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### Form **990-PF**

#### **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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013 or tax year beginning . and ending Name of foundation A Employer identification number WONDERFUL LIFE FOUNDATION 54-1995591 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 6250 N. RIVER ROAD 9000 (847) 227-6500 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ROSEMONT, IL 60018 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination, Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 1,049,554. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income 4,605,250 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 36. STATEMENT 36. 9,757. 9,892. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 28,486. STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 95,341. 28,463. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) S STATEMENT 24. er 11 Other income 38,415. 4,643,529 12 Total, Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 5,250. 2,625. 2,625. STMT 5% **b** Accounting fees c Other professional fees 17 Interest STMT 6 221. 153. <u> 15.</u> 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 4,333. 4,333. 0. 23 Other expenses 24 Total operating and administrative 9,804 2,640. 7,111. expenses. Add lines 13 through 23 4,761,500. 4,761,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 4,771,304 7,111 4,764,140. Add lines 24 and 25 27 Subtract line 26 from line 12: -127,775. a Excess of revenue over expenses and disbursements 31,304. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

Cash - non-interest-bearing   330 7.63   235, 572   236, 672   2	<u></u>	ort I	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
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31 Total liabilities and net assets/fund balances   904,324.   776,061.     Part III   Analysis of Changes in Net Assets or Fund Balances     1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)   1 904,324.     2 Enter amount from Part I, line 27a   2 -127,775.     3 Other increases not included in line 2 (itemize)   3 0.     4 Add lines 1, 2, and 3   4 776,549.     5 Decreases not included in line 2 (itemize)   PRIOR PERIOD ADJUSTMENT   5 488.     6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30   6 776,061.	S	27				
31 Total liabilities and net assets/fund balances   904,324.   776,061.     Part III   Analysis of Changes in Net Assets or Fund Balances     1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)   1 904,324.     2 Enter amount from Part I, line 27a   2 -127,775.     3 Other increases not included in line 2 (itemize)   3 0.     4 Add lines 1, 2, and 3   4 776,549.     5 Decreases not included in line 2 (itemize)   PRIOR PERIOD ADJUSTMENT   5 488.     6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30   6 776,061.	se	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
31 Total liabilities and net assets/fund balances   904,324.   776,061.     Part III   Analysis of Changes in Net Assets or Fund Balances     1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)   1 904,324.     2 Enter amount from Part I, line 27a   2 -127,775.     3 Other increases not included in line 2 (itemize)   3 0.     4 Add lines 1, 2, and 3   4 776,549.     5 Decreases not included in line 2 (itemize)   PRIOR PERIOD ADJUSTMENT   5 488.     6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30   6 776,061.	Ä	29	Retained earnings, accumulated income, endowment, or other funds		V -1	
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT 5 488. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 776, 061.	Ref	30	Total net assets or fund balances	904,324.	776,061.	
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT 5 488. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 776, 061.						
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT  5 488.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  6 776, 061.		31	Total liabilities and net assets/fund balances	904,324.	776,061.	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT  5 488.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  6 776, 061.	ΓĒ	art	Analysis of Changes in Net Assets or Fund B	alances		
(must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT  5 488.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  1 904,324.  2 -127,775.  3 0.  4 776,549.  5 488.					· · · · · · · · · · · · · · · · · · ·	
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  2 -127,775. 3 0. 4 776,549. 5 488.	1			30		004 224
3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ► PRIOR PERIOD ADJUSTMENT  5 488.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  6 776, 061.	_					
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 776, 061.				1		
5 Decreases not included in line 2 (itemize) ► PRIOR PERIOD ADJUSTMENT  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  5 488. 6 776,061.						
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 776, 061.				D.TITOMMENT	<b>⊢</b>	
	6	rota	i net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nunni (v), iine 30	0	

