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		neck if poweabl	C Name of	f organization	7					,.,	D Employe	r identific	ation n	umber	
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2022	es							Part V, line 2a)	i 25	MAR	0: 8 ::2021	1 m			$\frac{0}{7}$
20	Activities		Total number of		•				a			S 6 7a			0.
63	A S		Total unrelated			•			ļ }- -	ÓGF	CNI LIT	75 7b			0.
87	-		Net unrelated	otismess tax	able lucou	e irom Pon	is SSU-1, line	39	1111300	الحاليان	Prior Yea			urrent Year	<u>··</u>
SCANNED MAR	- 1	8	Contributions	and arante (i	Part VIII lin	e 1t)				F	Frior rea	0.		ment real	0.
≩	3		Program service						•	******	1,363,		1	,224,26	
	Revenue		-									0.			0.
Ш	Œ							and 11e}		~ -	170.	930.		87,49	91.
2											1,534		1	,311,7	
3			Grants and sin									0.			0.
-		14	Benefits paid t	lo ar for men	ibers (Part	iX, column	(A), line 4)			· [0.			٥.
8	tò.		· ·		-		-	umn (A), lines 5	-10}		403,	182.		398,5	58.
9,5	nses							* * * * * * * * * * * * * * * * * * * *		[0.			0.
	왔		Total fundraisi					•		0.					
	Ä		Other expense							[1,297,	904.	1	,428,00	60.
		18	Total expense:	s. Add lines	13-17 (mus	t equal Par	t IX, column (A). line 25)			1,701,	086.	1	,826,63	18.
		19	Revenue loss o	expenses Si	ubtract line	18 from lin	e 12				-166,	878.		-514,86	61.
	S S S									<u></u>	eginning of Curr		Ē	nd of Year	
	SSOIS OF	20	Total assets (F	Part X, Jine 16	5}	**** ********				. L		660.		733,4	<u>46.</u>
	A. B.	21	Total liabilities	(Part X, line	25)		~ · · ·	4711-14-0014-111-poka411				324.		770,9	<u>71.</u>
	<u> </u>		Net assets or t		s. Subtrac	t line 21 fro	m line 20				477,	336.		-37,52	<u>25.</u>
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Firm's address PO BOX 12237

May the IRS discuss this return with the preparer shown above? (see instructions)

GREEN BAY, WI 54307-2237

LHA For Paperwork Reduction Act Notice, see the separate instructions.

funds name WIPFLI LLP

Prepares

Use Oaly

X Yes No Form 990 (2019)

Firm s EIN > 39-0758449

Phone no 920.662.0016

626

Forn	990 (2019) PACKERS HERITAGE, INC.	45-2895921 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	-
•	TO OPERATE, PROMOTE AND MAINTAIN THE PACKERS HALL OF FAM	ME MUSEUM AND
	PACKERS HERITAGE TRAIL.	
	FACKBRU HERTIAGU TRATU.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Tes [A] NO
_	If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported	
4a		
	PACKERS HERITAGE INC. CELEBRATES THE HISTORY OF THE GREE	
	BY EDUCATING THE PUBLIC AND PRESERVING THE ORGANIZATION'	
	OVERSEES THE PACKERS HALL OF FAME MUSEUM IN THE LAMBEAU	
	WELL AS THE PACKERS HERITAGE TRAIL, A WALKING TRAIL IN G	
	TELLS THE HISTORY OF THE TEAM WITH STATUES, PLAQUES ON H	
	BUILDINGS AND MEMORIAL BRICKS. PACKERS HERITAGE INC. WE	
	THAN 100,000 VISITORS TO THE MUSEUM IN 2019 AND BEGAN FU	TURE PLANS FOR
	A TROLLEY TOUR OF THE PACKERS HERITAGE TRAIL.	
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue S
_		,
		
		·
		· - · - · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$) (Rever	tue \$)
4 :	Otto	
4d	Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,577,004.	- 000
		Form 990 (2019)

Page 3

PACKERS HERITAGE, INC. 45-2895921 Form 990 (2019) 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)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D. Parts XI and XII 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 and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х

932003 01-20-20

X

X

Form 990 (2019)

