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Form **990-PF** Department of the Treasunternal Revenue Service

# EXTENDED TO NOVEMBER 16, 2015 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. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

	For (	calendar year 2014 or tax year beginning		, and ending				
	Nar	ne of foundation			A Employer identification	number		
	W	ONDERFUL LIFE FOUNDATION		54-1995591				
		nber and street (or P O box number if mail is not delivered to street a	Room/suite	B Telephone number (847) 227-6500				
		77 S. FLAGLER DRIVE		Д500				
		y or town, state or province, country, and ZIP or foreign po EST PALM BEACH, FL 33401	ostal code		C If exemption application is p	ending, check here		
	G C	Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here		
		Address change	Amended return Name change		Foreign organizations me check here and attach co	seting the 85% test,		
	H C	Check type of organization: X Section 501(c)(3) exe			1			
			Other taxable private founda	ition	E If private foundation sta under section 507(b)(1)			
	I Fa	air market value of all assets at end of year   J Accounting		Accrual	F If the foundation is in a			
	(fr		ner (specify)		under section 507(b)(1)			
	_		nn (d) must be on cash l	basis)				
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the 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	5,029,964.		N/A			
		2 Check In the foundation is not required to attach Sch. B	*			4		
2015		3 Interest on savings and temporary cash investments	67.	67.		STATEMENT 2		
20		4 Dividends and interest from securities	9,793.	9,958.		STATEMENT 3		
0		5a Gross rents		** ** * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ಬ		D Net rental income or (loss)	66,784.		· · · · · · · · · · · · · · · · · · ·	STATEMENT 1		
0_	ne	58 Net gain or (loss) from sale of assets not on line 10  Gross sales price for all  537,196.	00,704.	3		DIAIMMIAI L		
SEP	Revenue	7 Capital gain net income (from Part IV, line 2)	* * -	368,114.				
( )	Re	8 Net short-term capital gain		* *		× ***		
لنآ		9 Income modifications	* *	3y 18 - 1 1 1 1				
SCANNEL		Gross sales less returns and allowances	: 4 4	,,		* * 4		
a		b Less Cost of goods sold				* * * *		
Q		c Gross profit or (loss)						
93		11 Other income 12 Total. Add lines 1 through 12 Total. Company 12 Total 13 Company 12 Total 13 Company 14 Total 14 Tota	5,106,608.	378,139.		<u> </u>		
	_	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.		
		13 Compensation of officers, effectors, trustees, etc. 14 Other employee salaries and wages 15 Pensian plans, employee benefits						
		15 Pension plans, employee benefits		<u>_, "-</u>				
	Ses	16a Legal fees						
	penses	b Accounting rees  c Other professional fees GDE STMT 4  17 Interest	5,500.	2,750.		2,750.		
		c Other professional fees						
	tive	17 Interest	101	160		15		
	stra	18 Taxes STMT 5	184.	169.		15.		
	Ë	19 Depreciation and depletion 20 Occupancy						
	Adn	21 Travel, conferences, and meetings			<del></del>			
	ď	22 Printing and publications						
	Operating and Administrative Ex	23 Other expenses STMT 6	5,445.	5,445.		0.		
	atir	24 Total operating and administrative						
	per	expenses Add lines 13 through 23	11,129.	8,364.		2,765.		
	0	25 Contributions, gifts, grants paid	4,874,500.			4,874,500.		
		26 Total expenses and disbursements.	4 005 600	0 364		4 077 065		
		Add lines 24 and 25	4,885,629.	8,364.		4,877,265.		
		27 Subtract line 26 from line 12:	220,979.					
		8 Excess of revenue over expenses and disbursements     b Net investment income (if negative, enter -0-)	220,313.	369,775		<del> </del>		
		e Adiasted actingome (4		337,73	NT/A			

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-very amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year				
Pa	ıπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
П	1	Cash - non-interest-bearing	236,672.	292,415.	292,415.			
	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						
ł	7	Other notes and loans receivable						
l		Less: allowance for doubtful accounts ▶	**************************************					
<sub>ω</sub>	8	Inventories for sale or use			<del> </del>			
Assets	9	Prepaid expenses and deferred charges						
۲	10a	Investments - U.S. and state government obligations						
	b	Investments - corporate stock STMT 7	539,389.	704,794.	1,019,330.			
I	C	Investments - corporate bonds						
		Investments - land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·				
		Less accumulated depreciation	all an agent, Marany , name , coalid , a data and and a	and the same of the same of the same of the same of	A M and Mit management that some this desire many is to 2 to			
	12	Investments - mortgage loans						
	13	Investments - other			-			
	14	Land, buildings, and equipment basis ▶		4.	3			
		Less accumulated depreciation	**	A transfer out to the second second	ner V. and the see and the see in the second set of the Se			
	15	Other assets (describe ►						
	16	Total assets (to be completed by all filers - see the						
		instructions. Also, see page 1, item 1)	776,061.	997,209.	1,311,745.			
$\Box$	17	Accounts payable and accrued expenses						
	18	Grants payable			* ) }{			
ဖွ	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
api	21	Mortgages and other notes payable			,			
ا ت	22	Other liabilities (describe )			, ·			
	23	Total liabilities (add lines 17 through 22)	0.	0.	, , , , , , ,			
		Foundations that follow SFAS 117, check here			, ,			
		and complete lines 24 through 26 and lines 30 and 31.			,			
ances	24	Unrestricted			!			
	25	Temporarily restricted			, , ,			
Ba	26	Permanently restricted			·			
밀		Foundations that do not follow SFAS 117, check here			,			
린		and complete lines 27 through 31.						
Net Assets or Fund Ba	27	Capital stock, trust principal, or current funds	776,061 <u>.</u>	997,209.				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	i r			
A S	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.				
2	30	Total net assets or fund balances	776,061.	997,209.	·			
					ı			
$\Box$	31	Total liabilities and net assets/fund balances	776,061.	997,209.				
Pá	art	Analysis of Changes in Net Assets or Fund B	alances					
	Oto	net assets or fund balances at beginning of year - Part II, column (a), line	30		-			
		t agree with end-of-year figure reported on prior year's return)	00	1	776,061.			
		r amount from Part I, line 27a		2	220,979.			
		r increases not included in line 2 (itemize) <b>BOOK TAX AD</b>	TUSTMENT	3	169.			
		lines 1, 2, and 3		4	997,209.			
		eases not included in line 2 (itemize)		5	0.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		997,209.			
_		The same of the sa			Form <b>990-PF</b> (2014)			