Part IV Capital Gains a	nd Losses	s for Tax on In	vestment	Income						
2-story brick ware	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		` P	low ac - Purch - Dona	nase '	c) Date a (mo., da		(d) Date sold (mo., day, yr.)		
1a PUBLICLY TRADED	SECUR	ITIES					P			
b				_ , <u></u>						
<u> </u>										<u> </u>
d			-							
<u>e</u>	/f) Donroc	ciation allowed	(a) Cost	or other basis	Ь-т			/h\ Ga	ın or (loss	
(e) Gross sales price		illowable)		pense of sale					(f) minus (	
a 95,341.	•			66,87	8.					28,463.
b				·						
С			<del></del>					_		-
d				-						
е								, 		
Complete only for assets showing	gain in colum	in (h) and owned by t	he foundation	on 12/31/69					ol. (h) gain	
(i) F M.V. as of 12/31/69		usted basis		cess of col. (i)			coi.	Losses (	ot less tha (from col. (	h))
(1)1 (1.11. 43 01 1220 1705	as or	12/31/69	over	col. (j), if any					· · · · · · · · · · · · · · · · · · ·	
a							<del></del>			28,463.
<u>b</u>										
c d	<del></del>								_	
					-					<del> </del>
<u>e</u>		C 16lan anto-	David June 7	<del></del>	_					
2 Capital gain net income or (net cap	ntal loss)	If gain, also enter If (loss), enter -0	in Part I, line 7	7	<b>\</b>	2				28,463.
, ,	•	•		•	,		-			
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		i sections 1222(5) at	iu (0).		J					
If (loss), enter -0- in Part I, line 8					ľ	3			N/A	<u> </u>
Part V   Qualification U	nder Sect	ion 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private	foundations si	ubject to the section 4	4940(a) tax on	net investment ir	ncom	e.)				
If section 4940(d)(2) applies, leave th	is nart hlank									
	•									
Was the foundation liable for the secti					riod?					Yes X No
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e	fy under section	on 4940(e). Do not co	implete this pa	rt. Tore making any e	entrie	c			-	
(a)	acti columni io		iistructions bei	ore making any t						(d)
Base period years	,,,,,\ A	(b) djusted qualifying dis	tributions	Net value of no	<b>c)</b> oncha		use assets	İ	Distri (col. (b) di	bution ratio vided by col. (c))
Calendar year (or tax year beginnin	ig iii)		7,547.		1	. 01	2,993		(00 (0) 0	4.824858
2012			7,483.		$\overline{1}$	,00	7,781	•	<del></del>	4.026155
2010		2,86	4,339.		1	, 88	3,346	•	-	1.520878
2009			1,002.			94	8,833	•		1.929741
2008		1,49	5,196.		1	,21	7,898	•		1.227686
		<del></del>								
2 Total of line 1, column (d)								2		13.529318
3 Average distribution ratio for the 5	5-year base pe	riod - divide the total	on line 2 by 5,	or by the numbe	r of y	ears				
the foundation has been in exister	nce if less than	5 years						3		2.705864
										4 005 004
4 Enter the net value of noncharitab	le-use assets f	for 2013 from Part X,	line 5					4_		1,025,334
								1 _		0 774 414
5 Multiply line 4 by line 3								5		2,774,414
	/40/ A.D. I	4.1								313
6 Enter 1% of net investment incom	ie (1% of Part	i, line 27b)						6_	<u> </u>	313
7 Add lines 5 and 6								7		2,774,727
7 Add lines 5 and 6								<del>  '</del>	<u> </u>	<u> </u>
8 Enter qualifying distributions from	n Part XII. line	4						8		4,764,140
If line 8 is equal to or greater than	-		e 1h. and comr	lete that nart us	na a .	1% tax	rate.		·	
See the Part VI instructions.	or, oncor			unut puit uoi	u	.,5				

		1-1333		F	'age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - see i	nstru	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b		1		3:	13.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		3:	13.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	_		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		3	<u> 13.</u>
6	Credits/Payments:				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 2,332.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		2,3	32.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0		2,0	<u> 19.</u>
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11			0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities			- 1	
C	Did the foundation file Form 1120-POL for this year?		1c		X
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	W			
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	IL		1		
1	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation					ĺ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10		X

Form **990-PF** (2013)

