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DLN: 93493213001142

Form 990

Department of the Treasury

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)

2011

OMB No 1545-0047

ZVII

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

Open to Public
Inspection

			C Name of organization	-2011 and ending 12-31-20	11	D Employer ic	lentification number
	eck if ap Iress cha	ррисавіе	WILD BLUEBERRY ASSOCIATION OF NORTH AMERICA INC			22-34479	
	ne chan	_	Doing Business As			E Telephone r	
	ıal returi					(207)570	-3535
	mınated		Number and street (or P O box if mail is not d PO BOX 100	elivered to street address) Room/	suite	G Gross receipt	s \$ 1,453,688
	ended re olication	eturn pending	City or town, state or country, and ZIP + 4 OLD TOWN, ME 044680100				
			F Name and address of principal offi	cer	H(a) Is th	I is a group retu	rn for
			RAGNAR KAMP PO BOX 128		affilia		⊤Yes 🔽 No
			CHERRYFIELD, ME 04622		H(b) Are al	l affiliates inclu	ded?
					If"N	o," attach a lıs	t (see instructions)
			501(c)(3)	4947(a)(1) or 527	H(c) Grou	ıp exemptıon n	umber ►
					1		
			Corporation Trust Association Other	F	L Year of fo	rmation 1981	M State of legal domicile Mi
Pa	rt I	Summ	<u> </u>				
Governance	т	HE CORE	scribe the organization's mission or mos E MISSION OF THE WILD BLUEBERRY ION AND USE OF WILD LOWBUSH BL	' ASSOCIATION OF NORT			PROMOTE THE
₫	_						
ခ် ဘ	2 0	Check this	s box দ if the organization discontinue	ed its operations or disposed	d of more than 2	5% of its net	assets
	3 N	Number of	voting members of the governing body	(Part VI, line 1a)	-	3	ġ
Activities &	4 N	lumber of	independent voting members of the gov	erning body (Part VI, line 1	b)	. 4	9
5			ber of individuals employed in calendar			5	(
ခု ရ			ber of volunteers (estimate if necessary	•		6	10
			lated business revenue from Part VIII,			7a	(
	В	vet unrera	ited business taxable income from Form	1990-1, line 34	Deia	r Year	Current Year
	8	Contribi	utions and grants (Part VIII, line 1h)		Pilo	901,000	1,001,075
<u>≅</u>	9		n service revenue (Part VIII, line 2g)		•	574,300	446,355
Revenue	10		nent income (Part VIII, column (A), line		11,950	4,717	
ř	11		evenue (Part VIII, column (A), lines 5, 6	·	3,912	1,541	
	12		venue—add lines 8 through 11 (must ed		ne	5,522	
			<u> </u>			1,491,162	1,453,688
	13		and sımılar amounts paıd (Part IX, colur			421,224	371,971
	14		paid to or for members (Part IX, colum				C
Expenses	15	5-10)	, other compensation, employee benefit				C
₹	16a	Professi	ional fundraising fees (Part IX, column (A), line 11e)			С
蓋	Ь		fraising expenses (Part IX, column (D), line 25)				
	17		xpenses (Part IX, column (A), lines 11a			1,477,937	939,345
	18		penses Add lines 13-17 (must equal F			1,899,161	1,311,316
<u>ም</u>	19	Revenue	e less expenses Subtract line 18 from l	ine 12	Beginning	-407,999 g of Current	142,372 End of Year
Net Assets or Fund Balances		_			Y	'ear	
88 88	20		sets (Part X, line 16)			936,352	1,018,661
<u> 5</u> 5	21		ibilities (Part X, line 26)			342,486 593,866	282,423
	22 t III		ets or fund balances Subtract line 21 fr	om me 20	•	393,800	736,238
Unde know	penalt ledge a ledge.	ties of perjand belief,	jury, I declare that I have examined this re it is true, correct, and complete. Declaration		cer) is based on		
			R KAMP PRESIDENT r print name and title				
Paid	ء ليرمير	Preparer's signature	MARK W CHELLIS	Date 2012-07-31	Check if self-employed	Preparer's taxp (see instruction	ayer identification number is)
	arer's Only	ıf self-emp		EIN ▶			
Let .	J1117		nd ZIP + 4 716 UNION ST				
use (audiess, a	716 UNION 51			B	207) 947-4575