F	Part IV Capital Gains	and Los	ses for Tax on In	vestment	Income						
2-story brick warehouse; or common stock, 200 shs. MLC Co.)					[ ` P	- Purci - Dona	ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
	PUBLICLY TRADE							P			
_	PUBLICLY TRADE							P			
_	CAPITAL GAIN D	ISTRI	BUTION					P			
d	·									<del></del>	
e	·					Щ			41.0		<u> </u>
_	(e) Gross sales price		preciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	(g)
_8					25,60						2,490.
b					143,48	1.					354,287.
							_				11,337.
d											
e	Complete only for assets showing	0 0010 10 00	hump (h) and owned by t	ho foundation	on 12/21/60	$\dashv$			(I) Co.oo (C	\al_(b) ====	
	Complete only for assets showin							CC	(I) Gains (C ol. (k). but i	Col. (h) gain not less tha	n -0-) <b>or</b>
	(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		<del></del>		Losses	(from col. (	(h))
_8						ļ					2,490.
b						_					354,287.
_											11,337.
_											
_6	<u> </u>					_		1			
2	Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line · ın Part I, line	7 7	}	2				368,114.
3	Net short-term capital gain or (los	ss) as define	•								
	If gain, also enter in Part I, line 8,			` ,		\					
_	If (loss), enter -0- in Part I, line 8	1 4					3			N/A	<u> </u>
			ection 4940(e) for					nent in	come		
(Fo	or optional use by domestic private	e foundation	is subject to the section 4	1940(a) tax оп	net investment in	come	e.)				
lf s	section 4940(d)(2) applies, leave th	his part blar	nk.								
				_							
	as the foundation liable for the sec				· · · · · · · · · · · · · · · · · · ·	lod?					Yes X No
	Yes," the foundation does not qual					ntrion					
<u> </u>	Enter the appropriate amount in	each colum		istructions de	rore making any e				<del></del>		(4)
	(a) Base period years	,	(b) Adjusted qualifying dist	tributions	Net value of no	(C) Inchai		use asset		Distrib	(d) bution ratio vided by col. (c))
_	Calendar year (or tax year beginnii	ng in)		3,827.	1401 44140 01 110			5,33		(cor. (b) un	4 • 646122
_	2013			$\frac{3,627}{7,547}$ .				2,99			4.824858
_	2012			$\frac{7,347}{7,483}$ .				$\frac{2,39}{7,78}$			4.026155
_	2011			$\frac{7,403}{4,339}$ .				3,34			1.520878
_	2010			$\frac{4,333}{1,002}$ .				8,83			1.929741
_	2009			1,002.			7 =	0,05	<del>-   -</del>	T	1.747/41
•	Total of line 1, column (d)								2		16.947754
	Average distribution ratio for the	E woor book	normed decide the total c	on line 2 by 5	or by the number	of vo	250		<del>-</del>		10.747734
J	the foundation has been in existe	-		on mic z by o,	or by the number	o, yo	ais		3		3.389551
	the foundation has been in existe	1106 11 1633 1	nan 5 years						_ ⊢	<del> </del>	3,130,331
4	Enter the net value of noncharitat	nle-use asse	ets for 2014 from Part X	line 5					4		1,398,294.
7	Enter the net value of noncharia.	010 000 0000	10 101 20 11 HOM 1 411 74, 1						<u>                                   </u>		
5	Multiply line 4 by line 3								5		4,739,589.
J	Walapiy iiile 4 by lille 5										2,,00,,000
6	Enter 1% of net investment incon	ne (1% of P	Part I, line 27b)						6		3,698.
٠		( 011									
7	Add lines 5 and 6								7		4,743,287.
•											
8	Enter qualifying distributions from								8		4,877,265.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, che	ck the box in Part VI, line	1b, and comp	olete that part usin	ig a 1	% tax	rate.			