Part VII-5  Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2013) WONDERFUL LIFE FOUNDATIO			<u>54-19955</u>	91 Page <b>6</b>
(1) Carry on propaganas, or otherwise attempt to influence legislation (section 4945(p))?  (2) Influence the outdoors of any special public dection (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for travel, study, or other similar purposes?  (7) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelly to children or animals?  (8) Provide a first purpose the time reliquious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  (8) If any answers "Yes to surred indice regarding disaster assistance (see instructions)?  (9) Provide any struction of cruelly to children or animals?  (9) If any answers "Yes to suestion 53.49, does the foundation children observed provided seases assistance check here  (9) If the answers "Yes to question 54.4, does the foundation check here  (9) If the answers "Yes to question 54.4, does the foundation check here  (9) If the answers "Yes to question 54.4, does the foundation of the grant?  (1) Yes, affact the statement required by Regulations section 53.4945-5(d).  (9) But the foundation, during the year, ceave any fundes, directly, or indirectly, to pay premiums on a personal benefit contract?  (9) Did the foundation, during the year, pay premiums, directly or indirectly, on pay premiums on a personal benefit contract?  (9) If Yes, affact he foundation receives any proceeds or have any net income attributable to the transaction?  (9) If Yes, affact he foundation receives any proceeds or have any net income attributable to the transaction?  (9) If Yes, and the foundation receives any proceeds or have any net income attributable to the transac	<u> </u>	orm 4720 May Be I	Required (continu	ued)	
(2) Influence the outcome of any specular public election (see section 4955); or to carry on, directly or indirectly, any yours registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than relapious, charlable, scientific, literary, or educational purposes, or for the prevention of curely to display on the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance (see instructions?)  Organizations relying on a current notice regarding disaster assistance check here of the assister size to the care with the prevention of the prevention of current notice regarding disaster assistance check here of the assister size to the care with the prevention of the					
any voter registration drive?  (3) Provide a grant to an indevidual for travel, study, or other similar purposes?  (4) Provide a grant to an indevidual for travel, study, or other similar purposes?  (4) Provide a grant to an indevidual for travel, study, or other similar purposes.  (5) (1), (2), or (3), or section 494(6)(2)?  (5) Provide for any purpose whether than religious, charibable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  (5) I any answers "Yes" to 54(1)\%, did any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  (7) Crigamizations religion on a current notice regarding disaster assistance (see instructions)?  (7) Crigamizations religion on a current notice regarding disaster assistance (see instructions)?  (7) Crigamizations religion on a current notice regarding disaster assistance (see instructions)?  (8) I what is a current notice regarding disaster assistance (see instructions)?  (8) I what is a current notice regarding disaster assistance (see instructions)?  (9) What is a current notice regarding disaster assistance (see instructions)?  (9) What is a current notice regarding disaster assistance (see instructions)?  (9) What is a current notice regarding disaster assistance (see instructions)?  (1) What is an accurate the current notice regarding disaster assistance (see instructions)?  (1) What is an accurate regarding disaster assistance (see instructions)?  (1) What is a current notice regarding disaster assistance (see instructions)?  (1) What is a current notice regarding disaster assistance (see instructions)?  (1) What is a current notice regarding disaster assistance (see instructions)?  (1) What is a current notice regarding disaster assistance (see instructions)?  (1) What is a current notice regarding disaster assistance (see instructions)?  (2) Compensation of five highest-paid employees (other than th	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y€	es LX No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization others than a chanable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than reliquous, charitable, scientific, literary, or educational purposes, or for the prevention of cruetly to chiddren or animals?  b) Il any answer is "Yes" to \$54(1)\(-\)50, did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding diseaser assistance (see instructions)?  Organizations relying on a current notice regarding diseaser assistance (see instructions)?  Organizations relying on a current notice regarding diseaser assistance check here if the enswers "Yes" to suit so fall, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the gran?  If "Yes," after the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit continact?  If "Yes "In 60, file Form 8870"  A dia ny time during the exysar, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  I List all officers, directors, trustoes, foundation managers and their componitation.  (a) Name and address. Directors, Turstees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustoes, foundation managers and their componitation.  (b) Title, and average (c) Componitation for the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties	(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		
(4) Provide a grant to an organization other than a charabble, etc., organization described in section.    SoB(a)(1), (2), or (3), or section 4940(d)(2)?	any voter registration drive?				
Solge(1), (2), or (3), or section 494(g)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crusity to children or animals?  b if any answer is "Yes" to 5a(1)-(3), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of the answer is "Yes" to question \$4(4), does the foundation clium exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  B odd the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes "to 8b, file Form 8870  A Alany time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any mel income attribubble to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, coundation managers and their compensation.  M. JUDE REYES  DIRECTOR  1. 0.0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b If any answer is "Yes" to Saf()-(1)-(3), did any of the transactions fail to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance, (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53-49-45-5(d).  So Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to be, the Form 887.  If "Yes "So have any notice the provided tax shelter transaction?  If "Yes "So have any notice the provided tax shelter transaction?  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 887.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 187.  If "Yes "So have any notice the form 187	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- } - ]
b If any answer is "Yes" to \$(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of It the answer is "Yes" to get to foot a seem of the see	509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
