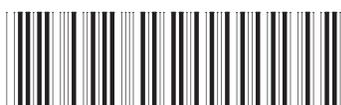


11f	Enter amount from line 11e.	11f	<u>38584262.00</u>
12	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, line 30 for separate entity filers). Do not enter more than line 11f.	12	<u>5000000.00</u>
13	Subtract line 12 from line 11f. This is Wisconsin net income or loss	13	<u>33584262.00</u>
14a	Enter 7.9% (0.079) of Wisconsin net income on line 13	14a	<u>2653157.00</u>
14b	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	14b	<u>0.00</u>
14c	Subtract line 14b from line 14a. This is gross tax	14c	<u>2653157.00</u>
15	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 40 for separate entity filers)	15	<u>111250.00</u>
16	Subtract line 15 from line 14c. If line 15 is more than line 14c, enter zero (0). This is net tax.	16	<u>2541907.00</u>
17	Recycling surcharge (see instructions)	17	<u>25046.00</u>
18	Endangered resources donation (decreases refund or increases amount owed) 	18	<u>0.00</u>
19	Veterans trust fund donation (decreases refund or increases amount owed) 	19	<u>0.00</u>
20	Add lines 16 through 19	20	<u>2566953.00</u>
21	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	21	<u>2540000.00</u>
22	Wisconsin tax withheld (see instructions)	22	<u>4000.00</u>
23	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 44 for separate entity filers)	23	<u>2000.00</u>
24	Add lines 21 through 23	24	<u>2546000.00</u>
25	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow. <input type="checkbox"/>	25	<u>6787.00</u>
26	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	26	<u>27740.00</u>
27	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid	27	<u>.00</u>
28	Enter amount of line 27 you want credited on 2010 estimated tax 28 _____ .00		
29	Subtract line 28 from line 27. This is your refund	29	<u>.00</u>
30	Enter total gross receipts from all activities (see instructions).	30	<u>621500000.00</u>
31	Enter total assets from federal Form 1120	31	<u>430000000.00</u>
32a	Total Wisconsin property (see instructions).	32a	<u>15296000.00</u>
32b	Total property (see instructions)	32b	<u>400500000.00</u>
33a	Total Wisconsin payroll (see instructions)	33a	<u>1355300.00</u>
33b	Total payroll (see instructions)	33b	<u>109000000.00</u>
34a	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions)	34a	<u>229174508.00</u>
34b	Total sales, receipts, or premiums included in apportionment ratio (see instructions).	34b	<u>544800000.00</u>



- 35a** Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?
 Yes No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.
- 35b** Did you include the income of the LLCs listed for item 35a in this return?
 Yes No
- 36** Did you (or did any member of the combined group) purchase any taxable tangible personal property or taxable services for storage, use or consumption in Wisconsin without paying a state sales or use tax?
 Yes No
- 37** Did any adjustments made by the Internal Revenue Service to your income (or to the income of any member of the combined group) become finalized during this year?
 Yes No If yes, see instructions.
- 38** Person to contact concerning this return: Jim Smith
 Phone #: 608-772-2400 Fax #: 608-772-2401
- 39** City and state where books and records are located for audit purposes: Monroe, IL
- 40** List the locations of Wisconsin operations: Appleton, Madison, Oak Creek
- 41** Are any manufacturing facilities located in Wisconsin?
 Yes No

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number ▶	Date

You must file a copy of your federal return with Form 4, even if no Wisconsin activity.

If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
 PO Box 8908
 Madison WI 53708-8908



**Federal Taxable Income Reconciliation
for Wisconsin Combined Groups**

2009

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name

Hide N Seek Foods, Inc.

Federal Employer ID Number

11-0000002

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

Part I General Information and Consolidated Returns

- 1 If the group made a controlled group election, check (✓) the space after the arrow ▶
- 2a Are there any corporations in the commonly controlled group that are not included in either this combined return or any federal consolidated return? Yes No
- 2b If the answer to item 2a is yes, submit a supporting schedule which identifies each corporation described in item 2a and complete lines 2c and 2d.
- 2c Total worldwide gross sales of companies described in line 2a. **2c** _____ .00
- 2d Total worldwide net income of companies described in line 2a. **2d** _____ .00
- 3 If any members of the combined group filed a federal consolidated return for the taxable year, enter the parent company's name, federal employer identification number (FEIN), and amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 4.

Parent Company Name	FEIN	Form 1120, line 28
Hide N Seek Foods, Inc. ▶	11-0000002	3a 83078698 .00
▶		3b _____ .00
▶		3c _____ .00
Add lines 3a through 3c.		3d 83078698 .00

Part II Corporations in Combined Group Which Are Not in Federal Consolidated Return

For amounts entered on lines 4 through 6, use a separate schedule to identify each combined group member, its FEIN, and amount included on that line.

- 4 Federal taxable incomes of commonly controlled corporations with less than 80% common ownership **4** 200000 .00
- 5 Federal taxable incomes of foreign corporations not included in consolidated return but includable in combined group (do not include corporations already included on line 4) **5** 6000000 .00
- 6 Federal taxable incomes of other combined group members not included in federal consolidated return (explain on an attached statement) **6** 0 .00
- 7a Add lines 3d through 6 **7a** 89278698 .00



Part III Subtotal

7b Enter amount from line 7a	7b	89278698 .00
8 Net capital gains included on line 7b	8	409942 .00
9 Subtract line 8 from line 7b (net capital gains will be recomputed on line 18)	9	88868756 .00
10 Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 7b (enter as a positive amount)	10	148769 .00
11 Add lines 9 and 10 (the deduction on line 10 will be recomputed on line 19)	11	89017525 .00

Part IV Corporations in Federal Consolidated Return Which Are Not Combined Group Members

For amounts entered on lines 12a, 13, and 14, use a separate schedule to identify each corporation, its FEIN, and amount included on that line. Enter the federal separate taxable incomes before net capital gains and charitable contribution deductions.

12a Federal separate taxable incomes of corporations in the consolidated return that are not engaged in the combined group's unitary business	12a	.00
12b Were any corporations included on line 12a included in a combined return for the unitary business in another state for the taxable year, where the inclusion was not by election? (if yes, explain on an attached statement)	12b	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Federal separate taxable incomes of corporations in the consolidated return that are not combined group members due to the water's edge rules (do not include corporations already included on line 12a)	13	.00
14 Federal separate taxable incomes of other corporations in the consolidated return that are not combined group members (explain on an attached statement)	14	.00
15 Add lines 12a, 13, and 14	15	0 .00
16 Subtract line 15 from line 11	16	89017525 .00

Part V Adjustments Based on Limitations in Federal Law

See instructions for how to compute lines 17 through 19 and supporting detail required.

17 Adjustment to defer or recognize intercompany income, expense, gain, or loss between combined group members.	17	0 .00
18 Recomputed net capital gain, applying capital loss limitation at combined group level.	18	409942 .00
19 Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount)	19	-175000 .00
20 Other adjustments based on federal law (explain on an attached statement)	20	0 .00
21 Add lines 16 through 20. Enter this amount on Form 4, line 1	21	89252467 .00



Form 4R Attached Schedule

Form 4R, Line 4

Wisconsin Telcom Company, 11-0000124, \$200,000

Form 4R, Line 5

Italian Pasta Company, 11-0000125, \$6,000,000

Wisconsin Additions to Federal Income

2009

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

Hide N Seek Foods, Inc.

11-0000002

1	Interest income from state and municipal obligations	1	<u>20000</u>	.00
2	State taxes accrued or paid	2	<u>2387175</u>	.00
3	Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1)	3		.00
4	Domestic production activities deduction	4		.00
5	Expenses related to nontaxable income	5		.00
6	Percentage depletion	6		.00
7	Federal section 179 expense deduction in excess of Wisconsin deduction	7		.00
8	Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (attach schedule)	8		.00
9	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	9		.00
10	Additions for certain credits computed:			
	a. Community development finance credit (Sch. CR, line 33)			
	b. Dairy and livestock farm investment credit (Sch. DI, line 7)			
	c. Dairy manufacturing facility investment credit (Sch. DM, line 7)			
	d. Development zones credits (Sch. DC, lines 5, 13, and 21)			
	e. Economic development credit (Sch. ED, line 3)			
	f. Enterprise zone jobs credit (Sch. EC, line 3)			
	g. Ethanol and biodiesel fuel pump credit (Sch. EB, line 5)			
	h. Farmland preservation credit (from prior Sch. FC, line 18)			
	i. Farmland tax relief credit (from prior Sch. FT, line 6)			
	j. Film production credits (Sch. FP, lines 3, 6, 9, and 12)			
	k. Health Insurance Risk-Sharing Plan assessments credit (Sch. HI, line 4)			
	l. Internet equipment credit (Sch. IE, line 3)			
	m. Manufacturing investment credit (Sch. MI, line 4)			
	n. Meat processing facility investment credit (Sch. MP, line 7)			
	o. Research credits (Sch. R, line 15 or 28 and line 32)			
	p. Additional research credits (Sch. R-1 and R-2, line 14 or 27 and line 31)			
	q. Technology zone credit (Sch. TC, line 6)			
	Total additions for credits computed	10	<u>113250</u>	.00
11	Special additions for insurance companies (from Schedule 4I, line 4)	11		0 .00
12	Other (list):			
	a _____	12a	_____	.00
	b _____	12b	_____	.00
	c _____	12c	_____	.00
	d _____	12d	_____	.00
	Add lines 12a through 12d	12		0 .00
13	Total (enter on Form 4 or 5, page 1, line 2)	13	<u>2520425</u>	.00



Wisconsin Subtractions From Federal Income

2009

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

Hide N Seek Foods, Inc.