19

20a

20b

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II

PACKERS HERITAGE, INC.
Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	osh		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	!	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ŀ	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
27	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	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		UU		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990 (2019)

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form 990 (2019)

12a

13a

14a

14b

15

16

13b

13c

X

Form 990 (2019) PACKERS HERITAGE, INC. 45-2895921 Pag
Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

_	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	,		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3	X	i
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
/ a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D		7b		х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	- 15		
8		8a	$\overline{\mathbf{x}}$	
a	The governing body?		X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		х
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		¥	
		10-	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?	10a		_
b	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	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		 -	لنــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	onlv)	availa	ble
.5	for public inspection. Indicate how you made these available. Check all that apply	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nal	
19		in idi i(, al	
00	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SCOTT MURPHY - 920-569-7342			
	1265 LOMBARDI AVENUE, GREEN BAY, WI 54304		25.5	
93200	3 01-20-20	Form	990	(2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

X Check this box if neither the organization	organization compensate					sat	ed any current officer, d	rector, or trustee	<u> </u>		
(A)	(B)		(C) Position			_		(D)	(E)	(F)	
Name and title	Average	(da	not c	heck	more	than o	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	ап	compensation	compensation	amount of	
	week	-					122,	from the	from related organizations	other compensation	
	(list any hours for	direct		l		Ļ		organization	(W-2/1099-MISC)	from the	
	related	10 98	stee			nsate		(W-2/1099-MISC)	(44-27 1033-141130)	organization	
	organizations	Individual trustee or director	Institutional trustee		oyee	omp				and related	
	below	ndual	tetto	ĕ	Key employee	nest c	賣			organizations	
	line)	亨	퍌	Officer	Key	Highest compensated employee	Former				
(1) CRAIG BENZEL	5.00	١	1	l	l	l	İ				
PRESIDENT		X	L	X	_	_	_	0.	0.	0.	
(2) NICOLE LEDVINA	5.00	ļ		l							
VICE PRESIDENT		X	L	Х	_		<u> </u>	0.	0.	0.	
(3) DON SIPES	5.00	١		i						_	
SECRETARY		X		X	ļ		L.	0.	0.	0.	
(4) SCOTT MURPHY	5.00	١		 						•	
TREASURER	1 00	X	_	Х	<u> </u>	_	ļ	0.	0.	0.	
(5) TOM KONOP	1.00	١					l			•	
BOARD MEMBER	1 00	X	<u> </u>	-	_		┡	0.	0.	0.	
(6) JENNIFER ARK	1.00	١.,				ĺ				_	
BOARD MEMBER	1 00	X	<u> </u>		 	H	_	0.	0.	0.	
(7) AARON POPKEY	1.00	١.,	i			Ì			,	0	
BOARD MEMBER		X	-	-			_	0.	0.	0.	
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Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l H i	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average	(do		Pos		ነ than c	one	Reportable	Reportable		Estimat	
	hours per	box	, unle	ss pe	rson I	s both	an	compensation	compensatio		amount	
	week (list any	\vdash	T	Ī	T	1	,	from	from related		other	
	hours for	Indiwdual trustee or director		l		_		the organization	organization (W-2/1099-MIS		compens from th	
	related	5 9	stee			satec		(W-2/1099-MISC)	(** 27 1000 11110	<i>'</i> -',	organiza	
	organizations	truste	Institutional trustee		a,	Highest compensated employee		(and rela	
	below	ndual	tuthou	<u>=</u>	Key employee	est co	ner				organızat	ions
	line)	Ē	Inst	Officer	ě	Righ	Former					
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1b Subtotal		Ь		<u> </u>	l	<u> </u>		0.		0.		0.
c Total from continuation sheets to Part VI	L Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)	.,						•	0.		0.		0.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable	,		