b If any answer is "Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of it the answer is "Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any hindre, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes's 106, the Form 8870  7a A fairly time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average  (b) Title, and average  M. JUDE REYES  DIRECTOR  21. OMELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.  0.0.  0.0.  2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average house of each employee paid more than \$50,000  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average house of each employee paid more than \$50,000  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than tho	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for		
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of it the answer is "Yes" to question 5a(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, the Form 8870  Ta At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation Managers, Highly Paid Employees, and Contractors  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  It is all officers, directors, trustees, foundation managers and their compensation.  If it to faid, the foundation of the managers and their compensation.  If it to faid, the foundation of the managers and their compensation.  If it to faid, the foundation of the foundation and the foundation of the foundation of the foundation of the foundation of the foundation of the foundation	the prevention of cruelty to children or animals?		Ye	s X No	
Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 5a(4), does the toundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  8a Did the foundation, during the year, peay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes" to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b If "Yes" to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  9a If "Yes IX No No No No No No No No No No No No No	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described.	ın Regulations	j	
Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  By All the foundation, during the year, receive any funds, directly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  By Canadian, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 85, file Form 8870  To A it any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To A it any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the foundation aparty to a prohibited tax sheller transaction?  To British the foundation during the foundation apart	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Tear Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  DIRECTOR  JUDE REYES  DIRECTOR  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  By Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes' to 60, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  By If "Yes' to 60, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers,			ined		
## "Yes," attach the statement required by Regulations section \$3.4945-5(d).  \$	• • •			s 🔲 No	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devolved for position  M. JUDE REYES  DIRECTOR  21.0 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	• • •		•		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' Cold, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  M. JUDE REYES  DIRECTOR  1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, life Form 8870  7 At At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, life Form 8870  7 At A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If it is a form of the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  M. JUDE REYES  DIRECTOR  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.  0.0.  1.00  0.0.  0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Compensation of five highest-paid employees (other than those included on position  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense account, other compensation  (f) Optimity and average hours per week devoted to position  (e) Form of the property of the party of th			Y€	s X No	
### ### ### ### ### ### ### ### ### ##	·	ersonal benefit contract?			6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hour's per week devoted to position  M. JUDE REYES  DIRECTOR  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  LORI W. REYES  DIRECTOR  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				<del> </del>	<del>-   -  </del>
B If Yes,* did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	·	helter transaction?	☐ Y <sub>f</sub>	s X No	
Part VIII					7b
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position (if not paid, enter-0-) (if not paid, enter-			nagers, Highly		
(a) Name and address (b) Title, and average hours per week devoted to position (c) (in to paid, enter -0-) and deteror of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average devoted to position (c) Compensation (c) Compensati	Paid Employees, and Contractors				
M. JUDE REYES  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  LORI W. REYES  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  KENILWORTH, IL 60043  1.00  0.0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (f) Compen	1 List all officers, directors, trustees, foundation managers and their				
M. JUDE REYES  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  LORI W. REYES  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  KENILWORTH, IL 60043  1.00  0.0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (f) Compen	4-1 Alama and address	(b) Title, and average	(c) Compensation	employee benefit plans	(e) Expense account, other
210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  DIRECTOR  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.0.0.  0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (e) Expense account, other allowances		to position	enter -0-)	and deterred compensation	allowances
RENILWORTH, IL 60043		PIRECTOR			
DIRECTOR  210 MELROSE AVE.  KENILWORTH, IL 60043  1.00  0.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Trile, and average hours per week devoted to position  (c) Compensation  (d) Compensation employee benefit plans and deterred compensation allowances  (e) Expense account, other allowances				_	_
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation   (d) Contributions to employee the paid plans and defended and defended plans and defended compensation   (e) Expense account, other allowances			0.	0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Computations to employee tends plans account, other allowances  (e) Expense account, other allowances		PIRECTOR			
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee employee paid more than \$50,000  (e) Expense account, other allowances			_	_	_
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	KENILWORTH, IL 60043	1.00	0.	0.	0.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					
NONE COMPENSAGE AND AND AND AND AND AND AND AND AND AND	2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	(d) Contributions to	(a) Evpance
NONE COMPENSAGE AND AND AND AND AND AND AND AND AND AND	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans	account, other
		devoted to position		compensation	allowances
Total number of other employees paid over \$50,000	NONE				
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000			<u> </u>		
Total number of other employees paid over \$50,000					
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Total number of other employees paid over \$50,000			ļ		
Total number of other employees paid over \$50,000		-			
	Total number of other employees paid over \$50,000	L	<u> </u>	<b>•</b>	0