Par		ent of Program Service Schedule O contains a respons	Accomplishments se to any question in this Part	III	৮
1	Briefly describe	the organization's mission			
			SSOCIATION OF NORTH AM TARE NATIVE TO NORTH A	ERICA (WBANA) IS TO PROMO MERICA	TE THE REPUTATION
2	the prior Form 9	90 or 990-EZ?	program services during the y	ear which were not listed on	Yes ✓ No
		e these new services on Sche			
3	services?		e significant changes in how it		Yes V No
	If "Yes," describ	e these changes on Schedule	0		
4	expenses Section	on 501(c)(3) and 501(c)(4) or	ganizations and section 4947	three largest program services, at (a)(1) trusts are required to reported each program service reported	
	(Code) (Expenses \$	1,213,885 including grants of \$	371,971) (Revenue \$)
	BLUEBERRIES THA' COMMUNICATIONS TRADE ADVERTISII SCHEDULE O) THE LATE 1990'S KEY AMERICAN DIETET THESE ACTIVITIES MARKET SEGMENT MULTIPLE WILD BL GROCERY SEGMEN SHOW, AND A PRO CONSUMER COMM ON THE CONSUME	T ARE NATIVE TO NORTH AMERICA TO STAND "CONSUMER COMMUNICATION OF TRADE SHOWS, CONSUMER ADVIVED THE ACTIVITIES INCLUDED RELEASE IC ASSOCIATION FOOD & NUTRITION DRIVE CONSUMER INTEREST AND AND THAT USES WILD BLUEBERRIES THIS UEBERRY ADS WERE PLACED IN TRADES TRADE SHOWS ATTENDED INCLUDIUS SHOW TRADE SHOW BOOTH OF UNICATIONS IS A KEY COMPONENT OF RETAILS TO HELP DRIVE DEMAND FOR RETAILS.	THE CORE 2011 WBANA PROMOTION NS" ALL PROMOTION COMPONENTS. ERTISING, INTERNET MARKETING, STERRIES HAS BEEN THE UNDERPINNIS ON THE LATEST BLUEBERRY HEALT I CONFERENCE & EXPO, AND PARTNE WARENESS RELATED TO WILD BLUEBIE TRADE PROMOTION PROGRAM CAR DE PUBLICATIONS COVERING THE BAYDED THE LARGEST FOOD INGREDIEN GRAPHICS, BROCHURES AND OTHER OF WBANA'S WILD BLUEBERRY PROM	IS TO PROMOTE THE REPUTATION AND UPROGRAMS INCLUDED "THE HEALTH STO ARE PART OF AN INTEGRATED PROMOTIC TRATEGIC PARTMERSHIPS, AND PUBLIC RING OF TRADE AND CONSUMER PROMOTIC HEALTH STORM OF TRADE AND CONSUMER PROMOTIC HEALTH STORM OF THE PRODUCE FOR BETTER FRIED OUT IN 2011 INCLUDED ADVERTISING WITH THE PRODUCE PACKAGED GOOD IT/TECHNOLOGY SHOW IN NORTH AMERICATION OVER THE LAST 13 YEARS IT HAS YELL AS OTHER PRODUCTS CONTAINING SITE REFRESHMENTS AND A LARGE INVESTIGATED OF THE PRODUCTS CONTAINING SITE REFRESHMENTS AND A LARGE INVESTIGATED OF THE ALBORY OF THE LAST AND A LARGE INVESTIGATED OF THE PRODUCTS CONTAINING SITE REFRESHMENTS AND A LARGE INVESTIGATED.	RY", "TRADE ON PROGRAM THAT INCLUDES ELATIONS (CONTINUED ON EON PROGRAMS SINCE THE ARTICIPATION IN THE HEALTH FOUNDATION ALL FOCUSED ON THE LARGEST NG AND TRADE SHOWS S, NUTRACEUTICALS, AND ICA, A BAKERY INGREDIENT TO SUPPORT THE SHOWS FOCUSED COMMUNICATION WILD BLUEBERRIES THIS
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	O the = === ====	conucos (December := Cele II	da ())		
4d	(Expenses \$	services (Describe in Schedu includii	ng grants of \$) (Revenue \$)
 4е			1.213.885		,

Part IV	Checklist of	Required	Schedules

			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	1 62	No No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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 for which 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 1	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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
е	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
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 questions 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
С	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 owner? <i>If</i> "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	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		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
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		No
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 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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.

