING WILD THE REFRESHMENTS AND A LARGE INVESTMENT OF THE REFRESHMENTS AND A LARGE INVESTMENT.	"TRADE OGRAM THAT INCLUDES IONS (CONTINUED ON ROGRAMS SINCE THE IPATION IN THE IH FOUNDATION ALL SED ON THE LARGEST ND TRADE SHOWS ITRACEUTICALS, AND A BAKERY INGREDIENT UPPORT THE SHOWS JSED COMMUNICATION BLUEBERRIES THIS
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progra	am services (Describe in Schedul	e O) g grants of \$) (Revenue \$)
 4е	<u> </u>		1.806.203	·	

Part TV	Checklist o	F Required	Schedules
4:11714	CHECKHISLU	. Keguneu	Sciledules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏 🔒 .	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)		
Part V	Statements Regarding Ot	her IRS Filings and	l Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	· · · · · · · · · · · · · · · · · · ·	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N c
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			111
	Did the construction of the description of the desc			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders]		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
l	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
,	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14a		14 0

WILD BLUEBERRY COMMISSION

5784 YORK COMPLEX

ORONO, ME 04469 (207) 581-1475

SUITE 52

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N o
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Re</u>	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website A nother's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orda	nization	ո 🕦

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz		lated or	ganı	zatio	ncc	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title						ll		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) SANFORD KELLEY DIRECTOR	1 00	х						0	0	0
(2) TODD MERRILL DIRECTOR	1 00	х						0	0	0
(3) ROY ALLEN TREASURER	1 00	х		х				0	0	0
(4) LINDA LONG SECRETARY	1 00	х		х				0	0	0
(5) KERMIT ALLEN DIRECTOR	1 00	х						0	0	0
(6) GREG BRIDGES DIRECTOR	1 00	х						0	0	0
(7) KIM HIGGINS PRESIDENT	1 00	х		х				0	0	0
(8) RAGNAR KAMP V PRESIDENT	1 00	х		х				0	0	0
(9) DAVID HOUSTON DIRECTOR	1 00	х						0	0	0
(10) BRIAN POWERS DIRECTOR	1 00	х						0	0	0
(11) BARRY SCHNEIDER DIRECTOR	1 00	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	() Ition (that a					(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima mount o	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W 2/1099-MISC	- organizations	o	from t rganızat relat organıza	the on and ed
											_		
		_									+		
											+		
											_		
											-		
											+		
1b	Sub-Total				٠.	٠.	٠	>					
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ						
d	Total (add lines 1b and 1c) .					•		•					
2	Total number of individuals (inc \$100,000 in reportable compet					ted	above) who	received more t	han			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc				e, k	еу е •	mploy •	ee,o	r highest compei	nsated employee	3		Νο
4	For any individual listed on line organization and related organiz												
_	individual			•	•	•		•	 		4		Νo
5	Did any person listed on line 1a services rendered to the organi									or individual for	5		Νo
	stion D. Indonesidant Con												
1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent c	ontra	tors	that received m	ore than			
		(A) me and business add							De	(B) scription of services		(C Comper	
			·									_	·
											-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕨

art VI	Statement of Revenu						
		ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under section 512, 513,0
. ا مر	1a Federated campaigns	1a					514
and other similar amounts	b Membership dues		1,000				
ξ							
ਲ	c Fundraising events						
Ě	d Related organizations						
·돌	e Government grants (contributions)	1e					
골	f All other contributions, gifts, grants, similar amounts not included above	and 1f	900,000				
<u> </u>	g Noncash contributions included in li	nes 1a-1f \$					
두	h Total. Add lines 1a-1f			901,000			
<u>a</u>			Business Code				
Program Service nevenue	2a CANADA PROGRAM REIMBURSEMEN	IT		437,196	437,196		
ě	b FOOD EXPORT NE			137,104	137,104		
د ا	c						
Ē.	d						
ĺ	e						
-	f All other program service rev	renue					
Ĭ	g Total. Add lines 2a-2f			574,300			
3	3 Investment income (includin	g dıvıdends, ınterest					
	and other similar amounts)			11,950			11,9
	4 Income from investment of tax-exe						
5	5 Royalties						
	6a Gross Rents	(ı) Real	(II) Personal				
	b Less rental						
	expenses c Rental income						
	or (loss)						
F	d Net rental income or (loss)		() 0 !!				
-	7a Gross amount	(ı) Securities	(II) O ther				
1	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses c Gain or (loss)						
	d Net gain or (loss)		1				
1	8a Gross income from fundraisir						
	(not including						
8	\$ of contributions reported on I	ine 1c)					
	See Part IV, line 18						
	.	a					
	b Less direct expensesc Net income or (loss) from fun	_					
-		ctivities See Part IV, line 19 .	a				
	b Less direct expenses		ь				
	c Net income or (loss) from ga	ming activities					
[]	10a Gross sales of inventory, les	s					
	returns and allowances .	a					
	b Less cost of goods sold .						
	c Net income or (loss) from sa						
⊢	Miscellaneous Revenue		Business Code				
	11a UNCATEGORIZED INCOME			2,147			2,1
1				1,765			1,7
1	b PROMOTIONAL ITEMS		l				
:	b PROMOTIONAL ITEMS	<u> </u>					
]		<u></u>					
]	С	 		3,912			