FORM 99U-PF (2013) WONDERFUL LIFE FOUNDATION	54-199	5591 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		<del>                                     </del>
		<u> </u>
		<del>                                     </del>
······································		
	<del></del>	
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A   Summary of Direct Charitable Activities		_ <del>\</del> =
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infornumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
1 N/A		
		0.
2		<del> </del>
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 ar	ıd 2.	Amount
1 N/A		
		_
		0.
2		
All other program-related investments. See instructions.		
3 NONE		
		•
		<u> </u>
Total. Add lines 1 through 3	<u> </u>	0.
	F	orm <b>990-PF</b> (2013)

Form 990-RF (2013) WONDERFUL LIFE FOUNDATION 54-1995591 Page 8 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: 711,390. a Average monthly fair market value of securities 1a 1b 329,558. b Average of monthly cash balances c Fair market value of all other assets 1c 1,040,948. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 1,040,948. 3 Subtract line 2 from line 1d 15,614. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 1,025,334. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 51,267. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 🕨 🗌 and do not complete this part.) 51,267. Minimum investment return from Part X, line 6 313. Tax on investment income for 2013 from Part VI, line 5 2a 2b Income tax for 2013. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 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 50.954 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 4,764,140. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: За a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 4,764,140. 4 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

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)

 $\overline{4,763,827}$ 

313.

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

WONDERFUL LIFE FOUNDATION

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
Distributable amount for 2013 from Part XI, line 7				50,954.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 1,497,000.				
b From 2009 1,829,000.				
c From 2010 2,862,485.		ì		
dFrom 2011 4,054,300.				
eFrom 2012 4,882,600.	4- 40- 00-			
f Total of lines 3a through e	15,125,385.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 4,764,140.			0.	
a Applied to 2012, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.		•	
(Election required - see instructions)			<u> </u>	50,954.
d Applied to 2013 distributable amount	4,713,186.			30,734.
e Remaining amount distributed out of corpus	0.	······································		0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,838,571.			
<b>b</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		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2012. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.  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				
not applied on line 5 or line 7	1,497,000.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	18,341,571.			
10 Analysis of line 9:				
a Excess from 2009 1,829,000.				
b Excess from 2010 2,862,485.				
c Excess from 2011 4,054,300.				
d Excess from 2012 4,882,600.				
e Excess from 2013 4,713,186.		<u> </u>	<u> </u>	Form <b>990-PF</b> (2013)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE ATTACHED STATEMENT 4,761,500. **▶** 3a 4,761,500. Total **b** Approved for future payment SEE ATTACHED STATEMENT 5,610,000. 5,610,000. Total

Page 11

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C					
d					
e					
1	_				
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	36.	
4 Dividends and interest from securities			14	9,757.	
5 Net rental income or (loss) from real estate:			11		
a Debt-financed property			1		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal	<u> </u>		1	·-	<del></del>
property					
7 Other investment income			14		
8 Gain or (loss) from sales of assets other			+	<del></del>	
than inventory		li.	18	28,486.	
9 Net income or (loss) from special events			+	20, 2001	
	<del></del>	<del> </del>	+		
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:					
å	<del>-</del>		<del></del>		
b			<del></del>		
<u> </u>	_				
d	_		+		<del></del>
6		0	+	38,279.	0.
12 Subtotal. Add columns (b), (d), and (e)	L		<u>•</u>	13	38,279.
13 Total. Add line 12, columns (b), (d), and (e)				13	30,213.
(See worksheet in line 13 instructions to verify calculations)    Part XVI-B   Relationship of Activitie		omplishment of E	xemp	ot Purposes	
Line No. Explain below how each activity for which i					olishment of
the foundation's exempt purposes (other ti	han by providing fu	inds for such purposes).		, and an an an an an an an an an an an an an	
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323621 10-10-13					Form <b>990-PF</b> (2013)