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

Se	ection 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	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	Did the organization have members or stockholders?	6	Yes	110
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		103	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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
	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b	Yes	
Ī	In Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did 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		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
- C-	ection C. Disclosure	16b		
<u>5e</u> 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 made these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

WILD BLUEBERRY COMMISSION

5784 YORK COMPLEX

SUITE 52

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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 org	anızatıon nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee	
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11136)	related organizations	
(1) RAGNAR KAMP PRESIDENT		х		х				0	0	0	
(2) ROY ALLEN TREASURER		х		х				0	0	0	
(3) LINDA LONG SECRETARY		х		х				0	0	0	
(4) KERMIT ALLEN DIRECTOR		х						0	0	0	
(5) GREG BRIDGES DIRECTOR		х						0	0	0	
(6) TODD MERRILL VICE PRESIDE		х						0	0	0	
(7) SANFORD KELLEY DIRECTOR		х						0	0	0	
(8) TODD MERRILL DIRECTOR		х						0	0	0	
(9) BRIAN POWERS DIRECTOR		х						0	0	0	
(10) TOM HUGILL DIRECTOR				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 week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization a related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza		
1b	Sub-Total			<u></u>		•		<u>▶</u>							
	T 1 1 (11 !! 41 . 14)						_	 							
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs) who	receive	d more tha	an				
3	Did the organization list any forr on line 1a? <i>If "Yes," complete Sch</i>									t compens	ated employee		Yes	No	
4	For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able	com	pens	sation	and	other cor			3 4		No	
5	Did any person listed on line 1a services rendered to the organiz									anızatıon (or individual for •	5		No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with				
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper		
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than				

Part V	<u> </u>	Statement of Revenue				
	Τ -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
表表	1a	Federated campaigns 1a	_			
きぎ	ь	Membership dues 1b 1,075				
يرق	l c	Fundraising events 1c	-			
±ts La	d	Related organizations 1d	-			
_ਜ਼ੁਰ			-			
经 进	e		_[
율	f	All other contributions, gifts, grants, and similar amounts not included above	_			
ē€	g	Noncash contributions included in				
≢ੁੱ		lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	1,001,075			
		Business Code				
Ę	2a	WILD BLUEBERRY ASSOCIATION	371,343	371,343		
e.				·		
盎	b	FOOD EXPORT NE	75,012	75,012		
<u> </u>	C					
Ž.	d					
٦. د	e					
Ē	f	All other program service revenue				
Program Serwce Revenue						
	g	Total. Add lines 2a-2f	446,355			
	3	Investment income (including dividends, interest	4,717			4,717
		and other similar amounts)	4,717			4,717
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(I) Real (II) Personal	_			
	6a	Gross rents	-			
	b	Less rental expenses				
	c	Rental income	7			
	d	or (loss) Net rental income or (loss)	-			
	"	(i) Securities (ii) Other				
	7a	Gross amount	-			
	-	from sales of assets other				
		than inventory				
	b	Less cost or other basis and				
		sales expenses	_			
	С	Gain or (loss)	_			
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
E E		events (not including				
듄		of contributions reported on line 1c)				
ě		See Part IV, line 18				
Other Revenue		a	_			
Ŧ	ь	Less direct expenses b	_			
Ö	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	.	a	-			
	b	Less direct expenses b	-			
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
	c	Net income or (loss) from sales of inventory	1			
		Miscellaneous Revenue Business Code				
	11a	PROMOTIONAL ITEMS	914			914
	ь	UNCATEGORIZED INCOME	627			627
		THEAT EGORIZED INCOPIL				
	ر د	All other revenue				
	d	All other revenue				
	e	Total. Add lines 11a−11d	1,541			
	12	Total revenue. See Instructions				
	**	rotal levelue. See Thistructions	1,453,688	446,355		6,258