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	art VI Excise Tax Based on Investment Income (Section 4940)			, OI 4	940	See	iistru	Clibi	15)
18	Exempt operating foundations described in section 4940(d)(2), check here and enterprise and enterprise part of ruling or determination letter:  (attach copy of letter if necessity)								,
	Date of ruling or determination letter: (attach copy of letter if necession Domestic foundations that meet the section 4940(e) requirements in Part V, check here				1			3,6	98.
	of Part I, line 27b	(A)	and enter 176					<del>,,,</del>	<del></del>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Part	Lline 12 col (h)						2
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other				2			<del></del>	0.
	Add lines 1 and 2	0.0 0			3			3.6	98.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ners en	iter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			3,6	
	Credits/Payments:								
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	2,0	19.					:
	Exempt foreign organizations - tax withheld at source	6b							
	Tax paid with application for extension of time to file (Form 8868)	6c	2,5	00.					3
	Backup withholding erroneously withheld	6d			*	1			5
	Total credits and payments. Add lines 6a through 6d				7			4,5	19.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attach	ned			8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10			8	21.
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax		821. Refund	ed▶	11				0.
Pε	rt VII-A Statements Regarding Activities								
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation	tion or	r did it participate or in	tervene	ın			Yes	No
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	s (see	instructions for the de	finition	)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copie	es of any matenals p	ublishe	ed or		*		v
	distributed by the foundation in connection with the activities						,		
C	Did the foundation file Form 1120-POL for this year?						1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	ear:							1
	(1) On the foundation. > \$ 0. (2) On foundation managers.	▶ \$		0.			ž.	,	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ıre tax	imposed on foundation	n			* *		
	managers. ▶ \$0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	5?					2		X
	If "Yes," attach a detailed description of the activities.								, Y
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	strume	ent, articles of incorpo	ation, o	r		<u> </u>		* 
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		Х
	ı Did the foundation have unrelated business gross income of \$1,000 or more during the year?	7					4a		X
	olf "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		Х
	If "Yes," attach the statement required by General Instruction T								$\mathcal{I}_{\epsilon}$
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:							
	By language in the governing instrument, or								<b>'</b>
	By state legislation that effectively amends the governing instrument so that no mandatory	directi	ons that conflict with t	ne state	law				
_	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," comp	plete i	Part II, col (c), and	Part XV	,		7	<u> </u>	<b> </b>
_									
88	Enter the states to which the foundation reports or with which it is registered (see instructions	s) <b>–</b>							
	IL		Onneal (as decise 1.1)	<u> </u>					<b>.</b>
t	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	orney	General (or designate)					X	<b> </b>
_	of each state as required by General Instruction G? If "No," attach explanation		140(1)(0) == 4040(1)(5)	<b>4</b>			8b		$\vdash$
9	Is the foundation claiming status as a private operating foundation within the meaning of sect			ior cale	noar		- <u>_</u>		-x
10	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," co.						10		X
	- DIG OUY DELOUIS DECUME SUBSICIONAL COMPUNICOS MICHALINE LAX VECI ( R. YAS " effect a echadida	TOURSH P	their names and accresse	74			. 10	1	. 41

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had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	🗀 Y	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		1
any voter registration drive?		. 🔲 Y	es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio		-		
4945(d)(4)(A)? (see instructions)		Y	es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		
the prevention of cruelty to children or animals?	, , ,	Y	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h		•		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		ined		1 1
expenditure responsibility for the grant?			es 🔲 No	1 1 :
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
* * * * * * * * * * * * * * * * * * * *	pay premiums on		es 🗶 No	
a personal benefit contract?	perconal henefit contract?	I 11		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oci Sonai Denenii Contract/			- A
If "Yes" to 6b, file Form 8870.	shaltar transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		. 🗀 👣	_	76
b If Yes, did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trust			- 1	7b
Paid Employees, and Contractors		inagers, nigni	y 	····
1 List all officers, directors, trustees, foundation managers and their		1	1 7-R	
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
M. JUDE REYES	DIRECTOR			
777 S. FLAGLER DR. STE-1500	]			
WEST PALM BEACH, FL 33401	1.00	0.	0.	0.
LORI W. REYES	DIRECTOR	,		
777 S. FLAGLER DR. STE-1500				
WEST PALM BEACH, FL 33401	1.00	0.	0.	0.
	1			
	1			
				1
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	•	<u> </u>
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other
NONE			сотпретаваот	
	†			ļ
	<del> </del>	1	<del> </del>	<del>                                     </del>
<del></del>	1			
	<del>                                       </del>	<del>                                     </del>	<del>                                     </del>	
	1			
		<del> </del>	<del>  </del>	
	4			i
				<del></del>
	1			
Total number of other employees paid over \$50,000		1	<u> </u>	
TOTAL HUMBER OF OTHER EMPHOYEES PAID OVER \$30,000				

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
000000		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced by N/A	tical information such as the duced, etc.	Expenses
		<u>-</u>
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
1 N/A	illes I aliu Z.	Amount
2		0.
All other program-related investments. See instructions.		
3 NONE		
		0.

Total. Add lines 1 through 3

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: a Average monthly fair market value of securities 1a 884,755. 534,833. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 1,419,588. 1**d** 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 1,419,588. Subtract line 2 from line 1d 4 21.294. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1,398,294. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 69,915. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 69,915. Minimum investment return from Part X, line 6 3,698 Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) 2b 3,698. c Add lines 2a and 2b 2c 66,217. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 66.217 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 66,217. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 4,877,265. 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 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: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3Ь 4,877,265. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 3,698. income. Enter 1% of Part I, line 27b 5 4,873,567. Adjusted qualifying distributions. Subtract line 5 from line 4 6 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 4940(e) reduction of tax in those years.