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	loye	e, or	hıg	hest compensated empt	oyee on			
line 1a? If "Yes," complete Schedule J for s											3	Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			ا ـــا
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services			- -
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on_		· · · · · · · · · · · · · · · · · · ·			5	Х
Section B. Independent Contractors 1 Complete this table for your five highest co	managet ad und	lono	ndo	at ac	ntr			ast recovered more than \$	100 000 of com		tion from	
1 Complete this table for your five highest co the organization Report compensation for										Ciisai	uon nom	
(A)	ine calendar ye	<u> </u>		19 11	1011	, ,,,,	Ï	(B)	<u>Jui</u>		(C)	
Name and business	address	NO	NE	3			Ì	Description of s	ervices	С	ompensation	n
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200000000												
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to		-	ted	above) who received mo	ore than			,
\$100,000 of compensation from the organi	zation				(<u> </u>					- 000	40000
											Form 990	(2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Related or exempt Unrelated Revenue excluded Total revenue from tax under business revenue function revenue sections 512 - 514 Grants mounts 1a 1 a Federated campaigns 1b **b** Membership dues 10 c Fundraising events Gifts, otlar An 1d d Related organizations e Government grants (contributions) All other contributions, giffs, grants, and similar amounts not included above _1g|\$ Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f **Business Code** 561520 224,266.1,224,266. 2 a ADMISSIONS Program Service Revenue f All other program service revenue 224,266. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6,930. 6 a Gross rents 6a 0. 6b b Less rental expenses 930. c Rental income or (loss) 6,930. 6,930 d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses Revenue c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 8b **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Rusiness Code** 11 a KIDS SLEEPOVER 900099 40,370. 40,370. 34,799. 900099 34,799. ONLINE FEES --3,387. 3,387 900099 INSTANT REPLAY PHOTOS 900099 2,005 2,005. All other revenue 80,561. Total. Add lines 11a-11d 6,930. 311,757.1 304,827 0. 12 Total revenue See instructions Form 990 (2019)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A)	
	Check if Schedule O contains a respon		this Part IX	(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				į
	organizations, foreign governments, and foreign				Į.
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				i
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	220 556	126 020	202 020	
	persons described in section 4958(c)(3)(B)	339,756.	136,928.	202,828.	
7	Other salaries and wages				······································
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22 011	1 541	21 270	
9	Other employee benefits	32,811. 25,991.	1,541.	31,270. 15,516.	
10	Payroll taxes	25,991.	10,4/3.	13,510.	
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	67,333.	67,333.		
	column (A) amount, list line 11g expenses on Sch 0)	48,701.	48,701.		
12	Advertising and promotion	3,680.	3,680.		
13	Office expenses	51,055.	51,055.		
14	Information technology	31,0331	<u> </u>		
15	Royalties	995,362.	995,362.		
16	Occupancy	5,475.	5,475.		
17	Travel	3, 473.	3,473.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19	Interest				
20 21	Payments to affiliates				
	Depreciation, depletion, and amortization	39,253.	39,253.		
22 23	Insurance	5,691.	5,691.		
23 24	Other expenses Itemize expenses not covered	3,002.			I
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)	,			
	amount, list line 24e expenses on Schedule 0) EXHIBIT EXPENSE	131,185.	131,185.		<u> </u>
a	TRAIL TOUR	37,670.	37,670.		
b	PROGRAMS	9,906.	9,906.		
C	DUES & SUBSCRIPTIONS	9,391.	9,391.		
d		23,358.	23,358.		
	All other expenses	1,826,618.	1,577,004.	249,614.	0.
25	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,020,010.	2,3,1,004.	27,014.	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here from if following SOP 98-2 (ASC 958-720)				
	11 TOHOWING GOT 80-2 (NGC 850-720)				Form 990 (2019)