11-0000002

1	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	1	<u>27000</u> .00
2	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	2	<u>.00</u>
3	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	3	<u>.00</u>
4	Subpart F income	4	<u>.00</u>
5	Gross-up of foreign dividend income.	5	<u>.00</u>
6	Nontaxable income (attach schedule).	6	<u>.00</u>
7	Foreign taxes (do not include deemed taxes)	7	<u>.00</u>
8	Cost depletion.	8	<u>.00</u>
9	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	9	<u>18000</u> .00
10	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	10	<u>3000</u> .00
11	Federal work opportunity credit wages	11	<u>.00</u>
12	Federal research credit expenses	12	<u>.00</u>
13	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)		
a	_____	13a	<u>.00</u>
b	_____	13b	<u>.00</u>
c	_____	13c	<u>.00</u>
d	_____	13d	<u>.00</u>
e	_____	13e	<u>.00</u>
f	_____	13f	<u>.00</u>
g	_____	13g	<u>.00</u>
h	_____	13h	<u>.00</u>
	Add lines 13a through 13h	13	<u>0</u> .00
14	Nontaxable income from life insurance operations (from Schedule 4I, line 13).	14	<u>0</u> .00
15	Total (enter on Form 4 or 5, page 1, line 4).	15	<u>48000</u> .00



Wisconsin Subtraction Modification for Dividends

2009

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name Hide N Seek Foods, Inc.	Federal Employer ID Number 11-0000002
--	---

Dividends Received

1a Name of Payer Corporation The Greek Playhouse	Date Acquired by Payee 1 0 2 0 2 0 0 0 <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation Hide N Seek Foods, Inc	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1a	20000 .00
1b Name of Payer Corporation Italian Pasta Co.	Date Acquired by Payee 0 9 1 5 2 0 0 2 <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation Hide N Seek Foods, Inc	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1b	7000 .00
1c Name of Payer Corporation	Date Acquired by Payee <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1c	.00
1d Name of Payer Corporation	Date Acquired by Payee <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1d	.00
1e Name of Payer Corporation	Date Acquired by Payee <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1e	.00
1f Name of Payer Corporation	Date Acquired by Payee <small>M M D D Y Y Y Y</small>		
Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1f	.00
1g Add lines 1a through 1f		1g	27000 .00
1h Total of line 1g from additional Schedules Y (see instructions)		1h	0 .00
2 Add lines 1g and 1h		2	27000 .00
3 Enter foreign taxes paid on dividends included on line 2.		3	0 .00
4 Subtract line 3 from line 2. Enter this amount on Schedule W, line 1		4	27000 .00



Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

2009

Designated Agent of Combined Group Hide N Seek Foods, Inc.			A Designated Agent's FEIN 11-0000002	
Name of Combined Group Member to Which This Form Applies Hide N Seek Foods, Inc.			B Member's FEIN 11-0000002	
Number and Street 32 Any Street			C Business Activity (NAICS) Code 72197	
City Anytown	State TX	ZIP (+ 4 digit suffix if known) 77287	D State of Incorporation and Year TX 1 9 7 9	
E Member's 2009 Taxable Year End 1 2 3 1 2 0 0 9		F Period Included in This Return 0 1 0 1 2 0 0 9 - 1 2 3 1 2 0 0 9		
M M D D Y Y Y Y		M M D D Y Y Y Y M M D D Y Y Y Y		

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business? Yes No
If yes, identify the applicable state(s) and explain on an attached statement.

H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I Check (✓) if for the taxable year shown in item E, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____

J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation

K Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale



ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1 Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.) L1 32073442.00

L2 100% Wisconsin groups: If line L1 is a loss, enter amount of the loss used by other members. L2 0.00

M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14) M 0.00

N Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e). N 0.00

O Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24). O 0.00

P Line 12: Wisconsin net business loss carryforward (from Part II, line 7 on page 2 of this form) P 5000000.00

Q Line 14c: Gross tax (generally = 7.9% x member's portion of Form 4, line 13. See instructions.) Q 2138802.00

R Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form) R 69000.00

S Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.) S 9800.00

T Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2 T

U Line 22: Wisconsin tax withheld (see instructions). U 0.00

V Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.
29 2000.00 0.00 0.00 V 2000.00

W Line 30: Total company gross receipts from all activities (see instructions). W 28000000.00

X Line 31: Total company assets from federal Form 1120 X 17000000.00

Y Lines 32a and 33a: Wisconsin tangible property Y1 4000000.00 Wisconsin payroll Y2 1200000.00

Z Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I) Z 25000000.00

Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

Designated Agent of Combined Group: Hide N Seek Foods, Inc.
Name of Combined Group Member to Which This Form Applies: The Greek Playhouse
Number and Street: 2700 West Elm Street
City: Monroe, State: IL, ZIP: 61027
D State of Incorporation and Year: IL, 2000
E Member's 2009 Taxable Year End: 10312009
F Period Included in This Return: 01012009 - 12312009

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business? [X] No
H [] Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
I [] Check (✓) if for the taxable year shown in item E, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return.
J Check (✓) if the member is a(n): 1 [] Insurance company 2 [] Tax exempt corporation
K Check (✓) if applicable: 1 [] First return - new corporation or entering Wisconsin 3 [X] Joined group during year 5 [] Short period - change in accounting method
2 [] Final return - corporation dissolved or withdrew 4 [] Left group during year 6 [] Short period - stock purchase or sale



ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

Table with 2 columns: Item Description and Amount. Rows include L1 Line 9: Combined unitary income (3535628.00), L2 100% Wisconsin groups, M Line 10: Wisconsin net nonapportionable and separately apportioned income (0.00), N Line 11b: Net capital loss adjustment (0.00), O Line 11d: Loss adjustment for insurance companies (0.00), P Line 12: Wisconsin net business loss carryforward (0.00), Q Line 14c: Gross tax (279315.00), R Line 15: Nonrefundable credits (0.00), S Line 17: Recycling surcharge (8379.00), T Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2 (T [X]), U Line 22: Wisconsin tax withheld (0.00), V Line 23: Refundable credits (0.00), W Line 30: Total company gross receipts from all activities (17500000.00), X Line 31: Total company assets from federal Form 1120 (18000000.00), Y Lines 32a and 33a: Wisconsin tangible property Y1 (11000000.00) Wisconsin payroll Y2 (88000.00), Z Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I) (15000000.00)

Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

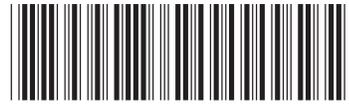
2009

Designated Agent of Combined Group Hide N Seek Foods, Inc.			A Designated Agent's FEIN 11-0000002		
Name of Combined Group Member to Which This Form Applies Acme Foods Corp.			B Member's FEIN 11-0000013		
Number and Street 18 Main St			C Business Activity (NAICS) Code 67879		
City Boston		State MA	ZIP (+ 4 digit suffix if known) 10793		D State of Incorporation and Year MA Enter abbreviation of state in box, or if a foreign country, enter below. 1 9 9 9
E Member's 2009 Taxable Year End 1 2 3 1 2 0 0 9 M M D D Y Y Y Y		F Period Included in This Return 0 1 0 1 2 0 0 9 M M D D Y Y Y Y		C C Y Y	

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business? Yes No
If yes, identify the applicable state(s) and explain on an attached statement.

H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I Check (✓) if for the taxable year shown in item E, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____



J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation

K Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>77783.00</u>
L2	100% Wisconsin groups: If line L1 is a loss, enter amount of the loss used by other members.	L2	<u>0.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>0.00</u>
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e).	N	<u>0.00</u>
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	<u>0.00</u>
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 7 on page 2 of this form)	P	<u>0.00</u>
Q	Line 14c: Gross tax (generally = 7.9% x member's portion of Form 4, line 13. See instructions.)	Q	<u>6145.00</u>
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>250.00</u>
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>0.00</u>
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2	T	<input type="checkbox"/>
U	Line 22: Wisconsin tax withheld (see instructions).	U	<u>0.00</u>
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>0.00</u>
W	Line 30: Total company gross receipts from all activities (see instructions).	W	<u>150000.00</u>
X	Line 31: Total company assets from federal Form 1120	X	<u>200000.00</u>
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>5000.00</u> Wisconsin payroll Y2	Y2	<u>1300.00</u>
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>80000.00</u>

Part II Wisconsin Net Business Loss Carryforward

1	Member's portion of combined unitary income from Part I, line L1	1	_____	.00
2	Member's net nonapportionable and separately apportioned income from Part I, line M	2	_____	.00
3	Add lines 1 and 2	3	_____	.00
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	_____	.00
5	Subtract line 4 from line 3	5	_____	.00
6	Member's total available net business loss carryforward from Form 4BL, line 30	6	_____	.00
7	Enter the lesser of line 5 or line 6, but not less than zero. This is the amount to enter on Part I, line P.	7	_____	.00

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.
Enter total nonrefundable credits on line 1.

[15]	_____	250.00	[]	_____	.00	[]	_____	.00	[]	_____	.00	1	_____	250.00
[]	_____	.00	[]	_____	.00	[]	_____	.00	[]	_____	.00			
[]	_____	.00	[]	_____	.00	[]	_____	.00	[]	_____	.00			

2 Enter the member's gross tax from Part I, line Q

3 Enter the lesser of line 1 or line 2. This is the credit used by the member

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS.

5 Add lines 3 and 4. This is the amount to enter on Part I, line R



Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied to this combined return

2 For estimated payments made by the member on a separate entity basis to be applied to this combined return, enter the date and amount of each payment in the spaces provided and enter the total on line 2.