Form 990-		ERFUL LIFE FOUN		54-199		Pag	je <b>13</b>
Part X			o and Transactions a	nd Relationships With Noncha	ritable		
	Exempt Organ				<del></del>		
				n described in section 501(c) of		<b>Yes</b>	No_
	•	c)(3) organizations) or in section	- · · · · · · · · · · · · · · · · · · ·	zations?			
		lation to a noncharitable exempt	organization of:		1		
(1)					1a(1)	$\dashv$	<u>X</u>
	Other assets				1a(2)		X
	r transactions:				1		72
	Sales of assets to a noncharita	, •			1b(1)		X
		oncharitable exempt organization	1		1b(2)		X
	Rental of facilities, equipment,				1b(3)	+	X
	Reimbursement arrangements	•			1b(4)		X
	Loans or loan guarantees	omborabia ar fuadraiaina agliait	otiono		1b(5)		X
		embership or fundraising solicit ailing lists, other assets, or paid			1b(6)		$\frac{X}{X}$
	•	• • •	· •	vays show the fair market value of the goods,		te L	
				e in any transaction or sharing arrangement,		13,	
		other assets, or services receive		o in any transaction of onaring arrangement,	J		
(a)Line no	(b) Amount involved	-	able exempt organization	(d) Description of transfers, transactions, and	sharing arre	ngemen	ts
	<del> </del>	N/A					
	<del></del>	<del>                                  </del>	<del></del>				
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		ctly affiliated with, or related to,		ations described	Yes	X	ا ا
	• • • • • • • • • • • • • • • • • • • •	er than section 501(c)(3)) or in s	Section 5277	ľ	res	ــــــــــــــــــــــــــــــــــــــ	) INO
0 11 11	es," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relation	shin		
	N/A	gameation	(b) Type of organization	(0, 2000) pitch of Totalion			_
	11/21		<del>- }</del>				
	<del></del>	<del></del>	<del></del>				
		<del></del>	-				
				statements, and to the best of my knowledge	ay the IRS di	scuss tr	nis "
Sign	and belief, it is true, correct and co	implete Declaration of preparer (other	than taxpayer) is based on all informa	ation of which preparer has any knowledge re	turn with the	prepare	r
Here	13 Jul	1/4/	19/11/2014		X Yes		No
]	Signature of officer or truste	e Y	Date	Title			
	Print/Type preparer's n		's signature	Date Check if PTIN			
	KAREN DREN	IGLER /	۱۰,۱	self- employed			
Paid	SMITH	nain s	liengla Smith		09716		
Prepa	rer Firm's name ► DEI	OITTE TAX LLP	1	Firm's EIN ► 86-1	0657	72	

**Use Only** 

Firm's address ▶ 111 SOUTH WACKER DRIVE

CHICAGO, IL 60606

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

Department of the Treasury Internal Revenue Service

**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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

Name of the organization

**Employer identification number** 

	NONDERFUL LIFE FOUNDATION	54-1995591						
Organization type (check	k one)·							
illers of: Section:								
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	(1) 4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
<del>-</del>	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more mplete Parts I and II.	(in money or property) from any one						
Special Rules								
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribution	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, 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, chantable, 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, chantable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year								
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Scher on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on							

Name of organization

Employer identification number

# WONDERFUL LIFE FOUNDATION

5<u>4-1</u>995591

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	M. JUDE & LORI W. REYES 6250 N. RIVER ROAD, SUITE 9000 ROSEMONT, IL 60018	\$\$.	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 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 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)

Employer identification number

# WONDERFUL LIFE FOUNDATION

<u>54-1</u>995591

Part II	Noncash Property (see instructions). Use duplicate copies of 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. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
(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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		   s					

Employer identification number

	FUL LIFE FOUNDATION			54-1995591				
Part III	Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to section 501(of the contributions to section 501(of the contributions of \$1,000 or less for the contribut	i)(7), (8), or (10) organizations completing Part III, enter rethe year. (Enter this information once	ons that total more than \$1,000 for the				
(a) No.		i space is fieeded.		<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
L								
		(e) Transfer of gif	t					
			_					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
		<del></del>	··					
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(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
L			l					
	(e) Transfer of gift							
Ì	<b>-</b>	170.4	Dalakianakia of humafayan ka humafaya					
}	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
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(a) No. from	(1-) Down and Alife	(a) the end with	(d) Doo	evintion of how gift in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held				
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H	(a) Transfer of sift							
Ì	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
1								
(a) N=	· —		<del></del>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I								
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<u> </u>	(e) Transfer of gift							
		(.,						
Ĺ	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee				
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1			<del></del>					

FORM 990-PF	GAIN OR (	LOSS) FROM	SALE OF	ASSET	rs	STA	TEMENT	1
(A) DESCRIPTION OF PROP	ERTY		_	MANNI ACQUIF		TE IRED	DATE S	OLD
PUBLICLY TRADED SEC	URITIES		F	PURCHAS	SED			
(B)	(C)		(D)	_	(E)		(F)	
GROSS SALES PRIC	COST E OTHER E		PENSE OF SALE		EPREC.	GAIN	OR LOS	s
95,3	41.	56,878.	(	).	0.		28,4	86.
CAPITAL GAINS DIVID	ENDS FROM PA	ART IV						0.
TOTAL TO FORM 990-P	F, PART I, I	INE 6A			:		28,4	86.
FORM 990-PF INTERE	ST ON SAVINO	S AND TEMP	ORARY CA	ASH INV	/ESTMENTS	STA	TEMENT	2
SOURCE		(A) REVEN PER BO	UE 1	NET IN	(B) VESTMENT COME		(C) DJUSTED T INCOM	
JP MORGAN #5007 JP MORGAN #8008		32. 4.		32. 4.				
TOTAL TO PART I, LINE 3			36.	36.				
FORM 990-PF	DIVIDENDS	AND INTERE	ST FROM	SECUR:	ITIES	STA	TEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVI	A) ENUE BOOKS	(B) NET INVE MENT INC		(C) ADJUST NET INC	
JP MORGAN #7003 JP MORGAN #8008	2,020. 7,737.	0		2,020. 7,737.	2,07,8	20. 72.		
	9,757.	0		<del></del>		92.		

