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EXTENSION GRANTED TO DECEMBER 15, 2014 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public formation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For calendar year 2013 or tax | year beginning MAY | 1, 2013 | , and ending | APR 30, 201 | 1 |
|---|---|------------------------------------|--|---|---|
| Name of foundation | | · | - | A Employer identification | |
| SUB-ZERO WOL | F FOUNDATION, | INC. | | | |
| C/O SUB-ZERO | GROUP, INC. | | | 39-191846 | 2 |
| | mber if mail is not delivered to stree | address) | Room/suite | B Telephone number | |
| 4717 HAMMERS | | | | 608.271.2 | 233 |
| City or town, state or provinc MADISON, WI | e, country, and ZIP or foreign p 53717–2708 | oostal code | | C If exemption application is | pending check here |
| G Check all that apply | Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organization | s, check here |
| | Final return | Amended return | • | 0 - | |
| | Address change | Name change | | Foreign organizations mechanisms and attach of the control of | eeting the 85% test, omputation |
| H Check type of organization | X Section 501(c)(3) e: | kempt private foundation | | E If private foundation st | atus was terminated |
| Section 4947(a)(1) non | | Other taxable private founda | tion | under section 507(b)(| |
| I Fair market value of all asse | | _ | Accrual | F If the foundation is in a | 60-month termination |
| (from Part II, col (c), line | | ther (specify) | | under section 507(b)(1 |)(B), check here |
| | 244,269 . (Part I, colu | mn (d) must be on cash b | pasis.) | | 1 |
| Part I Analysis of Reven (The total of amounts in necessarily equal the a | ue and Expenses n columns (b), (c), and (d) may not amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1 Contributions, gifts, | grants, etc., received | 200,000. | | N/A | |
| 2 Check ▶ ☐ If the fo | undation is not required to attach Sch. B. | | | | |
| 3 Interest on savings and cash investments | temporary | | | | |
| 4 Dividends and intere | est from securities | 234. | 234. | | STATEMENT 1 |
| 5a Gross rents | | | | | |
| b Net rental income or (los | ss) | | | | |
| 6a Net gain or (loss) from s | | 380. | | | |
| b Gross sales price for all assets on line 6a | 380. | | 200 | | |
| b Gross sales price for all assets on line 6a 7 Capital gain net income | | | 380. | | |
| | • | | <u></u> | | |
| 9 Income modification Gross sales less returns and allowances | | | | | |
| ma . | | | | | |
| b Less Cost of goods sol | | | ······································ | | ······································ |
| c Gross profit or (loss |) | | | | |
| 11 Other income 12 Total Add lines 1 th | rough 11 | 200,614. | 614. | | |
| | rs, directors, trustees, etc | 0. | 0. | | 0. |
| 14 Other employee sala | | | | | |
| 15 Pension plans, empl | * | | | | |
| % 16a Legal fees | . 3 | | | | |
| b Accounting fees | CEIVED V | | | | |
| C Other professional-fo | es - OS | | | | |
| <u>§</u> 17 Interest ⊗ | EC 1 9 2014 | | | | |
| E 10 1000 141 | | | | | |
| 19 Depreciation and de | GDEN, UT | | | | |
| E 20 Occupanty | | | | | |
| 21 Travel, conferences, | | | | | |
| 22 Printing and publica | tions | | - | | |
| 23 Other expenses | | | | | |
| 23 Other expenses 24 Total operating and expenses. Add lines | | | ^ | | |
| expenses. Add lines | · | 120,250. | 0. | | 120,250. |
| 25 Contributions, gifts, | | 120,230. | | | 120,230. |
| 26 Total expenses and Add lines 24 and 25 | | 120,250. | 0. | | 120,250. |
| | | 120,230. | <u></u> | | 120,230. |
| | | 80,364. | | | |
| | expenses and disbursements Ome (if negative, enter -0-) | 30,301. | 614. | | |
| c Adjusted net incom | | | <u> </u> | N/A | |
| 222501 | ork Reduction Act Notice, see | instructions | | <u></u> | Form 990-PF (2013) |