3

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18

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20 21

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organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United 371,971 371,971 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Fees for services (non-employees) 11 Management 1,137 1,137 Legal Accounting 6,410 6,410 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other Advertising and promotion . . . Office expenses 1,028 1,028 13 Information technology Royalties . . 16 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 5,042 5,042 Payments to affiliates 22 Depreciation, depletion, and amortization 1,100 1,100 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) AGENCY SERVICES 251,838 251,838 MARKETING-CONSUMER RETAIL 173,642 173,642 RESEARCH 153,726 153,726 MARKETING-TRADE INGREDIEN 119,761 119,761 d е f All other expenses 225,661 142,947 82,714 25 Total functional expenses. Add lines 1 through 24f 1,311,316 1,213,885 97,431 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Pa	irt X	Balance Sheet				
			ı	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		540,904	2	724,917
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		395,448	4	288,249
	5	Receivables from current and former officers, directors, trustees, key employees Complete Part II of	oyees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 495 persons described in section 4958(c)(3)(B) Complete Part II of	3 (f)(1)) and			
w		Schedule L			6	
Assets	7	Notes and loans receivable, net	· L		7	
8	8	Inventories for sale or use			8	
q.	9	Prepaid expenses and deferred charges			9	5,495
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D				
	ь	Less accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities	. L		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)		936,352	16	1,018,661
	17	Accounts payable and accrued expenses .		342,486	17	282,423
	18	Grants payable	Γ		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
o.	21	Escrow or custodial account liability			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
æ		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 (including federal income tax, payables to related third par and other liabilities not included on lines 17-24) Complete Part X of Scheod D			25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	342,486	26	282,423
es —		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 2 through 29, and lines 33 and 34.	7	,		· · · · · · · · · · · · · · · · · · ·
Š	27	Unrestricted net assets		593,866	27	736,238
<u>8</u>	28	Temporarily restricted net assets	<u> </u>		28	
<u> </u>	29	Permanently restricted net assets	-		29	
Fund Balance		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
ō	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund	_		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds	·		32	
	33	Total net assets or fund balances	-	593,866	33	736,238
¥	34	Total liabilities and net assets/fund balances	 	936 352		1 018 661

Par	Reconciliation of Net Assets 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	153,68
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	311,31
3	Revenue less expenses Subtract line 2 from line 1	3			L42,37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	593,86
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		7	736,23
Pai	rt XII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	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 in a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493213001142

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	TH AMERICA INC						22-3	34479	86		
Pa	t I Organizations Maintaining Donor A			Oth	er Simi	lar Fu	ınds	or Ac	count	s. Comple	te if the
	organization answered "Yes" to Form 99	(a) Dono		VISE	d funds	1		'b) Fur	nds and	other accou	ınts
	Total number at end of year	(4)						<u> </u>		011101 00000	
	Aggregate contributions to (during year)										
	Aggregate grants from (during year)										
	Aggregate value at end of year										
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the						or advi	sed		┌ Yes	√ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			_	-		,		ose	┌ Yes	ע No
ar	t II Conservation Easements. Complete	ıf the organizat	tion	ans	wered "	Yes" to	Forn	า 990	, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure)	Γ	ı q ı q	eservatio eservatio	n of a c	ertified	d histo	oric stru	•	a
	easement on the last day of the tax year	illed collservation	i con	ונווט	ution in th	re 1011111 F	or a co				
	Total number of conservation easements						2-	He	ld at th	e End of the	Year
)	Total acreage restricted by conservation easements						2a 2b				
,	- · · · · · · · · · · · · · · · · · · ·		cluda	ed i	n (a)	-					
	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d										
	Number of conservation easements modified, transfer the taxable year -	erred, released, ex	xtıng	uısh	ned, or ter	minate	d by th	ie orga	inizatior	n during	
	Number of states where property subject to conserve	atıon easement ıs	loca	ated	-						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		nıtorı	ıng,	ınspectio	n, hand	ling of	vıolat	ions, an	rid	√ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforc	cing	con	servation	easem	ents di	urıng t	he year	▶	
	Amount of expenses incurred in monitoring, inspectives	ng, and enforcing	cons	serv	ation eas	ements	during	g the y	ear		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy	the the	req	uırements	ofsec	tion			┌ Yes	√ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the									
Ti	Organizations Maintaining Collection Complete if the organization answered						or Otl	ner S	imilar	Assets.	
l	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	5 116, not to repo I for public exhibit	rt in	ıts edu	revenue st cation or i	tateme researc	h ın fu				e,
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition,									
	(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, hist following amounts required to be reported under SFA					sets fo	r finan				
1	Revenues included in Form 990, Part VIII, line 1							Þ	- \$		