FORM 990-PF	OTHER I	NCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	<del></del>	0.	24.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	0.	24.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
PRICEWATERHOUSECOOPERS LLP	5,250.	2,625	•	2,625.
TO FORM 990-PF, PG 1, LN 16B	5,250.	2,625	•	2,625.
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAXES PAID FEDERAL TAXES IL ANNUAL REPORTING FEE	153. 53. 15.	0	•	0. 0. 15.
TO FORM 990-PF, PG 1, LN 18 =	221.	153	•	15.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNT MANAGEMENT FEES	4,333.	4,333	•	0.
TO FORM 990-PF, PG 1, LN 23	4,333.	4,333	•	0.
		<del></del>		

FORM 990-PF CORPORATE STOCK		STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET	r
JP MORGAN	539,389.	812,88	32.
TOTAL TO FORM 990-PF, PART II, LINE 10B	539,389.	812,88	32.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGE	ERS	STATEMENT	9

NAME OF MANAGER

M. JUDE REYES LORI W. REYES

#### WONDERFUL LIFE FOUNDATION 54-1995591 FORM 990-PF - YE 12/31/2013

### PAGE 11 - PART XV - LINE 3(A)

Recipient Name	If recipient is an individual	Foundation status of recipient	Purpose of grant or Contribution	Amount
Accelerate Institute	N/A	Public	General Support	\$ 25,000
Access Living of Metropolitan Chicago	N/A	Public	General Support	5,000
American Enterprise Institute	N/A	Public	General Support	10,000
Big Shoulders Fund	N/A	Public	General Support	100,000
Boys & Girls Clubs of Chicago	N/A	Public	General Support	25,000
Camp Hope	N/A	Public	General Support	2,000
Catholic Church Extension Society	N/A	Public	General Support	50,000
Central Presbytenan Church	N/A	Public	General Support	10,000
Chicago House	N/A	Public	General Support	2,500
Children's Memorial Foundation	N/A	Public	Heroes for Life Fund	150,000
Evans Scholars Foundation	N/A	Public	General Support	50,000
Feed the Dream	N/A	Public	General Support	5,000
Grace Presbyterian Church	N/A	Public	General Support	127,500
Illinois Club for Catholic Women	N/A	Public	General Support	2,500
Invest for Kids	N/A	Public	General Support	1,000
Israel Cancer Research Fund	N/A		_ ''	·
		Public	General Support	5,000
Josephinum Academy	N/A	Public	General Support	6,000
LINK Unlimited	N/A	Public	General Support	60,000
LINK Unlimited	N/A	Public	DreamKeepers Gala	5,000
LINK Unlimited	N/A	Public	Founders Day Golf Outing	5,000
Navy Seal Foundation	N/A	Public	Good-to-Great Capital Initiative	10,000
Northwestern University	N/A	Public	Bienen School of Music	200,000
Northwestern University	N/A	Public	Bluhm Cardiovascular Ints	100,000
Northwestern University	N/A	Public	Annual Fund	50,000
Old Elm Scholarship Foundation	N/A	Public	General Support	5,000
Pathways Foundation	N/A	Public	General Support	25,000
PAWS Chicago	N/A	Public	General Support	2,500
Providence St Mel School	N/A	Public	General Support	5,000
Rehabilitation Institute of Chicago	N/A	Public	New Building Campaign	2,500,000
Rehabilitation Institute of Chicago	N/A	Public	General Support	100,000
Rehabilitation Institute of Chicago	N/A	Public	John Dolan Golf Challenge	25,000
Rehabilitation Institute of Chicago	N/A	Public	SkyRise Chicago	20,000
Rehabilitation Institute of Chicago	N/A	Public	Groundbreaking Celebration	50,000
RIC Associate Board	N/A	Public	Art Futura	1,000
RIC Women's Board	N/A	Public	Antique's Fair	1,000
RIC Women's Board	N/A	Public	Medicine Ball	25,000
Shining Star Ball	N/A	Public	Clearbrook Shining Star ball	25,000
Saints Faith, Hope and Charity	N/A	Public	General Support	52,000
Special Olympics Chicago	N/A	Public	Nelarusky	5,000
The Auxiliary of NothShore	N/A	Public	General Support	10,000
The Center for Enriched Living	N/A	Public	General Support	5,000
The Field Museum	N/A	Public	General Support	25,000
The Leukemia & Lymphoma Society	N/A	Public	General Support	1,000
United Cerebral Palsy	N/A	Public	General Support	15,000
United States Holocaust Memorial Museum	N/A	Public	General Support	12,500
University of North Carolina at Chapel Hill	N/A	Public	General Support	25,000
University of Notre Dame	N/A	Public	Cavanaugh Council	250,000
Wofford College	N/A	Public	General Support	25,000
Woodlands Academy	N/A	Public	General Support	520,000
World Sport Chicago	N/A	Public	Paralympic Plan	25,000