932010 01-20-20

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 16,566. 10,479. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 904,235 basis Complete Part VI of Schedule D 10a 753,094. 722,967 10b 181,268, 10c b Less accumulated depreciation 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 769,660. 733,446. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 292,324. 770,971 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 770,971. 292,324. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -37,525. 477,336. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 477,336 -37,525. 32 Total net assets or fund balances 32

733,446. Form **990** (2019)

769,660.

Total liabilities and net assets/fund balances

Forn	1 990 (2019) PACKERS HERITAGE, INC.	45-	2895921	Page 12
Pa	rt,XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,757.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,618.
3	Revenue less expenses Subtract line 2 from line 1	3		,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4//	,336.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			505
- T-	column (B))	10		<u>,525.</u>
Ра	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			res No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)		لــٰــــــــــــــــــــــــــــــــــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			· []
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			· [] []
	Separate basis Consolidated basis Both consolidated and separate basis		المناز	النفسا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche		** *********************************	لندات
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	ıt	
	Act and OMB Circular A-133?		3a	<u>X</u> _
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	, i	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 45-2895921 PACKERS HERITAGE, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(Al)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions)

	edule A (Form 990 or 990-EZ) 2019 P	ACKERS HE	RITAGE, I	NC . Sections 170	(b)(1)(A)(iv) and	45-289	95921 Page/2
ٺ	(Complete only if you checke						
	fails to qualify under the tests				,		° /
Se	ction A. Public Support		·				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2015	(5) 2016	(6) 2017	(u) 2016	(e) 2019	/ (i) iotai
'	Gifts, grants, contributions, and membership fees received (Do not					/	/
	include any "unusual grants")	1		ļ	1		
2	Tax revenues levied for the organ-				 	1	
_	ization's benefit and either paid to			1			
	or expended on its behalf			1			
3	The value of services or facilities			· · · · · · · · · · · · · · · · · · ·		/	
Ū	furnished by a governmental unit to	ĺ	[ĺ	/	,	
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions						
	by each person (other than a	}	ł	ł			
	governmental unit or publicly						
	supported organization) included			/	1		
	on line 1 that exceeds 2% of the			1 /			
	amount shown on line 11,	, .	}		J		
	column (f)		-		ļ		<u> </u>
	Public support. Subtract line 5 from line 4	l		L/			
	ction B. Total Support	1	1 ",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 2017	1 , , , , , , ,		T
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 4		/	<u></u>			
8	Gross income from interest,		/				
	dividends, payments received on		/				
	securities loans, rents, royalties, and income from similar sources		/				
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on		ł				
10	Other income Do not include gain						<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)	_
_	organization, check this box and stor	here					
	ction C. Computation of Publi						
	Public support percentage for 2019 (I		-	olumn (f))		14	%
	Public support percentage from 2018				14 22.1/22/	15	<u>%</u>
168	33 1/3% support test - 2019. If the c	•		n line 13, and line	14 IS 33 1/3% or m	ore, cneck this bo	ox and
	stop here. The organization qualifies	• •	-	ine 13 or 16a and	l line 15 is 33 1/3%	or more check ti	his boy
C	33 1/3% support test - 2018. If the cand stop here. The organization qual				ı mıc ıə is əs 1/3%	or more, check th	
47~	and stop nere. The organization qual 10% -facts-and-circumstances test				e 13 16a or 16b a	nd line 14 is 1004	or more
1/2	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	now the orga	▶ □
J -	10% -facts-and-circumstances test					7a, and line 15 is	
•	phore, and if the organization meets the	-					
/	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization						ns
/							0 or 990-EZ) 2019

Schèdule A (Form 990 or 990-EZ) 2019 PACKERS HERITAGE, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	1			ĺ		
	include any "unusual grants ")	1,739.	10,000.	4,000.			15,739.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1,600.	1659466.	1311757.	2972823.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-	· · · · · · · · · · · · · · · · · · ·					
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ĭ	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,739.	10,000.	5,600.	1659466.	1311757.	2988562.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)				-		2988562.
	ction B. Total Support	<u> </u>	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1,739.	10,000.	5,600.	1659466.	1311757.	2988562.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	257.	152.	103.			512.
b	Unrèlated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	257.	152.	103.			512.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	1,996.	10,152.	5,703.	1659466.	1311757.	2989074.
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						
<u>Sec</u>	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	99.98 %
	Public support percentage from 2018					16	99.97 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	119 (line 10c, colum	nn (f), divided by lin	ne 13, column (f))		17	.02 %
	Investment income percentage from 2					18	.03 <u>%</u>
19a	33 1/3% support tests - 2019. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly si	upported organizat	ion	$\triangleright X$
b	33 1/3% support tests - 2018. If the	organization did no	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						▶□
20	Private foundation. If the organization						▶
3202	3 09-25-19			_	Sche	edule A (Form 990	or 990-EZ) 2019