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		'	,	•
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	421,224	421,224		
4	Benefits paid to or for members				
•	Compensation of current officers, directors, trustees, and key employees				
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
3	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
•	Other employee benefits				
0	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal	2,445		2,445	
c	Accounting	5,990		5,990	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
ŀ	Information technology				
5	Royalties				
5	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
L	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MARKETING-CONSUMER RETAIL	440,624	440,624		
b	RESEARCH	287,697	287,697		
c	A GENCY SERVICES	254,944	254,944		
d	OFFSHORE PROMOTIONS	164,628	164,628		
е	MARKETING-TRADE INGREDIEN	152,820	152,820		
f	All other expenses	168,789	84,266	84,523	
5	Total functional expenses. Add lines 1 through 24f	1,899,161	1,806,203	92,958	
6	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		841,225	2	540,904
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	588,698	4	395,448	
	5	Receivables from current and former officers, directors, trustees, k highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sections described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	loyers, and			
. ₹		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		20,834	9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,450,757	16	936,352
	17	Accounts payable and accrued expenses .		448,892	17	342,486
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		448,892	26	342,486
s es		Organizations that follow SFAS 117, check here ► $\overline{\checkmark}$ and complete through 29, and lines 33 and 34.	te lines 27			
an	27	Unrestricted net assets		1,001,865	27	593,866
Balance	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► and olines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Ą	32	Retained earnings, endowment, accumulated income, or other fund	s		32	
Net	33	Total net assets or fund balances		1,001,865	33	593,866
2	34	Total liabilities and net assets/fund balances		1.450.757	34	936.352

Pa	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.4	191,16	
2	Total expenses (must equal Part IX, column (A), line 25)	2		399,16		
3	Revenue less expenses Subtract line 2 from line 1	3			107,999	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,001,8		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5	593,860	
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	ssued		1 00		
_	on a separate basis, consolidated basis, or both	33434				
	Separate basis Consolidated basis Both consolidated and separated basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

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SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** WILD BLUEBERRY ASSOCIATION OF NORTH AMERICA INC 22-3447986 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ No conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	411 Organizations Maintaining Co	llections of Art, I	Histo	<u>ori</u>	<u>cal Treasur</u>	res, or (<u> </u>	r Simila	r Asse	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any c	ofthe	foll	owing that are	a sıgnıfıc	ant us	se of its c	ollection	n	
а	Public exhibition		d	Г	Loan or exch	ange prog	rams				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explain	how t	the	y further the or	rganızatıo	n's ex	empt pur	oose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ılar	Г	Yes	▼ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	ed "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other as:	sets r	not	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fol	llowin	g ta	able	ſ			A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year					ľ	1e				
f	Ending balance					ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	217			ı			Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV								·		•
	t V Endowment Funds. Complete	f the organization a								N F V	Dl-
1a	Beginning of year balance	(a)Current Year	(b) Pr	rior	rear (c)Iwo	Years Back	(a)	Three Years	васк (е	e)Four Ye	ears Back
 b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held as									
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organizati	on th	at a	are held and ac	dministere	d for	the			г
	organization by (i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations			•			٠.		3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio								3b	<u> </u>	No
4	Describe in Part XIV the intended uses of th	e organization's endov	wmen	t fu	nds						
Par	t VI Investments—Land, Buildings	s, and Equipment	t. Se	e F	orm 990, Pa	rt X, line	10.				
	Description of investment			1 ' '			ost or other (c) Accumulated depreciation			(d) B	ook value
1a	Land										
	Buildings										
c	Leasehold improvements		.			1					
d	Equipment		.			1					
	Other										
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column	(B), I	line	10(c).)	·		•			

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,491,162
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,899,161
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-407,999
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-407,999
	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,491,162
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,491,162
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,491,162
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	1,899,161
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,899,161
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,899,161

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION		THE ORGANIZATIONS FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2010, 2009, AND 2008 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

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DLN: 93493178011701

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization WILD BLUEBERRY ASSOCIATION OF NORTH AMERICA INC

Employer identification number

22-3447986

Part I	General Information on	Activities Outside the United States.	Complete	e if the organization	answered
	"Yes" to Form 990, Part IV,	line 14b.			