___/___/___	\$ _____	___/___/___	\$ _____	___/___/___	\$ _____	
___/___/___	\$ _____	___/___/___	\$ _____	Total	_____	2 _____ .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21

4 Person to contact regarding the payments reported in Part IV:

Name: _____ Phone: _____ Fax: _____

Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

2009

Designated Agent of Combined Group: Hide N Seek Foods, Inc.
Name of Combined Group Member to Which This Form Applies: Italian Pasta Company
Number and Street: 700 Palm Street
City: Naples, Italy
State:
ZIP (+ 4 digit suffix if known):
D State of Incorporation and Year: 1 9 9 9
E Member's 2009 Taxable Year End: 1 2 3 1 2 0 0 9
F Period Included in This Return: 0 1 0 1 2 0 0 9 - 1 2 3 1 2 0 0 9

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business? [X] No
H [] Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
I [] Check (✓) if for the taxable year shown in item E, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return.
J Check (✓) if the member is a(n): 1 [] Insurance company 2 [] Tax exempt corporation
K Check (✓) if applicable: 1 [] First return - new corporation or entering Wisconsin 3 [] Joined group during year 5 [] Short period - change in accounting method



ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

Table with columns for item label (L1, L2, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) and corresponding values. L1: 2866770.00, L2: 0.00, M: 0.00, N: 639.00, O: 0.00, P: 0.00, Q: 226424.00, R: 27000.00, S: 6793.00, U: 4000.00, V: 0.00, W: 15100000.00, X: 20300000.00, Y1: 27000.00, Y2: 51000.00, Z: 13200000.00

Part II Wisconsin Net Business Loss Carryforward

1	Member's portion of combined unitary income from Part I, line L1	1	_____	.00
2	Member's net nonapportionable and separately apportioned income from Part I, line M	2	_____	.00
3	Add lines 1 and 2	3	_____	.00
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	_____	.00
5	Subtract line 4 from line 3	5	_____	.00
6	Member's total available net business loss carryforward from Form 4BL, line 30	6	_____	.00
7	Enter the lesser of line 5 or line 6, but not less than zero. This is the amount to enter on Part I, line P.	7	_____	.00

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.
Enter total nonrefundable credits on line 1.

03	21000.00		.00		.00			
11	6000.00		.00		.00			
	.00		.00		.00	1	27000.00	
2	Enter the member's gross tax from Part I, line Q						2	226424.00
3	Enter the lesser of line 1 or line 2. This is the credit used by the member						3	27000.00
4	If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS.						4	0.00
5	Add lines 3 and 4. This is the amount to enter on Part I, line R						5	27000.00



Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied to this combined return

2 For estimated payments made by the member on a separate entity basis to be applied to this combined return, enter the date and amount of each payment in the spaces provided and enter the total on line 2.

___/___/___	\$ _____	___/___/___	\$ _____	___/___/___	\$ _____		
___/___/___	\$ _____	___/___/___	\$ _____	Total		2 _____ .00	
3	Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21					3	_____ .00

4 Person to contact regarding the payments reported in Part IV:

Name: _____ Phone: _____ Fax: _____

Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

2009

Designated Agent of Combined Group: Hie N Seek Foods, Inc.
Name of Combined Group Member to Which This Form Applies: Wisconsin Telcom Co.
Number and Street: 31 John Nolan Drive
City: Madison, State: WI, ZIP: 53708
D State of Incorporation and Year: WI, 1997
E Member's 2009 Taxable Year End: 12009
F Period Included in This Return: 01012009 - 12312009

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business? Yes No

H Check (X) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I Check () if for the taxable year shown in item E, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return.



J Check () if the member is a(n): 1 Insurance company 2 Tax exempt corporation

K Check () if applicable: 1 First return - new corporation or entering Wisconsin 2 Final return - corporation dissolved or withdrew 3 Joined group during year 4 Left group during year 5 Short period - change in accounting method 6 Short period - stock purchase or sale

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

Table with 2 columns: Item Label (L1, L2, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) and Amount. Values include 31278.00, 0.00, 2471.00, 15000.00, 74.00, 1400000.00, 2800000.00, 21000.00, 15000.00, 1200000.00.

Part II Wisconsin Net Business Loss Carryforward

1	Member's portion of combined unitary income from Part I, line L1	1	_____	.00
2	Member's net nonapportionable and separately apportioned income from Part I, line M	2	_____	.00
3	Add lines 1 and 2	3	_____	.00
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	_____	.00
5	Subtract line 4 from line 3	5	_____	.00
6	Member's total available net business loss carryforward from Form 4BL, line 30	6	_____	.00
7	Enter the lesser of line 5 or line 6, but not less than zero. This is the amount to enter on Part I, line P.	7	_____	.00

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.
Enter total nonrefundable credits on line 1.

<u>22</u>	<u>15000</u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	1	<u>15000</u>	<u>.00</u>
<u> </u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>			
<u> </u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>	<u> </u>	<u>.00</u>			
									2	<u>2471</u>	<u>.00</u>
									3	<u>2471</u>	<u>.00</u>
									4	<u>12529</u>	<u>.00</u>
									5	<u>15000</u>	<u>.00</u>



Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied to this combined return 1 _____ .00

2 For estimated payments made by the member on a separate entity basis to be applied to this combined return, enter the date and amount of each payment in the spaces provided and enter the total on line 2.

___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	
___/___/___ \$ _____	___/___/___ \$ _____	Total	2 _____ .00

3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21 3 _____ .00

4 Person to contact regarding the payments reported in Part IV:
Name: _____ Phone: _____ Fax: _____

Wisconsin Apportionment Data for Combined Groups

2009

Wisconsin Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name

Hide N Seek Foods, Inc.

Federal Employer ID Number

11-0000002

Part I Apportionment Factor Denominators

	(a) Company Name (abbreviate as necessary)	(b) FEIN	(c) Denominator (Column b amount from Form 4A-1 or Form 4A-2)
1	Hide N Seek Foods, Inc.	11-0000002	1a 250,000,000
2	The Greek Playhouse	11-0000012	2a 150,000,000
3	Acme Foods Corp.	11-0000013	3a 800,000
4	Italian Pasta Co.	11-0000125	4a 132,000,000
5	Wisconsin Telcom Co.	11-0000124	5a 12,000,000
6			6a
7	Total denominators from additional companies reported on separate schedules.		7a 0
8	Add lines 1a through 7a in column c. This is the combined group's apportionment factor denominator		8a 544,800,000

Part II Apportionment Factor Numerators and Members' Percentages

(a) Company Number (Corresponds to numbers 1 through 6 in Part I)	(b) Numerator (Column a amount from Form 4A-1 or Form 4A-2)	(c) Member's Wisconsin Percentage of Combined Unitary Income (Divide amount in column b by amount on Part I, line 8a)
1	1b 190,500,000	1c 34.9670 %
2	2b 21,000,000	2c 3.8546 %
3	3b 462,000	3c .0848 %
4	4b 17,027,000	4c 3.1254 %
5	5b 185,508	5c .0341 %
6	6b	6c %
7	Total from additional companies reported on separate schedules	7c %

Part III Combined Group's Wisconsin Apportionment Percentage

8 Add lines 1c through 7c in Part II, column c.

This is the apportionment percentage to enter on Form 4, line 8. 8c 42.0659 %

Wisconsin Apportionment Data for Single Factor Formulas

2009

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name Hide N Seek Foods, Inc.	Federal Employer ID Number 11-0000002
--	---

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin 1a	_____	_____
b Shipped from within Wisconsin. 1b	20000000	_____
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin 2a	_____	_____
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. 2b	_____	_____
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. 2c	500000	_____
3 Double throwback sales. 3	_____	_____
4 Total sales of tangible personal property (for column a, add lines 1 through 3) 4	200500000	300000000
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin. 5	_____	_____
6 Total gross receipts from the use of computer software 6	_____	_____
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin. 7	0	_____
8 Total gross receipts from services. 8	_____	0
9 Other apportionable gross receipts. 9	0	0
10 For column a, add lines 4, 5, 7 and 9. For column b, add lines 4, 6, 8, and 9. 10	200500000	300000000
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members 11	1000000	5000000
12 Enter sales included above, if any, that are not included in the computation of combined unitary income 12	0	0
13 Add lines 11 and 12 for each column 13	1000000	5000000
14 Subtract line 13 from line 10 for each column. 14	190500000	250000000
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return 15	0	0
16 Add lines 14 and 15. Enter column a amount in Form 4A, Part II. Enter column b amount in Form 4A, Part I 16	190500000	250000000
17 Separate return filers and pass-through entities: Divide line 10, column a by line 10, column b, and multiply by 100. This is the Wisconsin apportionment percentage. 17	_____ . _____ %	

**Wisconsin Apportionment Data for
Single Factor Formulas**

2009

Wisconsin Department
of Revenue

File with Wisconsin Form 1NPR, 2, 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name The Greek Playhouse	Federal Employer ID Number 11-000012
------------------------------------	--