Assets included in Form 990, Part X

Par	t∎≢≢ Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	<u>easur</u>	es, or C	ther	· Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing	that are	a significa	ant us	se of its c	ollectio	n	
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	ams				
b	Scholarly research		e	Γ	Other	r						
C	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	/ furthe	er the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ	Yes	✓ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribu	itions or	other ass	ets n	ot	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			Amo	unt	
c	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217				L			Г	Yes	✓ No
b										,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV. line	10.		
		(a)Current Year		Prior `			Years Back		hree Years		e)Four Y	ears Back
1 a	Beginning of year balance							<u> </u>				
b	Contributions							<u> </u>				
С	Investment earnings or losses											
d	Grants or scholarships							<u> </u>				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	re hel	d and ad	mınıstere	d for t	the			
	organization by (i) unrelated organizations									3a(i)	Yes	No No
	(ii) related organizations							•		3a(ii)		No
ь	If "Yes" to 3a(ii), are the related organization							٠. ٠		3b		No
4	Describe in Part XIV the intended uses of th											<u> </u>
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line :	10.						
	Description of property					or other estment)	(b)Cost or basis (ot			umulated ciation	(d) B	ook value
1a	Land											
	Buildings		•									
C	Leasehold improvements											
	Equipment											
	Other											
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)), line	10(c).)				▶			

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(5)255 Turus	Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1 2	
Part VIII Investments—Program Related. See	Porm 990, Part X, line		J - 6
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation f-year market value
	-	Cost or end-or	-year market value
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	•		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. Otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 2	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (7.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 2	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value

 Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 	1	1,453,688
- Total expenses (Form 936), are 24, estamlic (F), mile 26,		
3 Excess or (deficit) for the year Subtract line 2 from line 1	2	1,311,316
- Likess of (deficit) for the year Subtract fine 2 from fine 1	3	142,372
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	142,372
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1 Total revenue, gains, and other support per audited financial statements	1	1,453,688
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,453,688
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,453,688
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
Total expenses and losses per audited financial statements	1	1,311,316
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses	1	
d Other (Describe in Part XIV)]	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,311,316
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b Other (Describe in Part XIV)]	
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	1,311,316
Part XIV Supplemental Information		

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493213001142

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organi	zatıon
WILD BLUEBERRY	ASSOCIATION OF
NORTH AMERICA	INC

Employer identification number

	D BLUEBERRY ASSOCIATION RTH AMERICA INC	OF				22-3447986		
		on on Activiti	ies Outside t	he United States. C	omplete		ation answe	red
	"Yes" to Form 990, P	art IV, line 14b).					
1	For grantmakers. Does the assistance, the grantees' e the grants or assistance? .	ligibility for the	grants or assi	stance, and the select	ion crite	rıa used to awaı	rd	
2	For grantmakers. Describe in F United States	Part V the organia	zatıon's procedu	res for monitoring the us	e of grant	funds outside the	e	
3	Activites per Region (Use Par	t V ıf addıtıonal s	pace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Tota expenditure region/inves in regio	es for tments
	CANADA			PRO GRAM	PRO MO	TION		371,97
	ASIA			PRO GRAM	PRO MO	TION		87,80
	MIDDLE EAST			PRO GRA M	PRO MO	TION		20,84
2-	Sub-total							480 61

b Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

480,614

Pa	Part IV,	line 15, for any	sistance to Orga y recipient who rec space is needed.	nizations or Entitice eived more than \$5,	es Outside the Un 000. Check this box	lited States. Composit of no one recipient	plete if the organiza received more thai	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	371,971	WIRE TRANSFER			
2	Enter total nu tax-exempt b	mber of recipions the IRS, or f	ent organizations li or which the grante	sted above that are i	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as . •	
3	Enter total nu	mber of other	organizations or er	ntities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (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? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	Γ	Yes	Γ	No
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	No
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	Γ	No
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	No
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)	Γ	Yes	Γ	No
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	No

Schedule F (Form 990) 2011

information. I dentifier	ReturnReference	Explanation
Identinei	Returniverence	CANADA 371,971 0 ASIA 87,801 0 MIDDLE EAST 20,842 0
ADDITIONAL INFORMATION	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
	1	1

DLN: 93493213001142

SCHEDULE O . .

(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

Open to Public Inspection

Name of the organization WILD BLUEBERRY ASSOCIATION OF NORTH AMERICA INC

Employer identification number

22-3447986

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	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 2011 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 13 YEARS IT HAS FOCUSED COMMUNICATION ON THE CONSUMER TO HELP DRIVE DEWAND 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
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	YES, THE ORGANIZATION HAS MEMBERS
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS PROVIDED TO THE ASSOCIATION OFFICERS FOR REVIEW PRIOR TO FILING
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
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	OFFSHORE PROMOTIONS 108,643 ADMINISTRATIVE SERVICES 82,714 MARKETING-HEALTH STORY 34,304

Additional Data

Software ID: Software Version:

EIN: 22-3447986

Name: WILD BLUEBERRY ASSOCIATION OF

NORTH AMERICA INC

Form 990, Special Condition Description:

Special Condition Description