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Form 990

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 05/01, 2008, and ending 04/30, 2009

Form header section containing organization name (MADISON ICE INC.), address (2 E MIFFLIN STREET, MADISON, WI 53703), principal officer (DAN O'CONNELL), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance details, and financial data for 2008 and 2007.

Part II Signature Block

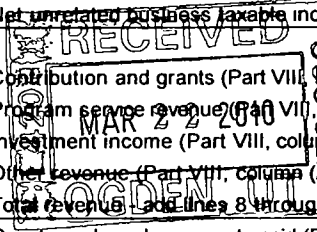
Signature block containing the signature of Daniel J. O'Connell, President, dated 3/14/10.

Preparer information section including Douglas K. Berry, CPA, SVA CERTIFIED PUBLIC ACCOUNTANTS, dated 3/12/2010.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 718,531. including grants of \$ 593,431.) (Revenue \$)

TO PROVIDE ICE SKATING FACILITIES TO INDIVIDUALS AND ORGANIZATIONS WHO PROVIDE ICE SKATING ACTIVITIES.

4b (Code) (Expenses \$ 56,769. including grants of \$ 120,624.) (Revenue \$)

TO PROVIDE EDUCATIONAL ICE SKATING PROGRAMS FOR YOUTH AND ADULTS WITH DISABILITIES, ADULT HOCKEY LEAGUES AND TO CONTINUE BUILDING ON CURRENT ICE SKATING PROGRAMS.

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 775,300. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 27 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1a NONE
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. 1b NONE
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X
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. 2a 55
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X
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, securities account, or other financial account)? 4a X
b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c
6a Did the organization solicit any contributions that were not tax deductible? 6a X
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).
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a X
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 file Form 8282? 7c X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.
a Did the organization make any taxable distributions under section 4966? 9a X
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X
10 Section 501(c)(7) organizations. Enter:
a 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. 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders. 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
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

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

608-663-6390

Part VII 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 Use Schedule J-2 if additional space is needed.

- 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 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE CRAY BOARD MEMBER	1.	X					NONE	NONE	NONE	
DR. MITCH WOLFF BOARD MEMBER	1.	X					NONE	NONE	NONE	
VIC LEVINE BOARD MEMBER	1.	X					NONE	NONE	NONE	
JEFF SAUER BOARD MEMBER	2.	X					NONE	NONE	NONE	
JEFF SPITZER-RESNICK BOARD MEMBER	1.	X					NONE	NONE	NONE	
JERRY KENNEDY BOARD MEMBER	1.	X					NONE	NONE	NONE	
DAN O'CONNELL PRESIDENT	8.			X			NONE	NONE	NONE	
GREG COLLINS SECRETARY	1.			X			NONE	NONE	NONE	
JIM WARTINBEE TREASURER	4.			X			NONE	NONE	NONE	
KARLA HAMMER CARPENTER VICE-PRESIDENT	1.			X			NONE	NONE	NONE	