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin 1a	<u>15000000</u>	
b Shipped from within Wisconsin 1b	<u>6000000</u>	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin 2a	_____	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. 2b	_____	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. 2c	_____	
3 Double throwback sales. 3	_____	
4 Total sales of tangible personal property (for column a, add lines 1 through 3) 4	<u>21000000</u>	<u>15000000</u>
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin 5	_____	
6 Total gross receipts from the use of computer software 6	_____	_____
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin. 7	_____	
8 Total gross receipts from services. 8	_____	_____
9 Other apportionable gross receipts. 9	_____	_____
10 For column a, add lines 4, 5, 7 and 9. For column b, add lines 4, 6, 8, and 9. 10	<u>21000000</u>	<u>15000000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members 11	<u>0</u>	<u>0</u>
12 Enter sales included above, if any, that are not included in the computation of combined unitary income 12	<u>0</u>	<u>0</u>
13 Add lines 11 and 12 for each column 13	<u>0</u>	<u>0</u>
14 Subtract line 13 from line 10 for each column. 14	<u>21000000</u>	<u>15000000</u>
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return 15	<u>0</u>	<u>0</u>
16 Add lines 14 and 15. Enter column a amount in Form 4A, Part II. Enter column b amount in Form 4A, Part I 16	<u>21000000</u>	<u>15000000</u>
17 Separate return filers and pass-through entities: Divide line 10, column a by line 10, column b, and multiply by 100. This is the Wisconsin apportionment percentage. 17	_____ . _____ %	

**Wisconsin Apportionment Data for
Single Factor Formulas**

2009

Wisconsin Department
of Revenue

File with Wisconsin Form 1NPR, 2, 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name Acme Foods Corp.	Federal Employer ID Number 11-000013
---------------------------------	--

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	170000	
b Shipped from within Wisconsin	200000	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	50000	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.		
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.		
3 Double throwback sales.	17000	
4 Total sales of tangible personal property (for column a, add lines 1 through 3)	437000	600000
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin		
6 Total gross receipts from the use of computer software		
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin.		
8 Total gross receipts from services.		
9 Other apportionable gross receipts.	0	100000
10 For column a, add lines 4, 5, 7 and 9. For column b, add lines 4, 6, 8, and 9.	437000	700000
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members	0	0
12 Enter sales included above, if any, that are not included in the computation of combined unitary income	0	0
13 Add lines 11 and 12 for each column	0	0
14 Subtract line 13 from line 10 for each column.	437000	700000
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	25000	100000
16 Add lines 14 and 15. Enter column a amount in Form 4A, Part II. Enter column b amount in Form 4A, Part I	462000	800000
17 Separate return filers and pass-through entities: Divide line 10, column a by line 10, column b, and multiply by 100. This is the Wisconsin apportionment percentage.	_____ . _____ %	

**Wisconsin Apportionment Data for
Single Factor Formulas**

2009

Wisconsin Department
of Revenue

File with Wisconsin Form 1NPR, 2, 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name Italian Pasta Co.	Federal Employer ID Number 11-0000125
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Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin 1a	17000000	
b Shipped from within Wisconsin. 1b		
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin 2a		
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. 2b		
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. 2c		
3 Double throwback sales. 3		
4 Total sales of tangible personal property (for column a, add lines 1 through 3) 4	17000000	13000000
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin. 5		
6 Total gross receipts from the use of computer software 6		
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin. 7		
8 Total gross receipts from services. 8		
9 Other apportionable gross receipts. 9	27000	2000000
10 For column a, add lines 4, 5, 7 and 9. For column b, add lines 4, 6, 8, and 9. 10	17027000	132000000
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members 11	0	0
12 Enter sales included above, if any, that are not included in the computation of combined unitary income 12	0	0
13 Add lines 11 and 12 for each column 13	0	0
14 Subtract line 13 from line 10 for each column. 14	17027000	132000000
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return 15	0	0
16 Add lines 14 and 15. Enter column a amount in Form 4A, Part II. Enter column b amount in Form 4A, Part I 16	17027000	132000000
17 Separate return filers and pass-through entities: Divide line 10, column a by line 10, column b, and multiply by 100. This is the Wisconsin apportionment percentage. 17	_____ . _____ %	

Wisconsin Apportionment Data for Multiple Factor Formulas

2009

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name Wisconsin Telcom Co.	Federal Employer ID Number 11-0000124
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Part I Apportionment Percentage for Companies in Specialized Industries

Air carriers complete Part I-A, motor carriers complete Part I-B, railroads and sleeping car companies complete Part I-C, pipeline companies complete Part I-D, and telecommunications companies complete Part I-E.

Notes for combined return filers:

- You must exclude intercompany transactions from both column a and column b.
- You must exclude from both column a and column b any amounts that do not relate to receipts included in the computation of combined unitary income.
- If any intercompany transactions were previously excluded from apportionment factors due to the deferral of income, you must include those transactions in the apportionment factors if the deferred income is included in combined unitary income on this return.
- You must complete Part II on page 6.

Part I-A Apportionment Percentage for Interstate Air Carriers

(See section Tax 2.46, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1 Aircraft arrivals and departures	1		
2 Divide line 1, column a, by line 1, column b, and multiply by 100	2	_____ . _____ %	
3 Factor weight.	3	0.3333	
4 Multiply line 2 by line 3. This is the Wisconsin arrivals and departures factor	4	_____ . _____ %	
5 Revenue tons	5		
6 Divide line 5, column a, by line 5, column b, and multiply by 100.	6	_____ . _____ %	
7 Factor weight.	7	0.3333	
8 Multiply line 6 by line 7. This is the Wisconsin revenue tons factor	8	_____ . _____ %	
9 Originating revenue	9		
10 Divide line 9, column a, by line 9, column b, and multiply by 100.	10	_____ . _____ %	
11 Factor weight.	11	0.3333	
12 Multiply line 10 by line 11. This is the Wisconsin originating revenue factor	12	_____ . _____ %	
13 Add lines 4, 8, and 12. This is the Wisconsin percentage.	13	_____ . _____ %	

Combined return filers: Continue to Part II on page 6.

Part I-B Apportionment Percentage for Interstate Motor Carriers

(See section Tax 2.47, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
1 Gross receipts from carriage of persons and property 1	_____	_____
2 Divide line 1, column a, by line 1, column b, and multiply by 100. 2	_____ . _____ %	
3 Factor weight. 3	0.5	
4 Multiply line 2 by line 3. This is the Wisconsin gross receipts factor 4	_____ . _____ %	
5 Ton miles of carriage 5	_____	_____
6 Divide line 5, column a, by line 5, column b, and multiply by 100. 6	_____ . _____ %	
7 Factor weight. 7	0.5	
8 Multiply line 6 by line 7. This is the Wisconsin ton miles factor 8	_____ . _____ %	
9 Add lines 4 and 8. This is the Wisconsin percentage. 9	_____ . _____ %	

Combined return filers: Continue to Part II on page 6.

Part I-C Apportionment Percentage for Interstate Railroads and Sleeping Car Companies

(See section Tax 2.475, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
1 Gross receipts from carriage of persons and property 1	_____	_____
2 Divide line 1, column a, by line 1, column b, and multiply by 100. 2	_____ . _____ %	
3 Factor weight. 3	0.5	
4 Multiply line 2 by line 3. This is the Wisconsin gross receipts factor 4	_____ . _____ %	
5 Revenue ton miles of carriage 5	_____	_____
6 Divide line 5, column a, by line 5, column b, and multiply by 100. 6	_____ . _____ %	
7 Factor weight. 7	0.5	
8 Multiply line 6 by line 7. This is the Wisconsin revenue ton miles factor 8	_____ . _____ %	
9 Add lines 4 and 8. This is the Wisconsin percentage. 9	_____ . _____ %	

Combined return filers: Continue to Part II on page 6.

Part I-D Apportionment Percentage for Interstate Pipeline Companies

(See section Tax 2.48, Wis. Adm. Code)

Property Factor

	(a) Wisconsin		(b) Total Company	
	(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1 Land	1			
2 Buildings	2			
3 Furniture and fixtures	3			
4 Transportation equipment	4			
5 Machinery and other equipment	5			
6 Depletable property	6			
7 Leasehold improvements	7			
8 Inventories	8			
9 Other (specify)	9			
10 Add lines 1 through 9	10			

	(a) Wisconsin	(b) Total Company
11 Separately for Wisconsin and the total company, add the amounts from line 10, columns (i) and (ii), and divide each total by 2. This is the total property	11	
12 Divide line 11, column a, by line 11, column b, and multiply by 100	12	_____ %
13 Factor weight	13	0.3333
14 Multiply line 12 by line 13. This is the Wisconsin property factor	14	_____ %

Payroll Factor

	(a) Wisconsin	(b) Total Company
15 Wages, salaries, and other compensation paid to employees	15	
16 Fees paid to affiliated corporations for personal services	16	
17 Add lines 15 and 16. This is the total payroll	17	
18 Divide line 17, column a, by line 17, column b, and multiply by 100	18	_____ %
19 Factor weight	19	0.3333
20 Multiply line 18 by line 19. This is the Wisconsin payroll factor	20	_____ %

Traffic Units Factor

		(a) Wisconsin	(b) Total Company
21	Traffic units		
22	Divide line 21, column a, by line 21, column b, and multiply by 100	_____ %	
23	Factor weight	0.3333	
24	Multiply line 22 by line 23. This is the Wisconsin traffic units factor	_____ %	
25	Add lines 14, 20, and 24. This is the Wisconsin percentage	_____ %	

Combined return filers: Continue to Part II on page 6.

Part I-E Apportionment Percentage for Interstate Telecommunications Companies
(See section Tax 2.502, Wis. Adm. Code)

Property Factor

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land	50000	50000	1000000	1000000
2	Buildings				
3	Furniture and fixtures				
4	Transportation equipment				
5	Machinery and other equipment				
6	Inventories				
7	Other (specify)			100000	200000
8	Add lines 1 through 7.	50000	50000	1100000	1200000

		(a) Wisconsin	(b) Total Company
9	Separately for Wisconsin and the total company, add the amounts from line 8, columns (i) and (ii), and divide each total by 2. This is the average owned property	50000	1150000
10	Rentals paid multiplied by 8.	0	200000
11	Add lines 9 and 10. This is the total property.	50000	1350000
12	Divide line 11, column a, by line 11, column b, and multiply by 100.	3.7037 %	
13	Factor weight.	0.3333	
14	Multiply line 12 by line 13. This is the Wisconsin property factor	1.2344 %	

Payroll Factor

		(a) Wisconsin	(b) Total Company
15	Wages, salaries, and other compensation paid to employees	17000	2,100,000
16	Fees paid to affiliated corporations for personal services	0	0
17	Add lines 15 and 16. This is the total payroll	17,000	2,100,000
18	Divide line 17, column a, by line 17, column b, and multiply by 1008095	%
19	Factor weight	0.3333	
20	Multiply line 18 by line 19. This is the Wisconsin payroll factor2698	%

Sales Factor

		(a) Wisconsin	(b) Total Company
21	Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a	Shipped from outside Wisconsin.	_____	
b	Shipped from within Wisconsin.	15,000	
22	Sales of tangible personal property shipped from Wisconsin to:		
a	The federal government within Wisconsin	_____	
b	The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.	_____	
c	Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.	_____	
23	Double throwback sales. Total	_____	
24	Total sales of tangible personal property (for column a, add lines 21 through 23)	15000	12,000,000
25	Other apportionable gross receipts.	0	0
26	Add lines 24 and 25 for each column. This is the total sales	15000	12,000,000
27	Divide line 26, column a, by line 26, column b, and multiply by 1001250	%
28	Factor weight	0.3333	
29	Multiply line 27 by line 28. This is the Wisconsin sales factor0417	%
30	Add lines 14, 20, and 29. This is the Wisconsin percentage	1.5459	%

Combined return filers: Continue to Part II on page 6.

Part II Conversion to Modified Sales Factor for Combined Return Filers

1 Computation of total company sales:

- a** Gross receipts from the sale of inventory **1a** 12,000,000
- b** Gross receipts from the operation of farms, mines, and quarries **1b** _____
- c** Gross receipts from the sale of scrap or by-products **1c** _____
- d** Gross commissions **1d** _____
- e** Gross receipts from personal and other services **1e** _____
- f** Gross rents from real property or tangible personal property **1f** _____
- g** Interest on trade accounts and trade notes receivable **1g** _____
- h** Partner's share of partnership's gross receipts **1h** _____
- i** Member's share of limited liability company's gross receipts **1i** _____
- j** Gross management fees **1j** _____
- k** Gross royalties from income-producing activities **1k** _____
- l** Gross franchise fees from income-producing activities **1l** _____

2 Add lines 1a through 1l. This is the modified sales factor denominator. Enter this amount on Form 4A, Part I **2** 12,000,000

3 Enter the Wisconsin apportionment percentage from the last line of Part I-A, I-B, I-C, I-D, or I-E, whichever applies. **3** 1.5459 %

4 Multiply line 2 by line 3. This is the modified sales factor numerator. Enter this amount on Form 4A, Part II. **4** 185,508

Combined Group Member Name
Italian Pasta Co.

Federal Employer ID Number
11-0000125

Part I Net Capital Loss Adjustments

1	Enter the combined group's net capital gain included in combined unitary income, as reported on Form 4R, line 18. If net capital gain was \$0 and the capital loss limitation applied, do not enter any amount on line 1 and skip to line 2	1	<u>409942</u>
2	If the combined group's net capital gain reported on Form 4R, line 18 was \$0 and the capital loss limitation applied, enter the amount of capital loss contributed by this member (see instructions)	2	<u> </u>
3	Enter the member's net capital gain, if any, attributable to its separate entity items, <i>before applying any carryover amounts</i> . If this amount is a loss, do not enter any amount on line 3 and skip to line 4.	3	<u> </u>
4	If the member had a current year net capital loss attributable to its separate entity items, enter the amount of that loss, <i>before applying any carryover amounts</i>	4	<u> </u>
5	Enter the total amount of unused non-sharable capital loss carryovers from Part II, column d	5	<u>20445</u>
6	Enter the total amount of unused sharable capital loss carryovers from Part III, column f.	6	<u>0</u>
7	Enter the sum of lines 5 and 6	7	<u>20445</u>
8	If there is an amount on line 3, subtract the sum of lines 2 and 7 from line 3. Enter the result on line 8, but do not enter less than zero. This is the net capital gain to include in the member's nonapportionable or separately apportioned income on the applicable line(s) of Form 4N	8	<u> </u>
9	Complete lines 9a through 9e if there is an amount on line 1:		
9a	Subtract line 3 from line 7. Enter the result on line 9a, but do not enter less than zero	9a	<u>20445</u>
9b	Add lines 4 and 9a. This is the total net capital loss available to offset the member's share of the net capital gain included in combined unitary income	9b	<u>20445</u>
9c	Enter the lesser of line 1 or line 9b	9c	<u>20445</u>
9d	Member's share of the net capital gain included in combined unitary income. This is the Wisconsin percentage from Form 4A, Part II, column c. <i>100% Wisconsin groups: See instructions for how to compute this percentage.</i>	9d	<u>3.1254</u> %
9e	Multiply line 9c by line 9d. This is the additional capital loss allowable. Include this amount on Form 4, line 11b	9e	<u>639</u>

Part II Non-sharable Capital Loss Carryovers Available

	(a) Year Incurred (list oldest year first)	(b) Net Capital Loss	(c) Amount Used in Prior Years	(d) Available Carryover for Part I, line 5 ((b) - (c))
1	2008	120000	99555	20445
2				
3				
4				
5				
	Total			20445

Part III Sharable Capital Loss Carryovers Available

Note: Part III does not apply to capital losses incurred before January 1, 2009.

	(a) Year Incurred (list oldest year first)	(b) Net Capital Loss	(c) Amount Used in Prior Years	(d) Available Carryover at Beginning of Year ((b) - (c))	(e) Amount Used in Computing Form 4R, line 18 (from Part IV, line 5)	(f) Remaining Carryover for Part I, line 6 ((d) - (e))
1						
2						
3						
4						
5						
	Total					

Part IV Capital Loss Carryovers Used in Computing Form 4R, Line 18

Note: Part IV does not apply to capital losses incurred before January 1, 2009.

- 1 Enter the member's sharable capital loss carryover available at the beginning of the year (total from Part III, column d) **1** _____
- 2 Enter the sum of all combined group members' sharable capital loss carryovers available at the beginning of the year (attach computation) **2** _____
- 3 Divide line 1 by line 2 and enter the result as a percentage **3** _____ %
- 4 Enter the total capital loss carryover (from all members) used to offset capital gains in computing Form 4R, line 18 **4** _____
- 5 Multiply line 3 by line 4. This is the amount of capital loss carryover attributable to this member that was used in the Form 4R computation. Enter this amount in Part III, column e, on the line(s) corresponding to the appropriate year(s) (use oldest losses first) **5** _____

Wisconsin Department of Revenue

Name
Hide N Seek Foods, Inc.

Federal Employer ID Number
11-0000002

Starting with column a, complete all applicable lines for one column before filling in the next column (see instructions).	(a) Year	(b) Loss	(c) Income	(d) Loss Used/ Expired	(e) Years Losses Incurred	(f) Remaining Loss Available
1 30th preceding taxable year						
2 29th preceding taxable year						
3 28th preceding taxable year						
4 27th preceding taxable year						
5 26th preceding taxable year						
6 25th preceding taxable year						
7 24th preceding taxable year						
8 23rd preceding taxable year						
9 22nd preceding taxable year						
10 21st preceding taxable year						
11 20th preceding taxable year						
12 19th preceding taxable year						
13 18th preceding taxable year						
14 17th preceding taxable year						
15 16th preceding taxable year						
16 15th preceding taxable year						
17 14th preceding taxable year						
18 13th preceding taxable year						
19 12th preceding taxable year						
20 11th preceding taxable year						
21 10th preceding taxable year						
22 9th preceding taxable year						
23 8th preceding taxable year						
24 7th preceding taxable year						
25 6th preceding taxable year						
26 5th preceding taxable year						
27 4th preceding taxable year						
28 3rd preceding taxable year	2006	1000000				1000000
29 2nd preceding taxable year	2007	3000000				4000000
30 1st preceding taxable year	2008	1000000				5000000

General Instructions

Purpose of Form 4BL

Corporations use Form 4BL to determine the amount of available net business loss carryforward for the current year. Corporations that are members of a combined group must complete Form 4BL on a separate company basis.

Net business losses incurred in the 1980 taxable year and thereafter may be carried forward and offset against net income for up to 15 years. The corporation must have sustained the loss in a taxable year in which it was subject to Wisconsin franchise or income taxation. The carryforward period for losses incurred prior to the 1980 taxable year is limited to 5 years. **Carrybacks are not permitted.**

In the case of a merger, acquisition, ownership change, etc., occurring in the 1987 taxable year or thereafter, any net business losses that would be available to the predecessor corporation are available to the successor corporation, as provided in section 381 of the Internal Revenue Code (IRC). However, the Wisconsin losses may be limited as provided in IRC section 382. **Provide the predecessor's name and FEIN and attach a copy of its Form 4BL to document the Wisconsin loss.**

Specific Instructions

Column a. Starting with line 30, fill in the dates for the taxable years necessary to account for all of the Wisconsin net business losses that may affect the computation of the loss carryforward available for the current taxable year.

For example, a calendar year corporation having no taxable years of less than 12 months and net business losses going back to 1979 would begin

by entering "2008" on line 30 and continue by entering the dates of the prior years, ending with "1979" on line 1.

Column b. For the years shown in column a, enter the amount, if any, of Wisconsin net business loss incurred.

Column c. For the years shown in column a, enter the amount, if any, of Wisconsin net income **before** applying any net business loss carryforwards.

Note for columns b and c: Corporations filing income tax returns rather than franchise tax returns must adjust the amounts to enter in column b or c by reversing any exclusions of interest earned on obligations of the United States government.

Column d. For those years in which income is reported in column c, enter, as a negative number, any net business losses from prior years which were used to offset that income. Apply only as much loss as is needed to reduce the income to zero.

Also enter in column d any net business loss from a prior year that expired at the end of this taxable year.

Column e. Enter the year or years in which the loss shown in column d was incurred. Offset the oldest losses first.

Column f. Enter the total loss carryforward available at the end of each taxable year. This is the column f amount for the immediately preceding taxable year increased by any net business loss incurred in the taxable year and decreased by (1) any loss used to offset net income of the taxable year and (2) any loss that expired at the end of the taxable year.

Combined group members enter the amount from column f, line 30 on Form 4M, Part II, line 6. Other corporations enter this amount on Form 4, line 12 or Form 5, line 6.

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name

Hide N Seek Foods, Inc.

Federal Employer ID Number

11-0000002

Part I Computation of Aggregate Sharable Amount

Do not include any research credits already used by the member, as computed on that member's Form 4M, Part III, line 3.

	(a) Name of Member With Available Research Credits (abbreviate as necessary)	(b) Member's FEIN	(c) Available Research Credits
1a	Wisconsin Telcom Co.	11-0000124	12529
1b			
1c			
1d			
1e			
1f	Total from additional companies reported on separate schedules		0
2	Add the amounts in column c of lines 1a through 1f. This is the aggregate sharable amount		12529

Part II Computation of Combined Group's Tax Eligible for Shared Credits

Go to page 2 for Part II.

Part III Computation of Percentage to be Applied to Combined Return

5	Enter the total eligible tax liability from line 4 in Part II.	5	2069802
6	If the amount on line 2 is greater than the amount on line 5, divide the amount on line 5 by the amount on line 2. If the amount on line 5 is greater than the amount on line 2, enter "100.0000%." This is the percentage of available research credits from Part I that may be applied to the combined return as shared credits.	6	100.0000 %

For each member listed in Part I, multiply that member's amount in Part I, column c by the percentage on line 6 and enter the result on Form 4M, Part III, line 4.

Underpayment of Estimated Tax by Corporations

File with Wisconsin Form 4, 4T, 5, or 5S

2009

Wisconsin Department of Revenue	Corporation or Designated Agent Name	Federal Employer ID Number
	Hide N Seek Foods, Inc.	11-0000002

Part I Computation of Underpayment and Interest Due on Underpayment

1 a	Enter 2009 tax before the surcharge plus the recycling surcharge (see instructions)	2566953		
b	Enter 2009 refundable credits (excluding estimated tax and surcharge paid)	6000		
c	Subtract line 1b from line 1a. This is 2009 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable		2560953	
2	Enter 90% of line 1c		2304858	
3 a	Enter 2008 tax before the surcharge plus the recycling surcharge, if applicable (see instructions)	2100000		
b	Enter 2008 refundable credits (excluding estimated tax and surcharge paid)	10000		
c	Subtract line 3b from line 3a. This is 2008 net tax and surcharge		2090000	
4	If 2009 net income is less than \$250,000 and 2008 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2		2304858	
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year)	(a)	(b)	(c)
			6/15/09	9/15/09
6	Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 47		1152430	576214
7	Estimated tax and surcharge paid.		1100000	575000
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment		52430	1214
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment			
10	Carryback of overpayment or late payment			
11	Carryforward of overpayment			
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment		52430	1214
13	Number of days from the due date of the installment to the date carryback on line 10 was paid			
14	Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier		273	181
15	Interest: 12% per year on amount on line 10 for the number of days on line 13			
16	Interest: 12% per year on amount on line 12 for the number of days on line 14		4705.77	72.24
17	Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows a tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on your tax return			4813.93

Part II Computation of Total Amount Due

Complete this part only if your return is not filed by the unextended due date and shows a tax due.		(a) Interest at 18% per year	(b) Interest at 12% per year	(c) Total
18	If return filed late without an extension, enter net tax (including surcharge)			
19	If return filed with extended due date and shows –	(90%)	(10%)	
a	Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated	2310258	256695	
b	Net tax (including surcharge) of less than \$500, enter net tax.			
20	Enter payments made (apply first to 18% per year column)	2310258	235742	
21	Subtract line 20 from line 18 or 19a or 19b. This is amount due 15th day of 3rd month after end of taxable year	0	20953	
22	Interest on underpayment from Part I, line 17.	4813.93		4813.93
23	Add lines 21 and 22.	4813.93	20953	
24	Interest on amounts on line 23 to <u>10/15/2010</u> (date return filed)	(18% per year) 505.66	(12% per year) * 1467.28	1972.94
25	If your return is filed late without an extension or after the extended due date –			0
a	Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25%			0
b	Enter a \$30 late fee			0
26	Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due"			6786.87

* Note: See the instructions for line 24.

Name Hide N Seek Foods, Inc.	Identifying Number 11-000002
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1 Fill in the enterprise zone jobs credit released to you by the Department of Commerce	1	2000
2 Fill in the enterprise zone jobs credit passed through from other entities	2	0
3 Add lines 1 and 2. This is your enterprise zone jobs credit	3	2000

Instructions for 2009 Schedule EC

Purpose of Schedule EC

Use Schedule EC to claim the enterprise zone jobs credit, which is available for qualifying taxpayers doing business in a Wisconsin enterprise zone designated by the Wisconsin Department of Commerce.

To be eligible for the enterprise zone jobs credit, businesses must first be certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at www.commerce.wi.gov or write to the Wisconsin Department of Commerce, PO Box 7970, Madison, WI 53707-7970.

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is conducting business in an enterprise zone and has been certified by the Department of Commerce may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

Caution

- The credit you compute on Schedule EC is income and must be reported on your Wisconsin franchise or income tax return in the year computed.
- The enterprise zone jobs credit is not allowable for expenditures which are included in the basis for another Wisconsin income or franchise tax credit, such as the research expense credit.

Line 1: Fill in the total amount of enterprise zone jobs credit awarded and released to you by the Wisconsin Department of Commerce, as computed by the Department of Commerce.

Line 2: If applicable, fill in the amount of enterprise zone jobs credit passed through from tax-option (S) corporations (from Schedule 5K-1), partnerships and LLCs treated as partnerships (from Schedule 3K-1), and estates and trusts (from Schedule 2K-1).

Line 3: For estates or trusts, show only the estate's or trust's portion of the credit on line 3, and show the beneficiaries' portion of the credit to the left of line 3. Label it "Beneficiaries' portion." Prorate the beneficiaries portion among the beneficiaries on Schedule 2K-1. For tax-option (S) corporations, partnerships, and LLCs treated as partnerships, show the entire amount of credit on line 3 and prorate that amount among the shareholders, partners, or members on Schedule 5K-1 or 3K-1.

Required Attachments to Return

File your completed Schedule EC with your Wisconsin franchise or income tax return. Also, include a copy of your certification to claim tax benefits and the verification of your expenses, which you obtain from the Department of Commerce. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule EC instead of the certification to claim tax benefits and verification of expenses.

Additional Information

For more information, you may:

- E-mail your question to corp@revenue.wi.gov
- Call (608) 266-2772 [TTY (608) 267-1049]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison, WI 53708-8906

Wisconsin Internet Equipment Credit

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4I, 4T, 5 or 5S

2009*Read instructions before filling in this schedule*

Name Hide N Seek Foods, Inc.	Federal Employer ID Number 11-0000002
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1 Enter amount claimed as a deduction under sec. 77.585(9), Wis Stats., for Internet equipment used in the broadband market, as certified by the Department of Commerce	1	15000
2 Enter Internet equipment credit passed through from other entities	2	0
3 Add lines 1 and 2. This is your 2009 Internet equipment credit	3	15000
4 Carryover of unused 2008 Internet equipment credit	4	0
5 Add lines 3 and 4. This is the available Internet equipment credit.	5	15000

Instructions for 2008 Schedule IE**Purpose of Schedule IE**

Use Schedule IE to claim the Internet equipment credit, available for taxpayers who are certified by the Department of Commerce to claim a sales tax deduction on Internet equipment used in the broadband market. For information regarding how to become certified, visit the Department of Commerce web site at www.commerce.wi.gov or write to the Wisconsin Department of Commerce, P.O. Box 7970, Madison, WI 53707-7970.

Who Is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified to claim a sales tax deduction provided by sec. 77.585(9), Wis. Stats., on Internet equipment used in the broadband market, may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

"Internet equipment used in the broadband market" means equipment that is capable of transmitting data packets or Internet signals at speeds of at least 200 kilobits per second in either direction.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant must certify to the Department of Commerce that the claimant will, within 24 months after July 1, 2007, make an investment that is reasonably calculated to increase broadband Internet availability in Wisconsin.
- Within 60 days after the end of the year in which the investment is made, the claimant files a report with the Department of Commerce that provides a detailed description of the investment, including the amount invested.

The claimant may not claim the credit until the first taxable year following the taxable year in which the claimant claimed a sales tax deduction on Internet equipment used in the broadband market. The sales tax deduction may first be claimed on July 1, 2007.

Specific Line Instructions

Line 1: Enter the amount certified by the Department of Commerce that the claimant claimed as a sales tax deduction under sec. 77.585(9), Wis. Stats., for Internet equipment used in the broadband market.

Line 2: Enter the amount of Internet equipment credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Read instructions before filling in this schedule

Name Hide N Seek Foods, Inc.	Federal Employer ID Number 11-0000002
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1 Enter amount of tax credits authorized by the Department of Commerce	1	27000
2 Enter economic development tax credit passed through from other entities.	2	0
3 Add lines 1 and 2. This is your 2009 economic development tax credit.	3	27000

Instructions for 2009 Schedule ED

Purpose of Schedule ED

Use Schedule ED to claim the economic development tax credit, which is available for taxpayers who are certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at www.commerce.wi.gov or write to the Wisconsin Department of Commerce, P.O. Box 7970, Madison, WI 53707-7970.

Who Is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified by the Department of Commerce, may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the Department of Commerce. A person who conducts or proposes to conduct any of the following may be certified: job creation project, capital investment project, employee training project, or a project related to corporate headquarters in Wisconsin.
- The claimant has received from the Department of Commerce a notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

Specific Line Instructions

Line 1: Enter the amount of tax benefits reported on the notice of eligibility received from the Department of Commerce.

Line 2: Enter the amount of economic development tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 3: For estates or trusts, show only the estate's or trust's portion of the credit on line 3, and show the beneficiaries' portion of the credit to the left of line 3. Label it "Beneficiaries' portion." Prorate the beneficiaries' portion among the beneficiaries on Schedule 2K-1. For tax-option (S) corporations, partnerships, and LLCs treated as partnerships, show the entire amount of credit on line 3 and prorate that amount among the shareholders, partners, or members on Schedule 5K-1 or 3K-1.

Credit is Income

The credit you compute on Schedule ED is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Required Attachments to Return

File your completed Schedule ED with your Wisconsin franchise or income tax return. Also, include a copy of your certification to claim tax benefits and the notice of eligibility that reports

Wisconsin Technology Zone Credit

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

2009Wisconsin Department
of Revenue

Name

Hide N Seek Foods, Inc.

Identifying Number

11-0000002

1	Enter the credit for Wisconsin real and personal property taxes paid	1	0
2	Enter the credit for capital investments made in a technology zone	2	5000
3	Enter the credit for wages paid for jobs created in a technology zone.	3	5000
4	Add lines 1, 2, and 3. This is the technology zone credit before pass-through credits	4	10000
5	Enter technology zone credit passed through from other entities	5	0
6	Add lines 4 and 5. This is your 2009 credit	6	10000
7	Carryover of unused technology zone credit	7	0
8	Add lines 6 and 7. This is the available technology zone credit.	8	10000

Instructions for Schedule TC**General Instructions****Purpose of Schedule TC**

Use Schedule TC to claim the tax credit that may be available to persons doing business in Wisconsin technology zones.

The Department of Commerce has designated eight areas of the state as technology zones. A person located in or planning to be located in a technology zone must submit an application to the local technology zone representative and be certified by the Department of Commerce to claim tax benefits. A person may be eligible for tax benefits if (1) the person's business is new or expanding, (2) the person's business is a high-technology business, and (3) the local technology zone representative recommends the person's business for certification. The Department of Commerce will establish a tax benefit limit for certified businesses.

For a map and additional information about the technology zones, visit the Department of Commerce web site at www.commerce.wi.gov or write to the Wisconsin Department of Commerce, PO Box 7970, Madison WI 53707-7970.

Who Is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, tax-option (S) corporation, insurance company, or tax-exempt organization that is conducting a trade or business in a technology zone and has been certified by the Department of Commerce may be eligible for the tax credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit attributable to the entity's business operations passes through to the partners, members, or shareholders.

Estates or trusts share the credit among themselves and their beneficiaries in proportion to the income allocable to each.

Credit Is Income

The credit that you compute on Schedule TC is income and must be reported on your Wisconsin franchise or income tax return in the year computed. This is true even if you cannot use the full amount of a credit computed this year to offset tax liability for this year and must carry part or all of it forward to future years.

Carryover of Unused Credits

The technology zone credit is nonrefundable. Any unused credit may be carried forward for 15 years. If there is a reorganization of a corporation claiming a technology zone credit, the limitations provided by Internal Revenue Code section 383 may apply to the carryover of any unused Wisconsin technology zone credit.

Information

For more information about claiming the credit, you may:

- E-mail your question to corp@revenue.wi.gov
- Send a FAX to (608) 267-0834
- Call (608) 266-2772 [TTY (608) 267-1049]
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison WI 53708-8906

Name Hide N Seek Foods, Inc.	Identifying Number 11-0000002
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Part I Development Zones Credit

1	Enter the development zones credit for environmental remediation	1	0
2	Enter the development zones credit for job creation or retention	2	17000
3	Add lines 1 and 2. This is the development zones credit before pass-through credits	3	17000
4	Enter development zones credit passed through from other entities	4	0
5	Add lines 3 and 4. This is your 2009 credit	5	17000
6	Carryover of unused development zones credit	6	0
7	Add lines 5 and 6. This is the available development zones credit	7	17000

Part II Development Opportunity Zone Investment Credit

8	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone:		
	a Qualified purchases expensed under IRC section 179	8a	
	b Qualified purchases not expensed under IRC section 179	8b	
9	Multiply line 8a by 1.75% (0.0175)	9	
10	Multiply line 8b by 2.5% (0.025)	10	
11	Add lines 9 and 10. This is the investment credit before pass-through credits	11	
12	Enter investment credit passed through from other entities	12	
13	Add lines 11 and 12. This is your 2009 credit	13	
14	Carryover of unused opportunity zone investment credit	14	
15	Add lines 13 and 14. This is the available opportunity zone investment credit	15	

Part III Development Opportunity Zone, Agricultural Development Zone, or Airport Development Zone Capital Investment Credit

16	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone, agricultural zone, or airport zone	16	
17	Enter the amount expended during the taxable year to acquire, construct, rehabilitate, remodel, or repair real property in an opportunity zone, agricultural zone, or airport zone	17	
18	Add lines 16 and 17	18	
19	Multiply line 18 by 3% (0.03). This is the capital investment credit before pass-through credits	19	
20	Enter capital investment credit passed through from other entities	20	
21	Add lines 19 and 20. This is your 2009 credit	21	
22	Carryover of unused capital investment credit	22	
23	Add lines 21 and 22. This is the available capital investment credit	23	

Part IV Recapture of Investment Credit

		Properties		
		A	B	C
24	Enter kind of property (attach separate schedules if more space is needed)	24		
25	Date property was placed in service	25		
26	Original estimated useful life or recovery period	26		
27	Original credit	27		
28	Date property ceased to be qualified investment credit property	28		
29	Number of full years between the dates on lines 25 and 28	29		
30	Recapture percentage (from instructions)	30		
31	Multiply line 27 by the percentage on line 30	31		
32	Add line 31, columns A through C, plus any amounts from separate schedules	32		
33	Portion of original credit (line 27) not used to offset tax in any year, plus any carryforward of credits you can now apply to the original credit year	33		
34	Subtract line 33 from line 32. This is the total increase in tax	34		

Health Insurance Risk-Sharing Plan Assessments Credit

File with Wisconsin Form 3, 4, 5, or 5S

2009

Name Acme Foods Corp.	Identifying Number 11-0000013
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1 For each Health Insurance Risk-Sharing Plan (HIRSP) assessment paid in the taxable year covered by this return for which you received a notice of HIRSP tax credit from the HIRSP Authority, complete items a through f below:

a	b	c	d	e	f
Assessment Date	Assessment Amount	Amount of Assessment Paid in Taxable Year	Divide Column c by Column b (carry to 4 decimal places)	Tax Credit Amount for Assessment Per HIRSP Notice	Multiply Column d by Column e

2 Total from column f in line 1 above	2	0
3 Health Insurance Risk-Sharing Plan assessments credit passed through from other entities	3	250
4 Add lines 2 and 3. This is your 2009 Health Insurance Risk-Sharing Plan assessments credit	4	250
5 Carryover of unused Health Insurance Risk-Sharing Plan assessments credit	5	0
6 Add lines 4 and 5. This is the available Health Insurance Risk-Sharing Plan assessments credit	6	250

Instructions for 2009 Schedule HI

GENERAL INSTRUCTIONS

Purpose of Schedule HI

Use Schedule HI to claim the Health Insurance Risk-Sharing Plan (HIRSP) assessments credit against your Wisconsin franchise or income tax liability.

Who is Eligible to Claim the Credit

An insurer who is required to participate in the cost of administering the Health Insurance Risk-Sharing Plan may be able to claim the Health Insurance Risk-Sharing Plan assessments credit.

The credit is based on the assessment by the Commissioner of Insurance for the insurer's proportion of participation based on the total assessments estimated by the Health Insurance Risk-Sharing Plan Authority.

Caution: You may not claim any HIRSP credit against your Wisconsin franchise or income tax liability which you also claimed against the premium taxes imposed under secs. 76.60, 76.63, 76.65, 76.66, or 76.67, Wis. Stats.

