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Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 03-01-2009, and ending 02-28-2010**

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

**C Name of organization**  
MADISON PACKER BACKERS INC  
**Number and street (or P O box, if mail is not delivered to street address) Room/suite**  
PO BOX 2693  
**City or town, state or country, and ZIP + 4**  
MADISON, WI 53701

**D Employer identification number**  
23-7420056  
**E Telephone number**  
(608) 271-0738  
**F Group Exemption Number**

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**  
**G Accounting method**  Cash  Accrual  
Other (specify):

**I Website:** www.madisonpackerbackers.net  
**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one)  501(c)(7) (insert no)  4947(a)(1) or  527  
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** \$ 112,735

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>
<b>3</b> Membership dues and assessments	<b>3</b> 111,392
<b>4</b> Investment income	<b>4</b> 1,343
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b> 0
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b> 0
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b> 0
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b> 0
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>
<b>b</b> Less cost of goods sold	<b>7b</b> 0
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>
<b>8</b> Other revenue (describe)	<b>8</b>
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b> 112,735

Expenses	
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b> 2,500
<b>11</b> Benefits paid to or for members	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>
<b>16</b> Other expenses (describe)	<b>16</b> 101,549
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b> 104,049

Net Assets	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> 8,686
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b> 93,226
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b> 101,912

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	93,226	<b>22</b> 101,912
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe)		<b>24</b>
<b>25 Total assets</b>	93,226	<b>25</b> 101,912
<b>26 Total liabilities</b> (describe)		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	93,226	<b>27</b> 101,912

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? Pleasure, recreation and social activities surrounding Green Bay Packers Football activities			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> Contribution was made to Rawhide (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	2,500
<b>29</b>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . <input type="checkbox"/>		<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances



**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \*\*\*\*\* Date: 2010-06-22

JON WANGEN Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Dean Wuttke EA Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Badgerland Financial ACA, 1705 Hwy 14 West Box 1330, Janesville, WI 535471330

Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: (608) 754-0291

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Additional Data****Software ID:****Software Version:****EIN:** 23-7420056**Name:** MADISON PACKER BACKERS INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
DAWN KUBLY N4161 COUNTY ROAD A CAMBRIDGE, WI 53523	Director 1 00	0		
BARB JOHNSON 4520 CAMDEN ROAD MADISON, WI 53716	Secretary 3 00	0		
LINDA MONTOYA 1108 HEMLOCK DRIVE VERONA, WI 53593	Secretary 3 00	0		
BILL MEUDT 5574 CHERYL DRIVE FITCHBURG, WI 53711	Director 1 00	0		
NICK RYAN 21 SARAHS GROVE LANE SCHAMBURG, IL 60193	Director 2 00	0		
CHERYL CUMMINGS 2601 DUNWOODY DRIVE MADISON, WI 53713	Director 10 00	0		
MARK WILD 3510 COUNTRY GROVE DRIVE MADISON, WI 53719	Vice President 2 00	0		
RILA BELLE LEIGH 2802 DUNWOODY RD MADISON, WI 53713	President 15 00	0		
WENDY MORAN 5306 STARKER AVE MADISON, WI 53716	Director 2 00	0		
JULIE CUMMINGS 2601 DUNWOODY DRIVE MADISON, WI 53713	Director 1 00	0		
JON WANGEN 4253 POLARIS JANESVILLE, WI 53545	Treasurer 2 00	0		

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** MADISON PACKER BACKERS INC

**EIN:** 23-7420056

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	RAWHIDE INC
<b>Donee's Address</b>	E7475 RAWHIDE ROAD NEW LONDON, WI 54961
<b>Amount (FMV)</b>	2,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2009 Other Expenses Schedule****Name:** MADISON PACKER BACKERS INC**EIN:** 23-7420056**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Description</b>	<b>Amount</b>
Office Expenses	5,696
INSURANCE	299
Conferences, Conventions, and Meetings	95,554