Part VIII Statement of Revenue

20-0831947

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	121,320.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			121,320.			
Program Service Revenue	Business Code						
	2a ICE FEES	713990	593,431.	593,431.			
	b ICE SKATING PROGRAMMING	713990	120,624.	120,624.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			714,055.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STMT 2. ▶	460.			460.	
	4 Income from investment of tax-exempt bond proceeds		NONE				
	5 Royalties		NONE				
	6a Gross Rents	(i) Real	7,000.				
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)		7,000.				
	d Net rental income or (loss)			7,000.		7,000.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			NONE				
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			NONE				
10a Gross sales of inventory, less returns and allowances	a	75,353.					
	b Less cost of goods sold	b	64,231.				
	c Net income or (loss) from sales of inventory.	STMT 5. ▶		11,122.			
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS INCOME		900099	3,222.	3,222.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			3,222.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			857,179.	717,277.		7,460.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	1,500.	1,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	241,330.	241,330.		
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	12,000.	12,000.		
10 Payroll taxes	19,646.	19,646.		
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	1,703.			1,703.
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	384.		384.	
13 Office expenses	97,610.	88,175.	9,435.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	214,617.	214,617.		
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	91,020.	51,086.	39,934.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	86,436.	86,436.		
23 Insurance	32,106.	32,106.		
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>BAD DEBT EXPENSE</u>	8,397.	8,397.		
b <u>ADULT HOCKEY LEAGUE</u>	10,147.	10,147.		
c <u>SALES TAX</u>	3,848.	3,848.		
d <u>ADMINISTRATIVE & OTHER EXP</u>	5,989.		5,989.	
e <u>PROGRAM COACHING EXPENSE</u>	6,012.	6,012.		
f All other expenses	860.		860.	
25 Total functional expenses. Add lines 1 through 24f	833,605.	775,300.	56,602.	1,703.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,462.	1	962.
	2	Savings and temporary cash investments	34,311.	2	4,749.
	3	Pledges and grants receivable, net	206,711.	3	99,071.
	4	Accounts receivable, net	87,857.	4	51,412.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges STMT. 6	285.	9	NONE
	10a	Land, buildings, and equipment: cost basis 10a	2,584,230.		
	b	Less: accumulated depreciation Complete Part VI of Schedule D 10b	266,178.		
			1,889,199.	10c	2,318,052.
	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	6,440.	15	NONE	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,226,265.	16	2,474,246.	
Liabilities	17	Accounts payable and accrued expenses	50,054.	17	125,548.
	18	Grants payable		18	
	19	Deferred revenue STMT. 7	2,450.	19	7,010.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT. 8	1,550,922.	23	1,427,657.
	24	Unsecured notes and loans payable	NONE	24	200,000.
	25	Other liabilities Complete Part X of Schedule D	NONE	25	67,618.
	26	Total liabilities. Add lines 17 through 25	1,603,426.	26	1,827,833.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	622,839.	27	646,413.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	622,839.	33	646,413.	
34	Total liabilities and net assets/fund balances	2,226,265.	34	2,474,246.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,200.	9,894.	15,966.	374,186.	121,320.	522,566.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	1,200.	9,894.	15,966.	374,186.	121,320.	522,566.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						522,566.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,200.	9,894.	15,966.	374,186.	121,320.	522,566.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284.	3,282.	7,668.	5,573.	460.	17,267.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						539,833.
12 Gross receipts from related activities, etc. (See instructions.)					12	3,299,884.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.80 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	70.66 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 15 Public support percentage for 2008; 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 17 Investment income percentage for 2008; 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization MADISON ICE INC.

Employer identification number

C/O DAN O'CONNELL

20-0831947

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d, 3-9 various questions and data entry fields.

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.

Form for Part III with sections 1a, 1b, 2, a, b for reporting on art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 2,253,753.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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)	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	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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)	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	

Part XIV Supplemental Information

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

MADISON ICE INC.

Employer identification number

20-0831947

C/O DAN O'CONNELL

FORM 990 PART VI SECTION A LINE 8B

COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES

Name of the organization MADISON ICE INC.

Employer identification number

C/O DAN O'CONNELL

20-0831947

FORM 990 PART V SECTION A LINE 10B

PROCESS ORGANIZATION USES TO REVIEW THE FORM 990

THE FORM 990 IS REVIEWED BY THE PRESIDENT AND TREASURER AND PROVIDED TO

THE DIRECTORS.

Name of the organization MADISON ICE INC.

Employer identification number

C/O DAN O'CONNELL

20-0831947

FORM 990 PART VI SECTION C LINE 19

INFORMATION AVAILABLE TO THE PUBLIC

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ICE INC.
C/O DAN O'CONNELL

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2008

Open to Public
Inspection

Employer identification number
20-0831947

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MADISON ICE HARTMEYER LLC 2 E MIFFLIN STREET MADISON, WI 53703	ICE RINK	WI	245,644.		N/A
MADISON ICE MIA LLC 2 E MIFFLIN STREET MADISON, WI 53703	ICE RINK	WI	494,922.		N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with columns: Transaction description (1a-1r), Yes/No, and Amount involved (1g-1r). Rows include receipt of interest, gift, loan, sale of assets, purchase of assets, exchange of assets, lease of facilities, etc.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with columns: (A) Name of other organization(s), (B) Transaction type (e-r), and (C) Amount involved. Rows 1-6.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

MADISON ICE INC IS COMMITTED TO PROVIDING QUALITY SKATING FACILITIES AND PROGRAMS TO YOUTH AND ADULT HOCKEY ORGANIZATIONS, FIGURE SKATING CLUBS, HIGH SCHOOL TEAMS AND THE MADISON AREA COMMUNITY. OUR GOAL IS TO EXPAND INTEREST IN ICE SKATING ACTIVITIES IN THE MADISON AREA THROUGH LEARN-TO-SKATE PROGRAMS, FINANCIAL ASSISTANCE FOR UNDERPRIVILEGED CHILDREN, SKATING PROGRAMS FOR YOUTH AND ADULTS WITH DISABILITIES AND TO CONTINUE BUILDING ON CURRENT ICE SKATING PROGRAMS.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	460.			460.
TOTALS	460.			460.

RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
PRO SHOP RENT	7,000.			7,000.
	-----	-----	-----	-----
TOTALS	7,000.			7,000.
	=====	=====	=====	=====

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

=====

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
CONCESSIONS	75,353.		50,326.	10,405.	3,500.		64,231.
TOTALS	75,353.		50,326.	10,405.	3,500.		64,231.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSES	285.	NONE
TOTALS	285.	NONE
	=====	=====

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED CONTRACT REVENUE	2,450.	7,010.
TOTALS	2,450.	7,010.

=====

=====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
 =====

LENDER: CITY OF MADISON/LAND CONTRACT-MIA
 ORIGINAL AMOUNT: 550,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 07/30/2004
 MATURITY DATE: 01/30/2014
 REPAYMENT TERMS: SEMIANNUAL PMTS OF \$21,910 BEG 1/30/2005
 SECURITY PROVIDED: FIRST MORTGAGE ON MIA FACILITY
 PURPOSE OF LOAN: ACQUISITION OF MIA FACILITY

BEGINNING BALANCE DUE	484,073.
ENDING BALANCE DUE	464,212.

LENDER: CITY OF MADISON/LAND CONTRACT-HIA
 ORIGINAL AMOUNT: 550,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 07/30/2004
 MATURITY DATE: 01/30/2014
 REPAYMENT TERMS: SEMIANNUAL PMTS OF \$21,910 BEG 1/30/2005
 SECURITY PROVIDED: FIRST MORTGAGE ON HIA FACILITY
 PURPOSE OF LOAN: ACQUISITION OF HIA FACILITY

BEGINNING BALANCE DUE	484,073.
ENDING BALANCE DUE	464,211.

LENDER: CITY OF MADISON LOAN
 ORIGINAL AMOUNT: 100,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 07/30/2004
 MATURITY DATE: 07/30/2014
 REPAYMENT TERMS: SEMIANNUAL P&I PAYMENTS
 SECURITY PROVIDED: MIA AND HIA FACILITIES
 PURPOSE OF LOAN: CAPITAL IMPROVEMENTS/REPAIRS TO MIA/HIA FACILITIES
 DESCRIPTION AND FMV OF CONSIDERATION: UP TO \$100,000 MAY BE DRAWN AS PROVIDED IN THE LOAN AGREEMENT

BEGINNING BALANCE DUE	77,806.
ENDING BALANCE DUE	68,806.

LENDER: ZAMBONI LOAN - FIRST BUSINESS BANK
 ORIGINAL AMOUNT: 96,000.
 INTEREST RATE: 7.650000
 DATE OF NOTE: 01/03/2007
 MATURITY DATE: 01/03/2012
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$1,150 BEGINNING 02/03/2007
 SECURITY PROVIDED: ZAMBONI ICE RESURFACER
 PURPOSE OF LOAN: TO FINANCE ACQUISITION OF ZAMBONI ICE RESURFACER

BEGINNING BALANCE DUE	87,681.
ENDING BALANCE DUE	80,428.

LENDER: LOCKER ROOM LOAN - FIRST BUSINESS BANK
 ORIGINAL AMOUNT: 417,289.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 11/30/2008
 MATURITY DATE: 02/28/2010
 REPAYMENT TERMS: MONTHLY PAYMENTS OF INTEREST BEGINNING 12/31/08;
 SECURITY PROVIDED: GUARANTY BY DANIEL O'CONNELL OF MADISON ICE MIA
 PURPOSE OF LOAN: LLC

BEGINNING BALANCE DUE	417,289.
ENDING BALANCE DUE	350,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,550,922.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,427,657.
	=====

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization MADISON ICE INC.	Employer Identification number 20-0831947
	§ GREGORY C. COLLINS	For IRS use only
	Number, street, and room or suite no. If a P.O. box, see instructions. 2 E MIFFLIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53703	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **BECKY MARGENAU**
Telephone No. **608 663-6390** FAX No **608 663-6399**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 03/15/2010
- 5 For calendar year _____ , or other tax year beginning 05/01/2008 , and ending 04/30/2009
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

TAXPAYER HAS BEEN UNABLE TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Gregory C. Collins* Title CPA Date 12/19/2009

SVA CERTIFIED PUBLIC ACCOUNTANTS
1221 JOHN Q. HAMMONS DRIVE
MADISON, WI 53717

Form 8868 (Rev. 4-2009)