Page

| 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts ► 4 Pledges receivable ► Less allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other noise anoticinar receivable Less allowance for doubtful accounts ► 8 Investments exceede Less allowance for doubtful accounts ► 9 Prepaid expenses and deferred doubtful accounts ► 10a Investments - US and state government obligations b Investments - Corporate stock c Investments - Corporate stock STMT 3 18,969 • 22,604 • c Investments - Corporate stock C Investments - Corporate stock STMT 3 1 Investments - Investments - Investment obligations 1 Investments - Investment busing and equipment basis Less accordant degeneration 1 Investments - Other 1 Land, buildings, and equipment basis Less accordant degeneration 1 Cother assets (describe ► 1 Total assets (to be completed by all filers - see the Instructions Also, see page 1, item 1) 1 Accounts payable and accrued expenses 1 Grants payable 2 Ober for mofficers, directors, trustees, and other disqualified persons 2 Investments - other in | 1arket Value 121,665 |
|--|--------------------------|
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| 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► | 44,269 |
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| and complete lines 24 through 26 and lines 30 and 31 24 Unrestricted | |
| 24 Unrestricted | |
| 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here | |
| 26 Permanently restricted Foundations that do not follow SFAS 117, check here | |
| Foundations that do not follow SFAS 117, check here | |
| | |
| and complete lines 27 through 31 | |
| 27 Capital stock, trust principal, or current funds | |
| 28 Paid-in or capital surplus, or land, bldg, and equipment fund | |
| 29 Retained earnings, accumulated income, endowment, or other funds 158, 134. 244, 269. | |
| 30 Total net assets or fund balances 158,134. 244,269. | |
| | |
| 31 Total liabilities and net assets/fund balances 158,134. 244,269. | |
| Part III Analysis of Changes in Net Assets or Fund Balances | |
| Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | - |
| formal and the first of the fir | SQ 124 |
| | 58,134. 30,364. |
| Other increases not included in line 2 (termina) | 5,771. |
| | $\frac{3,771.}{14,269.}$ |
| Decreases not included in line 2 (itemize) 5 | 0. |
| | 14,269. |
| | 0-PF (2013) |

| | -ZERO WOLF FOUND SUB-ZERO GROUP, | | INC. | | | 39-191 | 8462 | Page 3 |
|--|---|--|------------------------------------|--|--------------|---------------------------------------|-----------------------------|-----------|
| | and Losses for Tax on Ir | | Income | | _ | 33 131 | 0102 | <u> </u> |
| (a) List and descri | be the kind(s) of property sold (e g ehouse, or common stock, 200 sh | | | (b) How acquired P - Purchase D - Donation | (c) D (m) | ate acquired o, day, yr) | (d) Dat (mo , da | |
| 1a CAPITAL GAINS I | DIVIDENDS | | | | | | | |
| b | | | | | | | | |
| C | | | | | | | | |
| _d | | | | | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | n) Gain or (loss) plus (f) minus (| | |
| a 380. | | | | | | | <u></u> | 380 |
| <u>b</u> | | ļ | | | | | | |
| C | | | | | | | | |
| d | | <u> </u> | | | | | | |
| e Complete and for anything the surround | | <u> </u> | 40/04/00 | | | | | |
| Complete only for assets snowing | g gain in column (h) and owned by | | | | | s (Col. (h) gain out not less thar | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | 1 ' ' | cess of col (i) col (j), if any | | Los | ses (from col (| h)) | |
| a | | | | | | | | 380 |
| b | | ļ | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| е | | L | | | | | | |
| 2 Capital gain net income or (net cap | oital loss) { If gain, also ente If (loss), enter -0 | r in Part I, line - in Part I, line | 7 7 | } 2 | | | | 380 |
| 3 Net short-term capital gain or (loss | ` | | | | | | | |
| If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8 | , | (0) | | } 3 | | N/A | | |
| | nder Section 4940(e) for | Reduced | Tax on Net | Investment | Incom | | | |
| (For optional use by domestic private | | | | | | | | |
| If section 4940(d)(2) applies, leave thi | | (,, | | , | | | | |
| 18/aa kha farradakan labla farriba aask | 4040 to the distantished a | | | 10 | | | | X No |
| Was the foundation liable for the section of the section of the foundation does not swell the foundation does not swell the foundation of the section of the | | | | uods | | | L Yes | LAJ NO |
| If "Yes," the foundation does not qualif 1 Enter the appropriate amount in ea | | | | ntries | | | | |
| (a) | (b) | | oro making any o | (c) | | | (d) ution ratio | |
| Base period years Calendar year (or tax year beginnin | | tributions | Net value of no | ncharitable-use ass | sets | Distrib (col (b) div | ution ratio | (c)) |
| 2012 | | 4,599. | | 97,5 | 87. | (00. (5) 0 | | 3421 |
| 2011 | | 9,590. | | 144,8 | | | | 1867 |
| 2010 | | 3,299. | | 124,5 | | | | 3979 |
| 2009 | 20 | 4,828. | | 165,6 | 58. | | 1.2 | 3645 |
| 2008 | 30 | 6,069. | | 415,7 | | | | 36199 |
| | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | <u> </u> | 2 | 5.10 | 5533 |
| 3 Average distribution ratio for the 5 | -year base period - divide the total (| on line 2 by 5, | or by the number | of years | | | | . <u></u> |
| the foundation has been in existen | ce if less than 5 years | | | | ; | 3 | 1.0 | 3306 |
| | | | | | | | | |
| 4 Enter the net value of noncharitable | e-use assets for 2013 from Part X, | line 5 | | | | 4 | 194 | ,133 |
| 5 Multiply line 4 by line 3 | | | | | | 5 | 200 | ,552 |
| 6 Enter 1% of net investment income | e (1% of Part L line 27h) | | | | | 6 | | 6 |
| | - (| | | | <u> </u> | | | |
| 7 Add lines 5 and 6 | | | | | - | 7 | 200 | ,558 |