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation if historic and continuing relationship, explain	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status		ļ	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	l		
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		 	ł
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	[
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ľ		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		١.	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	į		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes."			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			٠.
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
Ū	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	- -	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	_ -		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	[ĺ
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	- '		
٥	, , , , ,	8		
00	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
30	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			•
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
_	· · · · · · · · · · · · · · · · · · ·	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
44 -	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
1Uá	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
Þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990-EZ) 2019 PACKERS HERITAGE, INC.	- 0		45-2895921 Page 6
Pa				Double Continue to a Al
1	Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must contain the content of the content	_		Part VI) See Instructions. A
Sect	ion A - Adjusted Net Income	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	·	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Ì
	instructions for short tax year or assets held for part of year)	. 11		8 mm
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			}
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
 -	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		+
6	Multiply line 5 by 035	6		+
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	18		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

artistiastice 🚡

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019 PACKERS HERITAGE, INC.	45-2895921 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of	r 17b, Part III, line 12,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part	1 and 2, Part IV, Section C,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	onal information
(See instructions)	
SCHEDULE A, PART III	
THE ORGANIZATION CHANGED ACCOUNTING PERIODS IN 2019 TO A MAN	RCH 31
YEAR-END. THEREFORE, A SHORT PERIOD EXISTED FOR THE RETURN	FROM
JANUARY 1, 2019 TO MARCH 31, 2019.	
	<u> </u>
	·
·	
	uci , tere

SCHEDULE D

· (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 45-2895921 PACKERS HERITAGE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Schedule D (Form 990) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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		HERITAGE,			asures or Oth	er S				Page 2	
3	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
3	collection items (check all that apply)										
а	X Public exhibition	d	. I	oan or excl	hange program						
ь	Scholarly research	e		Other	3.3						
c	Preservation for future generations									·- <u>-</u>	
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
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 X No										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
reported an amount on Form 990, Part X, line 21											
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for c	ontributions	or other assets n	ot incli	uded				
	on Form 990, Part X?								Yes	No	
b	If "Yes," explain the arrangement in Part XIII.	and complete the fol	lowing ta	ıble							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f	<u>_</u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial account lia	bility?			」Yes	Щ No	
b	If "Yes," explain the arrangement in Part XIII										
Par	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10										
		(a) Current year	(b) Pr	nor year	(c) Two years back	<u>(d)</u>	Three	years back			
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships								<u> </u>		
е	Other expenditures for facilities					-			ŀ		
	and programs					+	-				
	Administrative expenses					+					
g	End of year balance				\				L		
2	Provide the estimated percentage of the curr	rent year end balance		, column (a)) neid as						
а	Board designated or quasi-endowment		_%								
Ь	Permanent endowment	%									
С		% 									
_	The percentages on lines 2a, 2b, and 2c sho			ara bald an	d administrated for	· +ha a	-000:3	ation			
3a	Are there endowment funds not in the posse	ssion of the organiza	illon linat	are nelu an	iu auministereu ioi	ine o	ı yaı ıızı	ation	F.	Yes No	
	by								3a(ı)	165 140	
	(i) Unrelated organizations (ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	atione lieted as requir	ed on Sc	hedule R2					3b		
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·							_ <u>UU </u>		
	t VI Land, Buildings, and Equipm		WITHCHTE TO	1100	· · · · · · · · · · · · · · · · · · ·						
L	Complete if the organization answere). Part IV.	line 11a S	ee Form 990. Part	X. line	10				
	Description of property	(a) Cost or o					mulate	ed	(d) Book	value	
	Boson priori or property	basis (investr		• •	(other)	•	ciation		\-,		
12	Land										
	Buildings				1		-				
	Leasehold improvements		T								
d	Equipment										
	Other	904,	235.			18	1,2	68.		,967.	
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. calum	n (B), line 10	Oc.)				722	,967.	

Schedule D (Form 990) 2019

SCHEDULE O

Internal Revenue Service

, (Form 990 or 990-EZ)

Department of the Tressury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Employer identification number Name of the organization 45-2895921 PACKERS HERITAGE, INC. FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS DELEGATED CONTROL OF MANAGEMENT DUTIES TO THE GREEN BAY PACKERS, INC. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY BOARD MEMBERS AT THE ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ALL MEMBERS ARE REQUIRED TO SIGN OFF ON THE WRITTEN CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

 $\label{local-loc$

Schedule O (Form 990 or 990-EZ) (2019)