Credit is Income

The credit you compute on Schedule HI is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryforward of Unused Credits

The HIRSP assessments credit is nonrefundable. Any unused credit may be carried forward for 15 years. **Caution:** If any of the HIRSP assessments credit you compute on Schedule HI cannot be offset against your Wisconsin income or franchise tax liability, you may not claim the

Name Italian Pasta Co.	Identifying Number 11-0000125
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Part I Development Zones Credit

1	Enter the development zones credit for environmental remediation	1	0
2	Enter the development zones credit for job creation or retention	2	21000
3	Add lines 1 and 2. This is the development zones credit before pass-through credits	3	21000
4	Enter development zones credit passed through from other entities	4	0
5	Add lines 3 and 4. This is your 2009 credit	5	21000
6	Carryover of unused development zones credit	6	0
7	Add lines 5 and 6. This is the available development zones credit	7	21000

Part II Development Opportunity Zone Investment Credit

8	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone:		
	a Qualified purchases expensed under IRC section 179	8a	
	b Qualified purchases not expensed under IRC section 179	8b	
9	Multiply line 8a by 1.75% (0.0175)	9	
10	Multiply line 8b by 2.5% (0.025)	10	
11	Add lines 9 and 10. This is the investment credit before pass-through credits	11	
12	Enter investment credit passed through from other entities	12	
13	Add lines 11 and 12. This is your 2009 credit	13	
14	Carryover of unused opportunity zone investment credit	14	
15	Add lines 13 and 14. This is the available opportunity zone investment credit	15	

Part III Development Opportunity Zone, Agricultural Development Zone, or Airport Development Zone Capital Investment Credit

16	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone, agricultural zone, or airport zone	16	
17	Enter the amount expended during the taxable year to acquire, construct, rehabilitate, remodel, or repair real property in an opportunity zone, agricultural zone, or airport zone	17	
18	Add lines 16 and 17	18	
19	Multiply line 18 by 3% (0.03). This is the capital investment credit before pass-through credits	19	
20	Enter capital investment credit passed through from other entities	20	
21	Add lines 19 and 20. This is your 2009 credit	21	
22	Carryover of unused capital investment credit	22	
23	Add lines 21 and 22. This is the available capital investment credit	23	

Part IV Recapture of Investment Credit

		Properties		
		A	B	C
24	Enter kind of property (attach separate schedules if more space is needed)	24		
25	Date property was placed in service	25		
26	Original estimated useful life or recovery period	26		
27	Original credit	27		
28	Date property ceased to be qualified investment credit property	28		
29	Number of full years between the dates on lines 25 and 28	29		
30	Recapture percentage (from instructions)	30		
31	Multiply line 27 by the percentage on line 30	31		
32	Add line 31, columns A through C, plus any amounts from separate schedules	32		
33	Portion of original credit (line 27) not used to offset tax in any year, plus any carryforward of credits you can now apply to the original credit year	33		
34	Subtract line 33 from line 32. This is the total increase in tax	34		

Read instructions before filling in this schedule

Name Italian Pasta Co.	Federal Employer ID Number 11-0000125
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1 Enter amount of tax credits authorized by the Department of Commerce	1	6000
2 Enter economic development tax credit passed through from other entities.	2	0
3 Add lines 1 and 2. This is your 2009 economic development tax credit.	3	6000

Instructions for 2009 Schedule ED

Purpose of Schedule ED

Use Schedule ED to claim the economic development tax credit, which is available for taxpayers who are certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at www.commerce.wi.gov or write to the Wisconsin Department of Commerce, P.O. Box 7970, Madison, WI 53707-7970.

Who Is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified by the Department of Commerce, may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the Department of Commerce. A person who conducts or proposes to conduct any of the following may be certified: job creation project, capital investment project, employee training project, or a project related to corporate headquarters in Wisconsin.
- The claimant has received from the Department of Commerce a notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

Specific Line Instructions

Line 1: Enter the amount of tax benefits reported on the notice of eligibility received from the Department of Commerce.

Line 2: Enter the amount of economic development tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 3: For estates or trusts, show only the estate's or trust's portion of the credit on line 3, and show the beneficiaries' portion of the credit to the left of line 3. Label it "Beneficiaries' portion." Prorate the beneficiaries' portion among the beneficiaries on Schedule 2K-1. For tax-option (S) corporations, partnerships, and LLCs treated as partnerships, show the entire amount of credit on line 3 and prorate that amount among the shareholders, partners, or members on Schedule 5K-1 or 3K-1.

Credit is Income

The credit you compute on Schedule ED is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Required Attachments to Return

File your completed Schedule ED with your Wisconsin franchise or income tax return. Also, include a copy of your certification to claim tax benefits and the notice of eligibility that reports

Name Wisconsin Telcom Co.	Federal Employer ID Number 11-0000124
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Part I Credit for Increasing Research Expenses

1	Enter Wisconsin research wage expenses	1	
2	Enter Wisconsin research supplies expenses	2	
3	Enter Wisconsin research computer rental expenses	3	
4	Enter applicable percentage of Wisconsin contract research expenses	4	
5	Enter expenses used to compute the federal orphan drug credit that qualify as Wisconsin research expenses	5	
6	Add lines 1 through 5.	6	
7	Wages included on line 6 that qualify for the Wisconsin development zones credit	7	
8	Subtract line 7 from line 6. This is total Wisconsin research expenses.	8	

Section A Regular Credit. Complete this section only if you are claiming the regular credit – see instructions.
(Skip this section and go to section B if you are electing the alternative incremental credit.)
Check box if this is a one-time only change in election.

9	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	9	
10	Enter Wisconsin fixed-base percentage, but not more than 16% (0.16), from the Worksheet on page 2, line 19	10	_____ %
11	Multiply line 9 by the percentage on line 10. This is the base amount	11	
12	Subtract line 11 from line 8. If zero or less, enter zero (0).	12	
13	Multiply line 8 by 50% (0.50)	13	
14	Enter the smaller of line 12 or line 13.	14	
15	Multiply line 14 by 5% (0.05). This is the regular Wisconsin credit for increasing research expenses	15	

Section B Alternative Incremental Credit. Complete this section only if you are claiming the alternative credit – see instructions.
(Skip this section and go to line 29 if you completed section A.)
Check box if this is a one-time only change in election.

16	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	16	
17	Multiply line 16 by 1% (0.01)	17	
18	Subtract line 17 from line 8. If zero or less, enter zero (0).	18	
19	Multiply line 16 by 1.5% (0.015)	19	
20	Subtract line 19 from line 8. If zero or less, enter zero (0).	20	
21	Subtract line 20 from line 18. If zero or less, enter zero (0).	21	
22	Multiply line 16 by 2% (0.02)	22	
23	Subtract line 22 from line 8. If zero or less, enter zero (0).	23	
24	Subtract line 23 from line 20. If zero or less, enter zero (0).	24	
25	Multiply line 21 by 2.65% (0.0265)	25	
26	Multiply line 24 by 3.2% (0.032)	26	
27	Multiply line 23 by 3.75% (0.0375)	27	
28	Add lines 25, 26, and 27. This is the Wisconsin alternative incremental credit.	28	
29	Carryover of unused research expense credit.	29	
30	Add line 15 or line 28 to line 29. This is the available research expense credit	30	

Part II Credit for Research Facilities

31	Total qualified research facility expenditures	31	300000
32	Multiply line 31 by 5% (0.05)	32	15000
33	Carryover of unused research facilities credit	33	0
34	Add lines 32 and 33. This is the available research facilities credit	34	15000

Wisconsin Attached Schedule

Wisconsin Schedule V detail

	Hide N Seek	Greek Playhouse	Acme Foods	Italian Pasta	WI Telcom	Total
Line 1. Interest income from state and municipal obligations	12000	3000	2000	800	2200	20000
Line 2. State taxes accrued or paid	1500000	350000	411000	112000	14175	2387175
Line 10. Credits	71000	0	250	27000	15000	113250
Totals	1583000	353000	413250	139800	31375	2520425

Wisconsin Schedule W detail

	Hide N Seek	Greek Playhouse	Acme Foods	Italian Pasta	WI Telcom	Total
Line 1. Wisconsin subtraction for dividends	27000	0	0	0	0	27000
Line 9. Wisconsin depreciation in excess of federal depreciation	16000	2000	0	0	0	18000
Line 10. Wisconsin basis in excess of federal basis	0	0	3000	0	0	3000
Totals	43000	2000	3000	0	0	48000

1120

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form Department of the Treasury Internal Revenue Service

For calendar year 2009 or tax year beginning 2009, ending 2009

2009

See separate instructions.

A Check if: 1a Consolidated return (attach Form 851) [checked] Use IRS label. Otherwise, print or type. Name: Hide N Seek Foods Inc. B Employer identification number: 11-0000002

Income table with 11 rows. 1a Gross receipts or sales: 496,482,805. 11 Total income: 213,914,127.

Deductions table with 29 rows. 12 Compensation of officers: 3,563,291. 27 Total deductions: 130,835,429. 28 Taxable income before net operating loss deduction: 83,078,698.

Tax, Refundable Credits, and Payments table with 12 rows. 30 Taxable income: 83,078,698. 31 Total tax: 17,867,507. 32a 2008 overpayment credited to 2009: 232,650. 32b 2009 estimated tax payments: 20,000,000. 32d Total credits: 20,232,650. 32h Refundable credits: 20,232,650. 36 Enter amount from line 35 you want: Credited to 2010 estimated tax 1,000,000. Refunded 1,365,143.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Chief Executive Officer Title. May the IRS discuss this return with the preparer shown below (see instructions)? [checked] Yes [] No

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed [checked], Preparer's SSN or PTIN: 999-06-0007. Firm's name: Electronic Tax Filers, Inc. EIN: 11-000011. Address: 100 Efile Drive Anytown, TX 75231. Phone no.: 512-555-1212.