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

(a) (b) Corpus Years prior to 2013	( <b>c)</b> 2013	<b>(d)</b> 2014
1 Distributable amount for 2014 from Part XI, line 7		66,217.
2 Undistributed income, if any, as of the end of 2014		
a Enter amount for 2013 only	0.	
b Total for prior years:	0.	
3 Excess distributions carryover, if any, to 2014:	0.	
a From 2009 1,829,000.		
bFrom 2010 2,862,485.		
c From 2011 4,054,300.		
dFrom 2012 4,882,600.		
eFrom 2013 4,713,186.		
f Total of lines 3a through e 18,341,571.		
4 Qualifying distributions for 2014 from		
Part XII, line 4: ►\$ 4 , 877 , 265 .		1
a Applied to 2013, but not more than line 2a	0.	
<b>b</b> Applied to undistributed income of prior		,
years (Election required - see instructions)	0.	
c Treated as distributions out of corpus		,
(Election required - see instructions)	* *	66 317
d Applied to 2014 distributable amount		66,217.
e Remaining amount distributed out of corpus 4,811,048.		0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	, j	<u> </u>
6 Enter the net total of each column as indicated below:	* ·*	
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 23, 152, 619.		
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 2013. Subtract line		
4a from line 2a. Taxable amount - see instr.	0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015		0.
7 Amounts treated as distributions out of		
corpus to satisfy requirements imposed by		
section 170(b)(1)(F) or 4942(g)(3) (Election		
may be required - see instructions) 0 •		
8 Excess distributions carryover from 2009		
not applied on line 5 or line 7 1,829,000.		<u> </u>
9 Excess distributions carryover to 2015.		
Subtract lines 7 and 8 from line 6a 21,323,619.		
10 Analysis of line 9:		
a Excess from 2010 2,862,485.		
b Excess from 2011 4,054,300.		
c Excess from 2012 4,882,600.		
d Excess from 2013 4,713,186.		
e Excess from 2014 4,811,048.		Form <b>990-PF</b> (2014)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTINUATION	
a Paid during the year				
BE ATTACHED STATEMENT				4 074 5
				4,874,5
······································				
•				
Total		_	<b>▶</b> 3a	4,874,5
<b>b</b> Approved for future payment				
EE ATTACHED STATEMENT				
				5,560,0
Total			<b>&gt;</b> 3b	5,560,0

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

		L			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
a	-				
b	_				
c					<del></del>
d			<u> </u>		
e	_				
f					
g Fees and contracts from government agencies		<del></del>			<del></del> -
2 Membership dues and assessments		· · · · ·			
3 Interest on savings and temporary cash		•			
investments			14	67.	
4 Dividends and interest from securities			14	9,793.	
5 Net rental income or (loss) from real estate:	· ·				* **
a Debt-financed property			1 1		
b Not debt-financed property	1		+ + -		
6 Net rental income or (loss) from personal	<del>  </del>		+ + -		<del></del>
property	i				
7 Other investment income			+ + -		<del></del>
8 Gain or (loss) from sales of assets other			+ + -		
than inventory			18	66,784.	
•			+ 10	00,704.	<del></del>
9 Net income or (loss) from special events			<del>                                     </del>		<del></del>
10 Gross profit or (loss) from sales of inventory			+ + -		
11 Other revenue:	l i				
<b>a</b>	-				
b	-				
c	-				
d	.				
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0	•	76,644.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	76,644.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	mplishment of E	Exempt Po	ırposes	
· · · · · · · · · · · · · · · · · · ·		<del>-</del>			
Line No. Explain below how each activity for which inc			-A contributed	importantly to the accom-	plishment of
the foundation's exempt purposes (other than	n by providing fund	ds for such purposes).			
· <del>-</del>					
				•	_
	•	•			-
	_				
			-		·=
					· · ·
<del></del>	•	- <u>-</u> -			
		<u> </u>			

Part XVII	Information Regarding Tran	nsfers To and Transactions and	Relationships With	Noncharitable
	Exempt Organizations			

1 Dia the	organization directly or indir	rectly engage in any of the followir	ng with any other organization	i described in sectio	JN 501(C) OT	L	162	140
the Cod	le (other than section 501(c)	:)(3) organizations) or in section 52	27, relating to political organiz	rations?				
a Transfe	rs from the reporting founda	ation to a noncharitable exempt or	ganization of:					
(1) Cas	sh					1a(1)		X
(2) Oth	ner assets					1a(2)		X
<b>b</b> Other tr	ansactions:							
(1) Sa	les of assets to a noncharital	ible exempt organization				1b(1)		X
(2) Pu	rchases of assets from a nor	encharitable exempt organization				1b(2)		X
(3) Re	ntal of facilities, equipment,	or other assets				1b(3)		X
	imbursement arrangements					1b(4)		X
	ans or loan guarantees					1b(5)		X
	<u>=</u>	embership or fundraising solicitatio	nns			1b(6)		X
, ,		ailing lists, other assets, or paid em				1c		X
-		"Yes," complete the following sche	· ·	ave show the fair m	I arket value of the goods lot		1	
	•	oundation. If the foundation receiv	• •	•			,,,	
		other assets, or services received.		in any nanoaonon'	on onaring arrangement, on	J		
a)Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description	of transfers, transactions, and sh	aring arm	ngeme	nte
a JEIII III	(b) Amount involved	N/A	6 GAGINIPE OFGANIZATION	(u) Description	or transfers, transactions, and sit	aring arra	nigerne	
		N/A		<del> </del>				
		<b></b>		ļ	<u>-</u>			
		ļ		ļ				
+			<del>-</del> .					
		<del>                                     </del>						
2a Ic the fo	nundation directly or indirect	tly affiliated with, or related to, one	or more tay-evennt organiza	ations described			_	
		er than section 501(c)(3)) or in sec		dions described		Yes	¥	No
	• • • • • •		HOH JZ1 *		L	_ 163	L43.	טווו ר
D II TES,	complete the following sche (a) Name of org		(b) Type of organization		c) Description of relationshi	<u> </u>		
		Janization	(b) Type of organization	<u></u>	b) Description of relationshi	<u>ь                                    </u>		
_	N/A	<u> </u>						
			<del>        </del>					
	<del></del>							
			<u> </u>					
امدا		that I have examined this return, including mplete Declaration of preparer (other that			L May t	the IRS di	scuss 1	this
Sign   👢	h/1.1		. ~ /	<b>K</b> .	show	n with the	prepar see ins	er <u>tr</u> )?
Here	Mul	Low	8/18/15	TRUST	<u>د ا</u> الله	Yes		JNo
	ignature of officer or trustee	3	Date	Title				
	Print/Type preparer's na	ame Preparer's s	signature	Date	Check if PTIN			
			4 14	0/10/1-	self- employed			
Paid	ANNE FULTO	N (LM)	re Julian	8/12/15 ر	P00	9418	863	
Prepare	Firm's name ▶ DEL	OITTE TAX LLP		<u>L</u>	Firm's EIN ▶ 86-10	657	72	
Use Onl	•				1			
		1 SOUTH WACKER	DRIVE		<del></del> -			
	•	IICAGO, IL 60606			Phone no. (312)	486-	-10	00
	1 011	1200, 11 0000	<u></u>	<del>_</del> .	<del> </del>	m <b>990</b>		
					FOR	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		120141

# 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 www.lrs.gov/form990 ·

OMB No 1545-0047

Name of the organization

Employer identification number

54-1995591

W	ONDERFUL LIFE FOUNDATION	54-1995591
Organization type (check	cone)	
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	<b>X</b> 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppression of the section 501(c)(3) filing Form 990 or 990-EZ), that the 33 1/3% suppression of the greater of (1) \$5,000 or (2) 2% of the antext of the greater of (1) \$5,000 or (2) 2% of the antext of the section of the greater of (1) \$5,000 or (2) 2% of the antext of the greater of (1) \$5,000 or (2) 2% of the antext of the greater of (1) \$5,000 or (2) 2% of the antext of the greater of (1) \$5,000 or (2) 2% of the antext of the greater of (1) \$5,000 or (2) 2% or (2) 2% of the greater of (1) \$5,000 or (2) 2% or	6a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or efficively to children or animals. Complete Parts I, II, and III	
year, contributio is checked, ente purpose Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religited complete any of the parts unless the General Rule applies to this organization becausely, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box lous, chantable, etc ,
	n that is not covered by the General Rule and/or the Special Rules does not file Schedi	

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

Name of organization

Employer identification number

# WONDERFUL LIFE FOUNDATION

54-1995591

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	M. JUDE & LORI W. REYES  777 S. FLAGLER DR. STE-1500  WEST PALM BEACH, FL 33401	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	M. JUDE & LORI W. REYES  777 S. FLAGLER DR. STE-1500  WEST PALM BEACH, FL 33401	\$ <u>374,464.</u>	Person X Payroll
(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)
423452 11-0	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Employer identification number

## WONDERFUL LIFE FOUNDATION

54-1995591

art II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	7,555 SHARES OF SOLARCITY CORPORATION		<u>.                                      </u>
		\$374,464.	06/11/14
(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 11-05		\$ Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

Employer identification number

DERFU	JL LIFE FOUNDATION	ributions to organizations described i	54-1995591 in section 501(c)(7), (8), or (10) that total more than \$1,0
	Exclusively the year from any one contributor. Complete (completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or f	in section 501(c)(/), (8), or (10) that total more than \$1,0 //Ing line entry. For organizations less for the year (Enter this info once)
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   _			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo.			
n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZiP + 4	Relationship of transferor to transferee
-			
io. m t i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   =			
-		(e) Transfer of gift	
1			

# 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.lrs.gov/form8868 ·

OMB No 1545-1709

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-	are filing for an <b>Automatic 3-Month Extension, comple</b> t				•	٠ لــــــا
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form)		
			tic 3-month extension on a previous			
	iic filing (e-file). You can electronically file Form 8868 if y					
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an e	xtension
of time to	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers A	ssociated With Ce	rtain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of this t	form,
visit www	virs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and	complete		
Part I on	ly				<b>&gt;</b>	. 🔲
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an extens	sion of time	
to file inc	come tax returns			Enter file	r's identifying nur	nber
Type or	Name of exempt organization or other filer, see instru-	ctions	,	Employer	identification number	ber (EIN) or
print						
	WONDERFUL LIFE FOUNDATION				54-199559	<del>)</del> 1
File by the due date fo			tions	Social sec	curity number (SSN	1)
filing your return See	777 S. FLAGLER DRIVE, NO. 1	L500				
instructions	City, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions			
	WEST PALM BEACH, FL 33401					
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	ts For			Code
Form 99	0 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 99	O-PF	04	Form 5227			10
Form 99	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
	M. JUDE REYES					
	ooks are in the care of <b>6250 N. RIVER B</b>	ROAD,	SUITE 9000 - ROSE	MONT	, IL 60018	3
Telep	hone No ▶ 847-227-6500		Fax No ▶			
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Un	ited States, check this box			
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	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 ElNs of	f all membe	ers the extension is	s for
1 ! re	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until		
_	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension	
	for the organization's return for					
<b>&gt;</b>	X calendar year 2014 or					
<b>&gt;</b>	tax year beginning	, an	d ending		_	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on L Initial return L	Final return	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			
no	nrefundable credits. See instructions			3a	\$ 4	4,519.
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	\$	2,019.
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		2,500.
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 f	or payment

instructions

Form 88	368 (Rev 1-2014)					Page 2
● If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check the	s box	-	► X
Note. C	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously	filed Form 8	3868.	
	are filing for an Automatic 3-Month Extension, comple					
Part	Additional (Not Automatic) 3-Month E	<u>xtensio</u>	<b>n of Time.</b> Only file the origin	al (no co	pies needed)	l
			Enter filer's	identifyin	g number, see i	nstructions
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nu	mber (EIN) o
print					E4 100E	T 0 1
File by the					54-1995	
due date f filing your	Number, street, and room or suite no. If a P.O. box, s		tions.	Social sec	cunty number (S	SN)
retum Sec			<del></del>			
	City, town or post office, state, and ZIP code. For a for WEST PALM BEACH, FL 33401	oreign add	Iress, see instructions.			
Entor th	e Return code for the return that this application is for (file	a a conara	te application for each return)			04
Linei u	e neturi code for the return that this application is for this	з а зерага	tte application for each return)			تبت
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01			* .	.*
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted  M. JUDE REYES	l an autor	natic 3-month extension on a pre-	viously file	d Form 8868.	
	books are in the care of books are in the care	מגספ	CITTUR 0000 _ DOCE	יאי∩איי	TT. 600	1 0
● The	books are in the care of ► 6230 N. KIVEK In the care of ► 6230 N. KIVEK In the care of ► 6230 N. KIVEK I	NOAD,	Fax No. ▶	IION I	, 11 000	
	e organization does not have an office or place of business	o in the Li				
	s is for a Group Return, enter the organization's four digit			If this is for	the whole arour	n check this
box ►	_		ach a list with the names and EINs of			
			BER 15, 2015	T GII THOTHO	ord the datarrane	
	or calendar year 2014, or other tax year beginning			na		
	the tax year entered in line 5 is for less than 12 months, or			Final re	eturn	
	Change in accounting period					
7 S	tate in detail why you need the extension					
	HE TAXPAYER RESPECTFULLY REQU					
Ī	NFORMATION NECESSARY TO FILE	A CO	MPLETE AND ACCURAT	E RET	URN.	
	<u> </u>					
_					·-	
_						
90 15	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	enter the tentative tax less any	<del>-                                      </del>		
	onrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less ally	8a	\$	4,519
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter en	v refundable credits and estimated			
	ax payments made. Include any prior year overpayment al	•	•			
LC	En payments made, include any prior year overpayment at		a diddie died die j die louie paid		1	4,519.

EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including acc	companying 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 > Unne Jutan

Title ► CPA

**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using

Date > 8/11/15

8c

Form 8868 (Rev. 1-2014)

0.

FORM 990	)-PF G	AIN OR (LO	OSS)	FROM SALI	3 OF	ASSETS		STA	TEMENT	ր 1
DESCRIPT	(A) FION OF PROPERTY				A	MANNER ACQUIRED		TE VIRED	DATE	SOLD
PUBLICLY	Y TRADED SECURIT	- TES			PU	RCHASED				
	(B) GROSS SALES PRICE	(C) COST OF OTHER BAS		(D) EXPENSI SALI		(E) DEPRE		GAIN	(F)	oss
	28,091.	25	,601.		0.		0.		2	,490.
DESCRIP	(A) FION OF PROPERTY	·			_ <i>I</i> -	MANNER ACQUIRED		TE VIRED	DATE	SOLD
PUBLICL	Y TRADED SECURIT	IES			PU	JRCHASED				
	(B) GROSS SALES PRICE	(C) COST OF OTHER BAS		(D) EXPENSI SALI		(E) DEPRE		GAIN	(F) OR LO	oss
	497,768.	444	,811.		0.		0.		52	,957.
DESCRIP'	(A) FION OF PROPERTY	, <u> </u>				MANNER ACQUIRED		TE JIRED	DATE	SOLD
CAPITAL	GAIN DISTRIBUTI	ON			Pţ	JRCHASED				
	(B) GROSS SALES PRICE	(C) COST OF OTHER BAS		(D) EXPENS SAL		(E) DEPRE		GAIN	(F) OR L	oss
-	11,337.		0.	<del>-</del>	0 .	<del>-</del>	0.		11	,337.
CAPITAL	GAINS DIVIDENDS	FROM PAR	T IV					-		0.
	O FORM 990-PF, E								66	,784.
1011111 1	0 10141 330 11, 1		VI	_						

FORM 990-PF INTER	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	2
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOM	3
JP MORGAN #5007 JP MORGAN #8008			45. 22.		45. 22.		
TOTAL TO PART I, L	INE 3		67.		67.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE BOOKS	(B) NET INVEST MENT INCOM		
JP MORGAN #7003 JP MORGAN #8008	2,513 7,280		0. 0.	2,513. 7,280.			<del></del>
TO PART I, LINE 4	9,793		0.	9,793.	9,958	8.	
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	( F NET IN MENT ]	WEST-	(C) ADJUSTED NET INCOM	(D) CHARITAI E PURPOSI	
TAX PREPARATION FE	 3S	5,500.		2,750.	· · · · · · · · · · · · · · · · · · ·	2,75	50.
TO FORM 990-PF, PG	1, LN 16B	5,500.		2,750.		2,75	50.
FORM 990-PF		TAX	ES	·		STATEMENT	5
DESCRIPTION		(A) EXPENSES PER BOOKS	( F NET IN MENT ]	WEST-	(C) ADJUSTED NET INCOM		
IL ANNUAL REPORTING FOREIGN TAXES PAID	G FEE	15. 169.		0. 169.			15.
TO FORM 990-PF, PG	1, LN 18	184.		169.	· · · · · · · · · · · · · · · · · · ·		15.
	_						

FORM 990-PF	OTHER E	XPENSES			STATE	MENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				(D) ARITAE URPOSE	
ACCOUNT MANAGEMENT FEES	5,445.	5,	445.				0.
TO FORM 990-PF, PG 1, LN 23	5,445.	5,	445.				0.
							<del></del>
FORM 990-PF	CORPORAT	E STOCK			STATE	MENT	7
DESCRIPTION			воо	K VALUE		MARKET LUE	r 
JP MORGAN - SEE STATEMENT 9		-		704,794.	1,	019,33	30.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	-		704,794.	1,	019,33	30.
		=					
FORM 990-PF	PART XV - L OF FOUNDATI		RS		STATE	MENT	8

NAME OF MANAGER

M. JUDE REYES LORI W. REYES

# Equity Detail

	Рпсе	Quantity	Value	Adjusted Tax Cost Original Cost
US Large Cap Equity				
JPM US LARGE CAP CORE PLUS FD - SEL FUND 1002 4812A2-38-9 JLPS X	29 40	5,482 266	161,178 62	110,919 82
SPDR S&P 500 ETF TRUST 78462F-10-3 SPY	205 54	595 000	122,296 30	93,019 72
Total US Large Cap Equity			\$283,474.92	\$203,939.54
US Mid Cap Equity				
ISHARES RUSSELL MIDCAP INDEX FUND 464287-49-9 IVVR	167 04	425 000	70,992 00	42,484 15
IIS Small Can Equity				
ISHARES RUSSELL 2000 INDEX FUND 464287-65-5 IWM	119 62	510 000	61,006 20	39,186 45
EAFE Equity				
MFS INTL VALUE-I 55273E-82-2 MINI X	¥ ¥	1,887 505	65,194 42	20,000 00
İ				

	Price	Quantity	Value	Adjusted Tax Cost Original Cost
Asia ex-Japan Equity				
MATTHEWS ASIA DIVIDEND-INS 577130-75-0 MIPI X	15 26	3,679 176	56,144 23	20'000 00

# **Equity Detail**

	Price	Quantity	Value	Adjusted Tax Cost Original Cost
US Large Cap Equity				
ALLERGAN INC 018490-10-2 AGN	212 59	29 000	12,542 81	2,275 19
ALLIANCE DATA SYSTEMS CORP 018581-10-8 ADS	286 05	54 000	15,446 70	14,198 15
AMAZON COM INC 023135-10-6 AMZN	310 35	57 000	17,689 95	10,684 11
AMERICAN TOWER CORPORATION 03027X-10-0 AMT	98 85	173 000	17,101 05	7,038 72
<b>APPLE INC.</b> 037833-10-0 AAPL	110 38	154 000	16,998 52	4,577 17
ARM HOLDINGS PLC SPONS ADR 042068-10-6 ARMH	46 30	386 000	17,871 80	17,089 22
CELGENE CORPORATION 151020-10-4 CELG	111 86	229 000	25,615 94	5,998 52
COGNIZANT TECHNOLOGY SOLUTIONS CORP CL A 192446-10-2 CTSH	52 66	403 000	21,221 98	9,974 88
<b>ECOLAB INC</b> 278855-10-0 ECL	104 52	87 000	9,093 24	4,812.87
<b>EQUINIX INC</b> 29444U-50-2 EQIX	226 73	67 000	15,190 91	12,527 95

	Рпсе	Quantity	Value	Adjusted Tax Cost Original Cost
IIS Large Can Fouity			:	
FMC TECHNOLOGIES INC 30249U-10-1 FT1	46 84	173 000	8,103 32	96 606'8
GILEAD SCIENCES INC 375558-10-3 GILD	94 26	241 000	22,716 66	9,761 79
GOOGLE INC CLASS C 38259P-70-6 GOOG	526 40	18 000	9,475 20	4,819 05
GOOGLE INC CLASS A 38259P-50-8 GOOG L	530 66	18 000	9,551 88	4,834 48
IHS INC 451734-10-7 IHS	113 88	111 000	12,640 68	10,882 28
1LLUMINA INC 452327-10-9 ILMN	184 58	114 000	21,042 12	5,553 01
INTUITIVE SURGICAL INC 46120E-60-2 ISRG	528 94	17 000	8,991 98	4,693 45
NIKE INC B 654106-10-3 NKE	96 15	120 000	11,538 00	10,783 66
SCHWAB CHARLES CORP 808513-10-5 SCHW	30 19	616 000	18,597 04	16,379 63
STRATASYS LTD M85548-10-1 SSYS	83 11	133 000	11,053 63	13,960 70
T ROWE PRICE GROUP INC 74144T-10-8 TROW	85 86	185 000	15,884 10	9,322 04
TWENTY FIRST CENTY FOX INC CL A 90130A-10-1 FOXA	38 41	369 000	14,171 45	13,410 78
US DOLLAR	1 00	3,304 150	3,304.15	3,304 15

	Price	Quantity	Value	Adjusted Tax Cost Original Cost
US Large Cap Equity				
VISA INC CLASS A SHARES 92826C-83-9 V	262 20	84 000	22,024 80	4,784 74
Total IIS Large Cap Fourty			\$357,867.91	\$210.576.50

Equity Detail

	Price	Quantity	Value	Adjusted Tax Cost Onginal Cost
Small/Mid Cap Equity				
AL THERAPIES INC 47R-10-4 VTL	24 93	5,000 000	124,650 00	108,607 20

### WONDERFUL LIFE FOUNDATION 54-1995591 FORM 990-PF - YE 12/31/2014

## 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	PC	General Support	\$ 25,000
Access Living of Metropolitan Chicago	N/A	PC	General Support	10,000
American Enterprise Institute	N/A	PC	General Support	10,000
Big Shoulders Fund	N/A	PC	General Support	45,000
Boston College	N/A	PC	General Support	50,000
Catholic Church Extension Society	N/A	PC	General Support	50,000
Duke University	N/A	PC	General Support	200,000
Feed the Dream	N/A	PC	General Support	5,000
Grace Presbytenan Church	N/A	PC	General Support	125,000
nvest for Kids	N/A	PC	General Support	1,000
Leukemia & Lymphoma Society	N/A	PC	General Support	1,000
LINK Unlimited	N/A	PC	General Support	60,000
_INK Unlimited	N/A	PC	DreamKeepers Gala	5,000
_ittle Sisters of the Poor	N/A	PC	General Support	5,000
Lurie Children's	N/A	PC	General Support	100,000
MetroSquash	N/A	PC	General Support	75,000
Navy Seal Foundation	N/A	PC	Good-to-Great Capital Initiative	100,000
Northwestern Memorial Foundation	N/A	PC	Bluhm Cardiovascular Ints	100,00
Northwestern University	N/A	PC	Bienen School of Music	200,00
Northwestern University	N/A	PC	Annual Fund	50,00
Old Elm Scholarship Foundation	N/A	PC	General Support	5,00
Old St. Patrick's Church	N/A	PC	General Support	5,00
Pathways Foundation	N/A	PC	General Support	50,00
PAWS Chicago	N/A	PC	General Support	2,50
Rehabilitation Institute of Chicago	N/A	PC	New Building Campaign	2,500,00
Rehabilitation Institute of Chicago	N/A	PC	SkyRise Chicago	25,00
RIC Women's Board	N/A	PC	Medicine Ball	50,00
Shining Star Ball	N/A	PC	Clearbrook Shining Star ball	25,00
Saints Faith, Hope and Charity	N/A	PC	Thanksgiving / Anniversary Celebration	30,00
Saints Faith, Hope and Charity	N/A	PC	General Support	22,00
Special Olympics Chicago	N/A	PC	Nelarusky	5,00
The American Ireland Fund	N/A	PC	General Support	12,50
The Buoniconti Fund	N/A	PC	General Support	12,50
The Center for Enriched Living	N/A	PC	General Support	5,00
The Series for Enhance Living The Field Museum	N/A	PC	General Support	25,00
United Cerebral Palsy	N/A	PC	General Support	15,00
•	N/A	PC	General Support	50,00
University of North Carolina at Chapel Hill	N/A	PC	Cavanaugh Council	500,00
University of Notre Dame	N/A N/A	PC	General Support	25,00
Wofford College	N/A N/A	PC	General Support	18,00
Woodlands Academy			* *	250,00
Woodlands Academy	N/A	PC PC	Living the Mission	
World Sport Chicago	N/A	PC	Paralympic Plan	25,00

### WONDERFUL LIFE FOUNDATION 54-1995591 FORM 990-PF - YE 12/31/2014

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

Recipient Name	If recipient is an individual	Foundation status of recipient	Purpose of grant or Contribution	Amount
Children's Memorial Hospital - Chicago	N/A	PC	Heroes for Life Fund	100,000
Catholic Church Extension Society	N/A	PC	General Support	50,000
Duke University	N/A	PC	General Support	1,000,000
LINK Unlimited	N/A	PC	General Support	60,000
Northwestern Memorial Foundation	N/A	PC	Bluhm Cardiovascular Institute	900,000
Northwestern University	N/A	PC	Unrestricted	700,000
METROsquash	N/A	PC	Secure the Future	250,000
Rehabilitation Institute of Chicago	N/A	PC	New Building Campaign	2,500,000
TOTAL			<del>-</del>	\$ 5,560,000