120,250.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

| _ | 1990-PF (2013) C/O SUB-ZERO GROUP, INC. | 39-1918 | 462 | | Page 5 |
|-----|--|--------------|--------------|--------------|---------------|
| Pa | art VII-A Statements Regarding Activities (continued) | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | | 11 | 1 | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory | privileges? | | | |
| | If "Yes," attach statement (see instructions) | | 12 | Ì | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | X | |
| | Website address ► N/A | | | | |
| 14 | The books are in care of ► MARGE BIEN Telephone no | ▶608.27 | 1.2 | 233 | |
| | Located at ► 4717 HAMMERSLEY ROAD, MADISON, WI | ZIP+4 ►53 | | | 08 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | | |
| | | ▶ 15 | N | /A | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | | | Yes | No |
| | securities, or other financial account in a foreign country? | | 16 | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign | | | - | |
| | country | | } | } | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | <u> </u> | <u></u> | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | · | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | | |
| | | Yes X No | | 1 | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 100 [25] 110 | | 1 | |
| | | Yes X No | | 1 | |
| | | Yes X No | | 1 | |
| | | Yes X No | | } | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 100 [22] 110 | | | |
| | | Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | ics (EE) No | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | - (| |
| | | Yes X No | | - (| |
| h | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 162 (47 140 | | ţ | |
| ~ | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | N/A | 16 | - (| |
| | Organizations relying on a current notice regarding disaster assistance check here | N/11 ▶□ | -10 | + | |
| r | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | l | |
| · | before the first day of the tax year beginning in 2013? | | 4. | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | 1c | | |
| - | defined in section 4942(j)(3) or 4942(j)(5)) | 1 | | l | |
| 2 | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn | ina | | l | |
| u | | Yes X No | | | |
| | If "Voo " tight the years | 162 777 140 | | | |
| h | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre | et | | | |
| U | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack | | | | |
| | statement - see instructions) | N/A | 26 | ĺ | |
| | , | N/A | 2b | | |
| · | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | 1 | |
| 32 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | 1 | |
| Ja | · | Yes X No | | | |
| h | | | |) | |
| u | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons a | | |) | |
| | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to | | | } | |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule | | | | |
| 4.0 | Form 4720, to determine if the foundation had excess business holdings in 2013.) | N/A | 3b_ | | v |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | X |
| n | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo | se tnat | _, | | v |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2013? | | 4b | <u></u> | X |
| | | For | m 990 | -PF (: | 2013) |

Form **990-PF** (2013)

Total number of other employees paid over \$50,000

| Form 990-PF (2013) C/O SUB-ZERO GROUP, INC. | | 91846Z Page 7 |
|--|-----------------------|------------------|
| Part VIII . Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NO | NE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | _ + |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in | formation such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, | etc | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2 | Amount |
| 1N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u> </u> | 0. |

Form 990-PF (2013)

C/O SUB-ZERO GROUP, INC. Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 21,076. 176,013. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 10 197,089. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 197,089. 3 Subtract line 2 from line 1d 2,956. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 194,133. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 9,707. Minimum investment return. Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 9,707. Minimum investment return from Part X, line 6 12. 2a Tax on investment income for 2013 from Part VI, line 5 b Income tax for 2013 (This does not include the tax from Part VI) c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 120,250. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b 120,250 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 6 Adjusted qualifying distributions Subtract line 5 from line 4 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2013)

4940(e) reduction of tax in those years

Part XIII 'Undistributed Income (see Instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|---|---|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, | | 70010 \$1101 to 2012 | 2012 | 2013 |
| line 7 | | | | 9,695. |
| 2 Undistributed income, if any as of the end of 2013 | | | | 7,073 |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years | | | • | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | | | | |
| a From 2008 285, 344. | | | | |
| b From 2009 196,553. | | | | |
| c From 2010 117,072. | | | | |
| d From 2011 82,351. | | | | |
| e From 2012 149,722. | | | | |
| f Total of lines 3a through e | 831,042. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4 \triangleright \$ 120, 250. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 9,695. |
| e Remaining amount distributed out of corpus | 110,555. | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 941,597. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | *************************************** | | | |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2012 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2013 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2008 | 00" 044 | | | |
| not applied on line 5 or line 7 | 285,344. | | | |
| 9 Excess distributions carryover to 2014 | 656 252 | | | |
| Subtract lines 7 and 8 from line 6a | 656,253. | | | |
| 10 Analysis of line 9 a Excess from 2009 196,553. | | | | |
| a Excess from 2009 196,553. b Excess from 2010 117,072. | | | | |
| | | | | |
| c Excess from 2011 82,351. d Excess from 2012 149,722. | | | | |
| e Excess from 2013 110,555. | | | | |
| CEACESS HUII 2013 110, 333. | <u> </u> | | | |

323581 10-10-13

| Part XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | <u> </u> |
|---|--|---|---|---|---------------------------|
| 1 a If the foundation has received a ruling o | r determination letter that | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2013, enter the date of f | the ruling | ▶ <u> </u> | | |
| b Check box to indicate whether the found | iation is a private operatii | ng foundation described i | n section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | <u></u> | <u> </u> | | | |
| c Qualifying distributions from Part XII, | | ŀ | | | |
| line 4 for each year listed | | <u> </u> | | <u> </u> | |
| d Amounts included in line 2c not | | ľ | | | |
| used directly for active conduct of | | | | | |
| exempt activities | <u> </u> | | | ļ | |
| e Qualifying distributions made directly | | ĺ | | | |
| for active conduct of exempt activities | | | | | ļ. |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | ļ | |
| (4) Gross investment income Part XV Supplementary Info | rmation (Comple | to this part only | if the foundation | had \$5 000 or m | oro in accets |
| at any time during t | | | n trie roundation | nau 55,000 or m | ore in assets |
| 1 Information Regarding Foundatio | | | | | |
| a List any managers of the foundation who year (but only if they have contributed managers) | o have contributed more | | ributions received by the | foundation before the clo | se of any tax |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | o own 10% or more of th a 10% or greater interes | ne stock of a corporation (st | or an equally large portion | on of the ownership of a p | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contributi | | • • • • • | - | - | |
| Check here ► ☐ If the foundation o the foundation makes gifts, grants, etc. (| nly makes contributions ((see instructions) to indiv | to preselected charitable eviduals or organizations u | organizations and does n nder other conditions, co | ot accept unsolicited requ emplete items 2a, b, c, and | uests for funds If d d |
| a The name, address, and telephone number MARGE BIEN, 608.271. | | the person to whom appli | cations should be addres | ssed | |
| 4717 HAMMERSLEY ROAD | , MADISON, | WI 53711-27 | 08 | | |
| b The form in which applications should b SUBMIT LETTER OF APP | | | | URPOSE FOR F | UND USAGE. |
| c Any submission deadlines NONE | | | | | |
| d Any restrictions or limitations on awards ORGANIZATION SHOULD | | | | | |
| 323601 10-10-13 | | | | | Form 990-PF (2013) |

| 3 Grants and Contributions Paid During the | e Year or Approved for Future | Payment | | |
|--|--|--|----------------------------------|-------------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
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| EE STATEMENT 3 | NOT APPLICABLE | PC | | |
| | | | | 120,25 |
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| Total | | <u> </u> | ▶ 3a | 120,25 |
| b Approved for future payment | | | | |
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| NONE | | | | |
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| Total | | | ▶ 3b | |

| Part XVI-A | Analysis | of Income | e-Producing | Activities |
|------------|----------|-----------|-------------|------------|
|------------|----------|-----------|-------------|------------|

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | oy section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|-----------------------|-----------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue | code | Amount | code | Alliount | |
| a | | | | | |
| b | | | | | |
| C | _ | | | | |
| d | - | | | | |
| e | _ | | | | |
| f | _ | | +++ | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | <u> </u> | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 234. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 14 | 380. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue | | | | | |
| a | | | | | |
| b | 1 1 | | | | |
| C | | | | | |
| d | _ | | | | |
| е | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | (|). | 614. | (|
| 13 Total Add line 12, columns (b), (d), and (e) | | | _ | 13 | 614 |
| (See worksheet in line 13 instructions to verify calculations |) | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) | | | | | | |
|---------|--|--|--|--|--|--|--|
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323621 10-10-13

| Form 990-PF | (2013) C/O S | SUB-ZERO | GROUP, | INC. | | 39-19 | 918462 | Pa | ige 13 |
|--------------|--|--|---------------------|------------------------------|--------------------|-----------------------------------|----------------------------|--|-------------|
| Part XVI | — <u>~</u> J | | nsfers To | and Transactions | and Relatio | nships With None | haritable | 9 | |
| | Exempt Organ | | | | | | | 1 | |
| | organization directly or indi | | | | | section 501(c) of | ĺ | Yes | No |
| | e (other than section 501(c | | | | inizations? | | | | 1 |
| | rs from the reporting found | lation to a nonchar | itable exempt or | ganization of | | | | 1 | |
| (1) Cas | | | | | | | 1a(1) | - | X |
| | er assets | | | | | | 1a(2) | ļ | X |
| | ansactions | | | | | | | | v |
| . , | es of assets to a noncharita | | | | | | 15(1) | | X |
| | chases of assets from a no ntal of facilities, equipment, | | it organization | | | | 1b(2) | } | X |
| . , | mbursement arrangements | | | | | | 1b(3) 1b(4) | | X |
| | ins or loan guarantees | • | | | | | 1b(5) | | X |
| | formance of services or me | embershin or fundi | raising solicitatio | ons | | | 1b(6) | | X |
| | of facilities, equipment, ma | | | | | | 10 | ! | X |
| | swer to any of the above is | | | | lways show the fa | air market value of the goo | | sets. | |
| | ces given by the reporting f | | | | | | | , | |
| | (d) the value of the goods, | | | | • | v | | | |
| (a) Line no | (b) Amount involved | (c) Name | of noncharitabl | e exempt organization | (d) Descrip | otion of transfers, transactions, | and sharing a | rangeme | nts |
| | | | N/A | | | | | | |
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| | | <u> </u> | | | | | | | |
| 2a Is the fo | undation directly or indirec | tly affiliated with, o | or related to, one | or more tax-exempt organ | nizations describe | d | | | |
| | on 501(c) of the Code (othe | | | • | | | Yes | X | No |
| | complete the following sch | | | | | | | | |
| | (a) Name of org | ganization | | (b) Type of organization | | (c) Description of relat | ionship | | |
| | N/A | | | | | | | | |
| | | | | | <u> </u> | | | | |
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| Tund | lar panaltica of parium. I dealare | that I have averaged | this roturn deludio | S cocomposition askedules as | | the book of multiple colores | | | |
| | ler penalties of perjury, I declare belief, it is true correct, and co | | | | | | May the IRS return with th | discuss e prepar | this |
| Here | Samuel | X 15/1 | D V1, | 1 12/11/11 | 10 | . 5/00 | shown below | (see ins | tr)? |
| P | gnature of officer or trustee | y y | | Date | Title | UNCL | X Yes | | _l No |
| | Print/Type preparer's na | _//_ | Preparer's s | | Date | Check X If P | TIN | | |
| | RUSSELL I | WOLFF, | | J | | self- employed | | | |
| Paid | CPA, PARTN | • | RUSSEI | L L. WOLFF, | 12/09/1 | | P00089 | 483 | |
| Preparei | | | | W KRAUSE, LI | | Firm's EIN ► 39- | | | |
| Use Only | | | | | | | | | |
| | Firm's address ▶ PC | BOX 739 | 8 | | | | | | |

323622 10-10-13

MADISON, WI 53707-7398

Phone no (608)249-6622

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Employer identification number

SUB-ZERO WOLF FOUNDATION, INC. C/O SUB-ZERO GROUP, 39-1918462 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization SUB-ZERO WOLF FOUNDATION, INC. C/O SUB-ZERO GROUP, INC.

Employer identification number

39-1918462

| Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. | | | | | |
|--|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | SUB-ZERO GROUP, INC. PO BOX 44848 MADISON, WI 53744-4848 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | | Person Payroll Onneash Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 323452 10-2 | 4.12 | \$Schedule B (Form | Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013) | | |

Name of organization SUB-ZERO WOLF FOUNDATION, INC. C/O SUB-ZERO GROUP, INC.

Employer identification number

39-1918462

| Part II | Noncash Property | (see instructions) | Use duplicate copies of | f Part II if additional space is needed. |
|---------|------------------|--------------------|-------------------------|--|
|---------|------------------|--------------------|-------------------------|--|

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization SUB-ZERO WOLF FOUNDATION, INC. C/O SUB-ZERO GROUP, INC. 39-1918462 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once). Part III Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | DIVIDENDS | AND INTEREST | FROM SECUR | ITIES | STATEMENT | 1 |
|---|-----------------|-------------------------------|-----------------------------|-------------------------------|------------------|-----|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVES MENT INCO | | |
| MFS RESEARCH FUND A - CGD MFS RESEARCH FUND | 380. | 380. | 0. | | 0. | |
| A - DIVIDENDS | 234. | 0. | 234. | 23 | 34. | |
| TO PART I, LINE 4 | 614. | 380. | 234. | 23 | 34. | |
| DESCRIPTION UNREALIZED GAIN PRIOR PERIOD ADJUSTI TOTAL TO FORM 990-PR | | LINE 3 | | | AMOUNT 3,02 2,75 | 0. |
| FORM 990-PF | | CORPORATE S | госк | | STATEMENT | 3 |
| DESCRIPTION | | | воо; | K VALUE | FAIR MARKET | ľ |
| MFS RESEARCH FUND-A (MFRFX) | | | | 22,604. | . 22,604 | |
| MFS RESEARCH FUND-A | (MFRFX) | | | 22,004. | 22,00 |)4. |

SUB-ZERQ WOLF FOUNDATION, INC.

| FORM 990-PF | | | GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | | | | | |
|---|--|-----------------------|---|----------------|-------------------------|------------|---|------------|
| | | | | | If recipient is an | | | |
| | | | | | individual show | | | |
| | | | | | any relationsh p to | | | |
| | | | | | any foundation | Foundation | Purpose of | |
| Recipient | | | | | manager of | status of | Grant or | |
| Name and address | Street Address | City | State | Zıp | substantial contributor | Recipient | Contribution | Amount |
| Agrace HospiceCare | 5395 E Cheryl Pkwy | Madison | Wi | 53711 | Not Applicable | PC | Guneral Support | 2,000 |
| Aldo Leopold Center | 330 Femrite Dr | Monona | wi | 53716 | Not Applicable | PC | General Support | 1,000 |
| Arthritis Foundation - Upper Midwest | 802 W Broadway, Ste 206 | Madison | WI | 53713 | Not Applicable | PC | General Support | 50 |
| Bayview Foundation Triangle Fest | 601 Bayview Triangle | Madison | WI | 53715 | Not Applicable | P^ | General Support | 50 |
| Boys & Girls Club of Dane County | 2001 Taft St | Madison | WI | 53713 | Not Applicable | PC | General Support | 1,00 |
| Brail e Library & Transcribing Services | 517 N Segoe Rd | Madison | WI | 53705 | Not Applicable | PC | General Support | 50 |
| Breast Cancer Recovery | 2800 Royal Ave | Monone | WI | 53713 | Not Applicable | PC | General Support | 50 |
| Catholic Charities | 702 S. High Point Rd. PO Box 46550 | Medison | WI | 53744 | Not Applicable | PC | General Support | 50 |
| Centro Hispano | 801 W Badger Rd | Madison | WI | 53713 | Not Applicable | ₽C | Ceneral Support | 50 |
| Combat Blindness International | PO Box 5332 | Madison | W1 | 53705 | Not Appi cable | PC | Ceneral Support | 1,00 |
| Dane County Library Services | 201 W Mifflin St | Madison | WI | 53703 | Not Applicable | PC | Ceneral Support | 504 |
| Dean Foundation - BSP Free Clinic | 2711 Allen Blvd Suite 300 | Middleton | WΙ | 53562 | Not Applicable | PC | 825 Eteb Churc | 2,00 |
| Easter Seal Wisconsin | 101 Nob Hill Rd | Madison | WΙ | 53713 | Not Applicable | PC | Ceneral Support | 50 |
| Fitchburg Days | PO Box 259912 | Madison | WI | 53725 | Not Applicable | PC | General Support | 50 |
| Friends of Enchburg Library | 5870 Persimmon Dr | fitchburg | WI | 53711 | Not Applicable | PC | Ceneral Support | 50 |
| Friends of the Zoo Henry Vilas Zoo | 606 S Randall Ave | Madison | WI | 53715 | Not Applicable | PC | General Support | 1,00 |
| Gathering Waters Conservancy | 211 S Patterson St, Sie 270 | Madison | WE | 53703 | Not Applicab e | PC | General Support | 1 000 |
| Gilda's Club Madison | 7907 UW Health Ct | Middleton | WI | 53562 | Not Applicab e | PC | General Support | 50 |
| Goodman Community Center | 149 Waubesa St | Madison | W1 | 53704 | Not Applicable | PC | General Support | 50 |
| Goodwill Industries | 1302 Mendota St | Madison | WI | 53/14 | Not Applicab € | PC | General Support | 751 |
| Habitat for Humanity - Dane County | PO Box 258128 | Madison | WI | 53725 | Not Applicable | PC | General Support | 1 00 |
| Home Health United - Visiting Nurse Service | 4639 Hammersley Rd | Madison | WI | 53711 | Not Applicable | PC | General Support | 50 |
| Independent Living Inc | 815 Forward Or | Madison | WI | 53711 | Not Applicable | PC | General Support | SO |
| JDRF Juvenile Diabetes Research Fund | 7818 Big Sky Dr, Ste 118 | Madison | WI | 53719 | Not Applicable | PC | General Support | 10,00 |
| Junior Achievement | 2501 W Beltline Hwy c/o Wipfli, Ste 401 | Madison | WI | 53713 | Not Applicable | PC | General Support | 1 00 |
| Junior League of Madison | 517 Segoe Rd | Madison | WI | 53705 | Not Applicable | PL | General Support | 1,00 |
| Llly s Fund - University of Wisconsin Foundation | 1848 University Ave | Medison | WI | 53726 | Not Applicable | PC | Lily's Fund for Epilepsy Research Luau 2014 | 50 |
| Lussier Community Education Center | 55 \$ Gammon Rd | Madison | WI | 53717 | Not Applicable | PC | General Support | 50 |
| Madison Public Library Foundation | 201 W Mifflin St | Madison | W | 53703 | Not Applicable | PC | Learning for a Lifetime Pledge 2 of 5 | 5,00 |
| Madison Urban Ministry | 2300 5 Park St | Madison | WI | 53713 | Not Applicable | PC | General Support | 50 |
| Madison Youth Choirs Make-A Wish Foundation Wisconsin | PO Box 5233 | Madison | WI WI | 53705 | Not Applicable | PC | General Support | 500 |
| | 1320 Mendota St | Madison | | 53714 | Not Applicable | PC | General Support | 50 |
| MARC Foundation | 901 Post Rd | Madison | WI | 53713 | Not Applicable | PC | General Support | 50 |
| Madison Community Foundation | 2 Science Ct | Madison | WI Wi | 53711 | Not Applicable | PC | Frichiburg Optimist Club Splash Pad | 50 |
| Nat'l Multiple Scienosis - Wisconsin Chptr | 1120 James Dr | Hartland | W1 | 53029 53704 | Not Applicable | PC PC | General Support | 500 |
| Operation Fresh Start | 1925 Winnebago St | Madison | | 53719 | Not Applicable | PC PC | General Support | 1 000 |
| Orchard Ridge Nursery School Porchlight Inc | 1025 McKenna Blvd | Madison | WI WI | 53719 | Not Applicable | | General Support | 250 |
| | 306 N Brooks St | Madison | | | Not Applicable | PC | General Support | 1,00 |
| Reinbow Project Rawhide | 831 W Washington Ave F7475 Welland Rd | Madison New London | WI | 53/03 54961 | Not Applicable | PC PC | General Support | 504 504 |
| REAP Food Group | 306 E Wilson St. Ste 2E | Madison | W | 53703 | Not Applicable | PC | General Support General Support | 50 |
| Ronald McDonald House Charlties of Madison | 2716 Marshall Ct | Madison | WI | 53705 | Not Applicable | PC | | 50 |
| RSVP of Dane County | | Madison | Wi | 53705 | Not Applicable | PC PC | General Support General Support | 50 |
| Salvation Army | 517 N Segoe, Ste 300 630 E Washington Ave | Madison | WI | 53703 | Not Applicable | PC PC | General Support | 1.00 |
| Second Harvest Foodbank | 2802 Dairy Dr | Madison | WI | 53703 | Not Applicable | PC | General Support | 1,00 |
| Shrine Circus Fund | PO Box 44758 | Madison | WI | 53744 | Not Applicable | PC | General Support | 1,00 |
| Society of St. Vincent de Paul | 1109 Jonathan Dr | Madison | Wi | \$3713 | Not Applicable | PC | General Support | 1.00 |
| Special Olympics: Wi | 2310 Crossroads Dr, Ste 100 | Madison | Wi | 53713 | Not Applicable | PC | General Support | 1,00 |
| St. Maria Goretti Church | S313 Flad Ave | Madison | WI | 53718 | Not Applicable | PC | General Support | 45 |
| Sr Mary's Foundation | 700 S Park St | Madison | Wi | 53715 | Not Applicable | PC | General Support | 1.00 |
| United Way | 2059 Atwood Ave | Madison | W | 53707 | Not Applicable | PC | General Support | 50,00 |
| Urban League of Greater Madison | 151 E Gorham | Madison | W | 53703 | Not App icable | PC PC | General Support | 50,50 |
| University of Wisconsin Foundation | PO Box 78807 US Bank Lockbox | Milwaukee | W | 53278 | Not App icable | ÞC | Support Steel Bridge Yearn | 25 |
| VSA Wisconsin | 4785 Haves Rd | Madison | WI | 53/04 | Not App icable | PC | General Support | 2.50 |
| WAGs | 1388 Dewey Ct | Madison | WI | 53703 | Not Applicable | PC | General Support | 50 |
| Waisman Center | 1500 Highland Ave | Madison | WI | 53705 | Not Applicable | PC | General Support | 10 00 |
| Wisconsin 4-H Foundation | The Pyle Center 702 Langdon St | Madison | WI | 53703 | Not Applicable | PC | General Support | 25 |
| WIAD Foundation | 524 Daisy Ct | Madison | WI | 53593 | Not Applicable | PC | trooms Farmed | 50 |
| Wisconsin American Legion Foundation | PO Box 388 | Madison | WI | 53901 | Not Applicable | PC | General Support | 50 |
| Wisconsin Association of Independent Colleges | 4425 N Port Washington Rd, Ste 402 | Milwaukee | WI | 53212 | Not Applicable | PC | General Support | 50 |
| Wisconsin Badger Camp | PO Box 723 | Platteville | WI | 53818 | Not Applicable | PC. | General Support | 50 |
| Wisconsin Chamber Orchestra | PO Box 171 | Madison | WI | 53701 | Not Applicable | PC | General Support | 1,00 |
| WI Council Blind & Visually Impaired | 302 5 Paterson St, Ste 1 | Madison | wi | 53703 | Not Applicable | PC | General Support | 50 |
| Wisconsin Historical Society | 816 State St | Madison | WI | 53706 | Not Applicable | PC | Giveral Support | 2,00 |
| Wisconsin Safety Patrols | PO Box 795 | Elkhorn | WI | 53121 | Not Applicable | PC | Gineral Support | 15 |
| /MCA of Dane County | 8001 Excelsion Drive, Ste 200 | Madison | wi | 53717 | Not Applicable | PC | General Support | 50 |
| Youth Services of So WI - Briar Patch Youth Services | 1955 Atwood Ave | Madison | wi | 53704 | Not Applicable | PC | General Support | 50 |
| YWCA - Madison | 101 E Mifflin Street, Ste 100 | Madison | WI | 53703 | Not Applicable | PC | General Support | 50 |
| | | | | | | | | 120,250 |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | OF OFFICERS, D | | STAT) | EMENT 4 |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| HELEN A. BAKKE 4717 HAMMERSLEY ROAD MADISON, WI 53711-2708 | PRESIDENT/DIRE | CTOR 0. | 0. | 0. |
| JAMES J. BAKKE 4717 HAMMERSLEY ROAD MADISON, WI 53711-2708 | VP/DIRECTOR 1.00 | 0. | 0. | 0. |
| DEBORAH A. SCHWARTZ 4717 HAMMERSLEY ROAD MADISON, WI 53711-2708 | TREASURER/DIRE | CTOR 0. | 0. | 0. |
| MARJORIE BIEN 4717 HAMMERSLEY ROAD MADISON, WI 53711-2708 | SECRETARY 1.00 | 0. | 0. | 0. |
| THOMAS G. RAGATZ 150 E. GILMAN STREET, STE 5000 MADISON, WI 53703-1482 | ASSISTANT SECR | ETARY 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

| ● If you | are filling for an Automatic 3-Month Extension, complet | te only Pa | irt i and check this box | | • | |
|---|---|-------------|--|-------------------------|-----------------------|---------------|
| If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of t | his form) | | |
| Do not d | complete Part II unless you have already been granted a | an automa | itic 3-month extension on a previous | ly filed Fo | rm 8868 | |
| Electron | ic filing (e-file). You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of tim | e to file (6 | months for a corp | oration |
| required | to file Form 990-T), or an additional (not automatic) 3-mor | nth extens | sion of time. You can electronically fil | e Form 88 | 368 to request an | extension |
| of time to | ofile any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for T | ransfers A | Associated With C | ertain |
| Personal | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions) For more details o | n the elec | tronic filing of this | form, |
| visit <u>ww</u> v | v irs gov/efile and click on e-file for Charities & Nonprofits | | | | | |
| Part I | Automatic 3-Month Extension of Time | e. Only s | submit original (no copies nee | eded) | | |
| A corpor | ation required to file Form 990-T and requesting an autor | natic 6·mo | onth extension - check this box and c | omplete | | |
| Part I on | ly | | | | • | - |
| | corporations (including 1120-C filers), partnerships, REM | ICs, and t | rusts must use Form 7004 to request | t an exten | sion of time | |
| to file inc | ome tax returns | | | Enter file | er's identifying nu | mber |
| Type or | Name of exempt organization or other filer, see instru- | ctions | | Employer | dentification num | iber (EIN) or |
| print | SUB-ZERO WOLF FOUNDATION, | INC. | | | | |
| | C/O SUB-ZERO GROUP, INC. | | | | 39-19184 | 62 |
| File by the due date foi | Number, street, and room or suite no If a P.O box, so | ee instruc | tions. | Social se | curity number (SS | N) |
| filing your return See | 4717 HAMMERSLEY ROAD | | | | | |
| nstructions | City, town or post office, state, and ZIP code For a form MADISON, WI 53717-2708 | oreign add | iress, see instructions | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Enter the | Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 |
| | | • | , | | | |
| Applicat | ion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 | O or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | O-BL | 02 | Form 1041-A | | | 08 |
| Form 47 | 20 (individual) | 03_ | Form 4720 (other than individual) | | | 09 |
| Form 990 | 0-PF | 04 | Form 5227 | | | 10 |
| Form 990 | 0-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | MARGE BIEN | | | | | |
| | ooks are in the care of > 4717 HAMMERSLES | Y ROA | D - MADISON, WI 53 | <u>711–2</u> | 708 | |
| Telep | hone No ► 608.271.2233 | | Fax No ▶ | | | |
| If the | organization does not have an office or place of business | s in the Ur | nited States, check this box | | ì | - |
| If this | is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) If | f this is fo | r the whole group, | check this |
| box ► | . If it is for part of the group, check this box | and atta | ch a list with the names and EINs of | all memb | ers the extension | s for. |
| 1 \ re | equest an automatic 3-month (6 months for a corporation | required | to file Form 990-T) extension of time | until | | |
| _ | $\overline{	ext{DECEMBER} 	ext{ } 15$, $\overline{	ext{ } 2014}$, to file the exemp | t organiza | tion return for the organization name | d above | The extension | |
| ıs f | or the organization's return for | | | | | |
| > | calendar year or | | | | | |
| > | X tax year beginning MAY 1, 2013 | , an | dending APR 30, 2014 | | _ | |
| | | | | | | |
| 2 If t | he tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return f | ² ınal retur | n | |
| | Change in accounting period | | | | , | |
| 3a If t | his application is for Forms 990-BL, 990-PF, 990-T, 4720, | , or 6069, | enter the tentative tax, less any | | | _ |
| nonrefundable credits. See instructions 3a \$ | | | | | <u> </u> | |
| b If t | his application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter an | y refundable credits and | | | |
| es | timated tax payments made. Include any prior year overp | ayment a | llowed as a credit | 3b | \$ | 96. |
| c Ba | lance due. Subtract line 3b from line 3a Include your pa | yment wit | h this form, if required, | | | _ |
| | using EFTPS (Electronic Federal Tax Payment System) | | | 3c | _\$ | <u>0.</u> |
| Caution. | . If you are going to make an electronic funds withdrawal | (direct de | bit) with this Form 8868, see Form 8 | 453 ⋅ EO ar | nd Form 8879-EO | or payment |
| | For Privacy Act and Paperwork Reduction Act Notice, | see instri | uctions. | | Form 8868 (I | Rev 1.2014\ |
| | | | · - · | | | , |