### WONDERFUL LIFE FOUNDATION 54-1995591 FORM 990-PF - YE 12/31/2013

### PAGE 11 - PART XV - LINE 3(B)

	If recipient is an	Foundation status of	Purpose of grant or	
Recipient Name	individual	recipient	Contribution	 Amount
Children's Memorial Hospital - Chicago	N/A	Public	Heroes for Life Fund	100,000
Catholic Church Extension Society	N/A	Public	General Support	100,000
Duke University	N/A	Public	General Support	1,000,000
LINK Unlimited	N/A	Public	General Support	60,000
Northwestern Memorial Foundation	N/A	Public	Bluhm Cardiovascular Institute	900,000
Northwestern University	N/A	Public	Unrestricted	700,000
METROsquash	N/A	Public	Secure the Future	250,000
Rehabilitation Institute of Chicago	N/A	Public	New Building Campaign	2,500,000
TOTAL				\$ 5,610,000

	68 (Rev 1-2014)					Page 2		
-	are filing for an Additional (Not Automatic) 3-Month Ex				<b>•</b>	. х		
	nly complete Part II if you have already been granted an a			led Form 8	3868			
	are filing for an Automatic 3-Month Extension, comple			-1 /				
Part I	Additional (Not Automatic) 3-Month E	xtensio		<del></del>	· · · · · · · · · · · · · · · · · · ·			
	<del></del>		Enter filer's		g number, see ins			
Type or	Name of exempt organization or other filer, see instru	ictions		Employer	ber (EIN) or			
print	HONDEDELL TIPE BOIDINGTON				54-199559	<b>1</b> 1		
File by the due date fo	WONDERFUL LIFE FOUNDATION	<del></del>						
filing your	Number, street, and room or suite no if a P.O. box, s		tions.	Social sec	1)			
instructions								
	City, town or post office, state, and ZIP code For a for ROSEMONT, IL 60018	oreign add	ress, see instructions		<del></del>			
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applica	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01				1		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
	Form 990-PF 04 Form 5227					10		
Form 99	Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11		
	Form 990-T (trust other than above) 06 Form 8870					12		
STOPIC	Oo not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	iously file	d Form 8868.			
	M. JUDE REYES							
• The b	books are in the care of <b>6250 N. RIVER</b>	ROAD,	SUITE 9000 - ROSE	MONT,	IL 60018			
Telep	phone No ► 847-227-6500	-	Fax No 🕨					
• If the	organization does not have an office or place of busines	s in the Ui	nited States, check this box		·			
• If this	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) I	f this is foi	r the whole group,	check this		
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the extension i	s for.		
			BER 17, 2014					
<b>5</b> Fo	or calendar year $2013$ , or other tax year beginning $ \_$		, and endin	g				
6 If	the tax year entered in line 5 is for less than 12 months, o	check reas	on Initial return	Fınal r	eturn			
	Change in accounting period							
7 St	ate in detail why you need the extension		1007070111 07117 0	<del>~ ~~</del>				
<u>T</u>	THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER							
<u>I</u>	NFORMATION NECESSARY TO FILE	A CO	MPLETE AND ACCURAT	E RET	URN.			
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any					
_	onrefundable credits. See instructions			8a	\$	<u>2,332.</u>		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	•	<u> </u>	[ '				
ta	x payments made Include any prior year overpayment a	llowed as	a credit and any amount paid		ļ			
	reviously with Form 8868			8b	\$	<u>2,332.</u>		
	alance due. Subtract line 8b from line 8a. Include your p	-	th this form, if required, by using		1.	^		
EI	FTPS (Electronic Federal Tax Payment System) See insti	ructions.		8c	\$	0.		

Signature and Verification must be completed for Part II only.

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

Signature Mach Surface Solution CPA

Date 8/14/15

Form 8868 (Rev 1-2014)