	"Yes" to Form 990, Pa	rt IV, line 14b								
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or									
	assistance, the grantees' elig	jibility for the	grants or assi	stance, and the select	ion criteria used to awa	ard				
	the grants or assistance?					✓ Yes				
2	For grant makers. Describe in Pa United States	rt V the organiz	atıon's procedu	res for monitoring the us	e of grant funds outside t	he				
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)						
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a					
		offices in the region	employees or agents in region or	region (by type) (e g , fundraising, program	program service, describe specific type of	expenditures for region/investments				
		legion	ındependent	services, investments, grants		in region				
			contractors	to recipients located in the		-3				
	CANADA			region) PROGRAM	PROMOTION PROMOTION	421,224				
	CANADA			FROGRAM	FROMOTION	421,224				
	CHINA			PRO GRA M	PROMOTION	42,817				
	MIDDLE EAST - DUBAI			PRO GRA M	PROMOTION	29,909				
	-									
3-	Sub-total					493,950				
	Total from continuation sheets					755,550				
_	to Part I									

c Totals (add lines 3a and 3b)

493,950

Pa	Part IV,	line 15, for any	sistance to Orga y recipient who rec space is needed.	nizations or Entitions or Entitions or Entitions (1) and (1) are than \$5,	es Outside the Un 000. Check this box	i ited States. Comp of no one recipient	plete if the organiza received more than	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	PROMOTION	421,224	WIRE TRANSFER			
	_								
	-								
2	Enter total nur tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	sted above that are ree or counsel has pro	 recognized as charit ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	 as . ▶	
3	Enter total nur	mber of other	organizations or er	itities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	Γ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V	Supplemental	Information
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Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information

ReturnReference	Explanation
SCHEDULE F, PAGE 5, PART V	THE PROGRAM SERVICES THAT THE CANADIAN AFFILIATE OFFERS ARE VERY SIMILAR TO THE UNITED STATES OFFICE THEIR MISSION IS TO PROMOTE THE REPUTATION OF THE WILD LOW BUSH BLUEBERRY THAT IS NATIVE TO NORTH AMERICA ONCE A YEAR THE BOARD MEETS WITH THE CANADIAN AFFILIATE TO REVIEW PROGRAMS
	Schedule F (Form 990) 2010

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
Open to Public

Inspection

Name of the organization WILD BLUEBERRY ASSOCIATION OF NORTH AMERICA INC ${\bf Employer\ identification\ number}$

22-3447986

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	THE HEALTH ATTRIBUTES OF WILD BLUEBERRIES HAS BEEN THE UNDERPINNING OF TRADE AND CONSUMER PROMOTION PROGRAMS SINCE THE LATE 1990'S KEY 2010 ACTIVITIES INCLUDED RELEASES ON THE LATEST BLUEBERRY HEALTH RELATED SCIENTIFIC DISCOVERIES, PARTICIPATION IN THE AMERICAN DIETETIC ASSOCIATION FOOD & NUTRITION CONFERENCE & EXPO, AND PARTNERING WITH THE PRODUCE FOR BETTER HEALTH FOUNDATION ALL THESE ACTIVITIES DRIVE CONSUMER INTEREST AND AWARENESS RELATED TO WILD BLUEBERRIES THE TRADE COMMUNICATIONS FOCUSED ON THE LARGEST MARKET SEGMENT THAT USES WILD BLUEBERRIES THE TRADE PROMOTION PROGRAM CARRIED OUT IN 2010 INCLUDED ADVERTISING AND TRADE SHOWS MULTIPLE WILD BLUEBERRY ADS WERE PLACED IN TRADE PUBLICATIONS COVERING THE BAKERY, FOOD SERVICE, PACKAGED GOODS, NUTRACEUTICALS, AND GROCERY SEGMENTS TRADE SHOWS ATTENDED INCLUDED THE LARGEST FOOD INGREDIENT/TECHNOLOGY SHOW IN NORTH AMERICA, A BAKERY INGREDIENT SHOW, AND A PRODUCE SHOW TRADE SHOW BOOTH GRAPHICS, BROCHURES AND OTHER FACTUAL LITERATURE WERE DEVELOPED TO SUPPORT THE SHOWS CONSUMER COMMUNICATIONS IS A KEY COMPONENT OF WBANA'S WILD BLUEBERRY PROMOTION OVER THE LAST 12 YEARS IT HAS FOCUSED COMMUNICATION ON THE CONSUMER TO HELP DRIVE DEMAND FOR RETAIL FROZEN WILD BLUEBERRIES AS WELL AS OTHER PRODUCTS CONTAINING WILD BLUEBERRIES THIS EFFORT CONTINUED IN 2010 WITH CONSUMER RECIPE DEVELOPMENT, ADVERTISING, WEB SITE REFRESHMENTS AND A LARGE INVESTMENT IN SOCIAL MEDIA

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE CORPORATION SHALL HAVE MEMBERS, WHO SHALL BE INDIVIDUALS, BUSINESS ORGANIZATIONS, AND NON-PROFIT ORGANIZATIONS ("PERSONS") WITH A COMMON INTEREST IN THE CORPORATION'S PURPOSES

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS HOLD THE BOARD OF DIRECTORS ACCOUNTABLE AND EXERCISE GOVERNANCE POWER THROUGH THE ELECTION OF DIRECTORS TO THE BOARD

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO	FORM 990, PAGE 6, PART	THE FORM 990 WAS PROVIDED TO THE ASSOCIATION OFFICERS
REVIEW FORM 990	VI, LINE 11B	FOR REVIEW PRIOR TO FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	DIRECTORS INCLUDING OFFICERS ARE PROVIDED ANNUALLY WITH THE WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS THE WRITTEN EXPECTATION OF DISCLOSING POSSIBLE CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	l ' '	UPON REQUEST, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE