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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization **WENDORF, EDWARD & JOSEPHINE FND**  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1919 Douglas St 2nd FL MACN8000-027**  
 City or town State ZIP code  
**Omaha NE 68102-1317**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**41-6271710**

**E** Telephone number  
**888-730-4933**

**F** Name and address of principal officer  
**WELLS FARGO BANK, N A 1919 Douglas St 2nd FL MACN8000-027**

**G** Gross receipts \$ **611,804**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **N/A**

**K** Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

**L** Year of formation **1986**

**M** State of legal domicile **MN**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities. **THE ORGANIZATION WAS FORMED TO FUNCTION AS A SUPPORT ORGANIZATION OF THE VAN GORDEN FUND OF THE MILLER-DWAN FOUNDATION AND THE MILLER-DWAN MEDICAL CENTER FOUNDATION**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4**

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **0**

**6** Total number of volunteers (estimate if necessary) **0**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **0**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,793	152,938
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,020	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,813	152,938
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	184,804	188,460
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,340	54,340
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	231,144	242,800
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-71,331	-89,862

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,507,050	3,435,012
<b>21</b> Total liabilities (Part X, line 26)	0	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,507,050	3,435,012

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer **JOHN SULENTIC** Date **7/28/2014**  
 Type or print name and title **SVP Wells Fargo Bank N.A.**

**Paid Preparer Use Only**  
 Preparer's name **JOSEPH J. CASTRIANO** Preparer's signature **[Signature]** Date **7/28/2014** Check ☒ if self-employed PTIN **P01251603**  
 Firm's name ▶ **PricewaterhouseCoopers, LLP** Firm's EIN ▶ **13-4008324**  
 Firm's address ▶ **600 GRANT ST, PITTSBURGH, PA 15219-2777** Phone no **412-355-6000**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA Form **990** (2013)

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**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

THE ORGANIZATION WAS FORMED TO FUNCTION AS A SUPPORT ORGANIZATION OF THE VAN GORDEN FUND OF THE MILLER-DWAN FOUNDATION AND THE MILLER-DWAN MEDICAL CENTER FOUNDATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code: ) (Expenses \$ 201,339 including grants of \$ 188,460 ) (Revenue \$ )

THE ORGANIZATION WAS FORMED TO FUNCTION AS A SUPPORT ORGANIZATION OF THE VAN GORDEN FUND OF THE MILLER-DWAN FOUNDATION AND THE MILLER-DWAN MEDICAL CENTER FOUNDATION

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **201,339**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

**Part V****Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 1		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 1		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ MN

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Wells Fargo Bank N A 888-730-4933  
222 W SUPERIOR ST 200 MAC N9500-041

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WELLS FARGO BANK, N.A. TRUSTEE	4.00		X					48,051		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....								48,051	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0	0	0
<b>d Total (add lines 1b and 1c)</b> .....								48,051	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 0			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 0			
	<b>g</b> Noncash contributions included in lines 1a-1f. \$ . . . . .	0			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	0			
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b> . . . . .	0			
	<b>b</b> . . . . .	0			
	<b>c</b> . . . . .	0			
	<b>d</b> . . . . .	0			
	<b>e</b> . . . . .	0			
	<b>f</b> All other program service revenue . . . . .	0			
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	78,917			78,917
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	0			
	<b>5</b> Royalties . . . . .	0			
	(i) Real (ii) Personal				
	<b>6a</b> Gross rents . . . . .				
	<b>b</b> Less rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . .	0			
	(i) Securities (ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	532,887	0		
	<b>b</b> Less cost or other basis and sales expenses . . . . .	458,866	0		
	<b>c</b> Gain or (loss) . . . . .	74,021	0		
	<b>d</b> Net gain or (loss) . . . . .	74,021			69,806
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	0			
	<b>a</b> . . . . .	0			
	<b>b</b> Less: direct expenses . . . . .	0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .	0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	0			
	<b>a</b> . . . . .	0			
	<b>b</b> Less direct expenses . . . . .	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .	0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	0				
<b>a</b> . . . . .	0				
<b>b</b> Less cost of goods sold . . . . .	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .	0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> . . . . .					
<b>b</b> . . . . .	0				
<b>c</b> . . . . .	0				
<b>d</b> All other revenue . . . . .	0				
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	0				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .	152,938	0	0	148,723	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	188,460	188,460		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	841	841		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TRUSTEE FEES	48,051	12,013	36,038	
b	FOREIGN TAXES PAID	2,137		2,137	
c	PARTNERSHIP & INVESTMENT EXPENSES	3,164		1,364	
d	ROYALTY EXPENSES	122		122	
e	All other expenses. STATE AG FEES	25	25		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	242,800	201,339	39,661	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	7,871
	<b>2</b> Savings and temporary cash investments . . . . .	61,208	<b>2</b>	113,082
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 0		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	3,445,842	<b>11</b>	3,314,059
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,507,050	<b>16</b>	3,435,012	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	<b>17</b>	0
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	3,507,050	<b>30</b>	3,435,012
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	3,507,050	<b>33</b>	3,435,012	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	3,507,050	<b>34</b>	3,435,012	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	152,938
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	242,800
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-89,862
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,507,050
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	17,824
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,435,012

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>1</b>		
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

WENDORF, EDWARD & JOSEPHINE FND

Employer identification number

41-6271710

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☒ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
  - e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☒
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
  - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) MILLER DWAN MEDIC	23-7396466	3	X		X		X		47,115
(B) VAN GRODEN FUND	41-6414017	3	X		X		X		141,345
(C)									
(D)									
(E)									
<b>Total</b>	<b>2</b>								<b>188,460</b>

**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
<b>11 Total support.</b> Add lines 7 through 10						0
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	0.00%

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area for supplemental information with horizontal dashed lines.

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2013**  
Open to Public  
Inspection

Employer identification number

WENDORF, EDWARD & JOSEPHINE FND

41-6271710

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MILLER DWAN MEDICAL CENTE 502 E SECOND STREET DULUTH, M	23-7396466	501(C)(3)	47,115				GENERAL SUPPORT GRANT
(2) VAN GORDEN FUND OF THE MIL 230 WEST SUPERIOR STREET DUL	41-6414017	501(C)(3)	141,345				GENERAL SUPPORT GRANT
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

2  
0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

HTA



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

WENDORF, EDWARD & JOSEPHINE FND

41-6271710

Form 990, Part VI, Section B, Line 11A: SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM 990

Form 990, Part VI, Section B, Line 12C: ORGANIZATION COMPLIES WITH THE SAME POLICY AND

ENFORCEMENT PROCEDURES AS ITS TRUSTEE

Form 990, Part VI, Section C, Line 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 990, Part XI, Line 9: NET ADJUSTMENTS INCLUDE MUTUAL FUND & CTF INCOME, LOSS ON CY SALES

NOT SETTLED AT YEAR END, PARTNERSHIP INCOME, LOSS ON PY SALES SETTLED IN CY, COST BASIS

ADJUSTMENT

Name of the organization

Employer identification number

WENDORF, EDWARD &amp; JOSEPHINE FND

41-6271710

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Total Public Securities															Total Non-Public Securities															Total Other Sales														
Line	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method																													
											Cost	Donated value																																
1	ALLERGAN INC	018490102	X				8/15/2012		5/10/2013	104	87																																	
2	ALLERGAN INC	018490102	X				8/15/2012		5/30/2013	305	260																																	
3	ALLERGAN INC	018490102	X				5/6/2011		5/30/2013	2,339	1,867																																	
4	ALLERGAN INC	018490102	X				5/6/2011		6/10/2013	1,994	1,623																																	
5	ALLERGAN INC	018490102	X				6/23/2011		6/10/2013	4,886	3,947																																	
6	ALLERGAN INC	018490102	X				5/6/2011		6/10/2013	997	810																																	
7	AMAZON COM INC COM	023135106	X				8/10/2009		2/4/2013	2,605	843																																	
8	AMAZON COM INC COM	023135106	X				8/10/2009		6/10/2013	2,810	843																																	
9	AMAZON COM INC COM	023135106	X				8/10/2009		6/25/2013	271	84																																	
10	APPLE INC	037833100	X				11/9/2012		6/10/2013	1,782	2,183																																	
11	APPLE INC	037833100	X				5/8/2007		6/10/2013	3,564	835																																	
12	APPLE INC	037833100	X				5/8/2007		6/25/2013	1,605	418																																	
13	BB&T CORPORATION	05531FAE3	X				7/8/2010		9/25/2013	25,000	25,910																																	
14	CATAMARAN CORP	148887102	X				2/16/2012		6/25/2013	741	458																																	
15	CELANESE CORP	150870103	X				7/1/2011		6/25/2013	397	485																																	
16	CELGENE CORP COM	151020104	X				11/19/2012		3/26/2013	3,597	2,399																																	
17	CELGENE CORP COM	151020104	X				8/22/2008		3/26/2013	225	147																																	
18	CELGENE CORP COM	151020104	X				8/22/2008		6/25/2013	685	440																																	
19	CERNER CORP COM	156782104	X				11/19/2012		6/10/2013	2,760	2,168																																	
20	CERNER CORP COM	156782104	X				11/19/2012		6/25/2013	284	232																																	
21	CERNER CORP COM	156782104	X				8/15/2012		6/25/2013	851	662																																	
22	CHIPOTLE MEXICAN GRILL	169656105	X				6/25/2012		6/25/2013	1,081	1,237																																	
23	CITRIX SYS INC COM	177376100	X				2/4/2013		6/25/2013	529	655																																	
24	ACCENTURE PLC	G1151C101	X				1/25/2007		4/10/2013	2,618	1,252																																	
25	ACCENTURE PLC	G1151C101	X				1/25/2007		6/25/2013	717	331																																	
26	ENSCO PLC-CL A	G3157S106	X				2/27/2012		6/25/2013	227	237																																	
27	ENSCO PLC-CL A	G3157S106	X				2/27/2012		8/20/2013	4,165	4,437																																	
28	ENSCO PLC-CL A	G3157S106	X				3/26/2012		8/20/2013	2,277	2,210																																	
29	JAZZ PHARMACEUTICALS P	G50871105	X				6/10/2013		6/25/2013	331	345																																	
30	CITRIX SYS INC COM	177376100	X				5/8/2007		11/4/2013	5,740	3,193																																	
31	CITRIX SYS INC COM	177376100	X				2/4/2013		11/4/2013	1,665	2,110																																	
32	ALEXION PHARMACEUTICA	015351109	X				1/3/2013		6/25/2013	438	494																																	
33	ALLERGAN INC	018490102	X				8/15/2012		3/25/2013	2,546	1,991																																	
34	COACH INC	189754104	X				9/13/2011		2/4/2013	3,401	3,987																																	
35	COACH INC	189754104	X				6/18/2012		2/4/2013	2,186	2,724																																	
36	COCA COLA CO	191216100	X				6/18/2012		6/25/2013	795	760																																	
37	WSC PROCEEDS CIA BEBI	20441W203	X				11/2000		3/29/2013	0	0																																	
38	THE ENDOWMENT TEI FUN	29299D444	X				11/30/2009		12/31/2013	40,707	42,991																																	
39	FARNALCO	311900104	X				12/6/2012		6/25/2013	592	545																																	
40	FED HOME LN BK	3133XSP93	X				8/19/2009		12/13/2013	25,000	25,515																																	
41	FORTUNE BRANDS HOME	34964C106	X				4/10/2013		6/25/2013	814	748																																	
42	GNMA POOL #59985	36200FRE0	X				4/10/2013		2/15/2013	133	136																																	
43	GNMA POOL #59985	36200FRE0	X				4/10/2013		3/15/2013	133	136																																	
44	GNMA POOL #59985	36200FRE0	X				4/10/2013		4/15/2013	136	139																																	
45	GNMA POOL #59985	36200FRE0	X				4/10/2013		5/15/2013	132	135																																	
46	GNMA POOL #59985	36200FRE0	X				4/10/2013		6/15/2013	132	135																																	
47	GNMA POOL #59985	36200FRE0	X				4/10/2013		7/15/2013	134	137																																	
48	COMPANHIA DE BEBIDAS-P	20441W203	X				5/19/2011		6/25/2013	515	470																																	
49	COMPANHIA DE BEBIDAS-P	20441W203	X				3/24/2011		8/20/2013	6,779	5,347																																	
50	COMPANHIA DE BEBIDAS-P	20441W203	X				5/19/2011		8/20/2013	800	720																																	
51	CONCHO RESOURCES INC	20605P101	X				11/7/2011		6/25/2013	426	493																																	
52	COSTCO WHOLESALE COR	22160K105	X				10/17/2011		3/25/2013	2,424	1,894																																	
53	COSTCO WHOLESALE COR	22160K105	X				10/17/2011		6/25/2013	110	82																																	
54	COSTCO WHOLESALE COR	22160K105	X				9/13/2011		12/5/2013	2,424	1,604																																	
55	COSTCO WHOLESALE COR	22160K105	X				9/13/2011		12/5/2013	4,848	3,220																																	
56	DANAHER CORP	235851102	X				6/25/2012		6/25/2013	805	658																																	
Total Public Securities											Gross sales		Cost, other basis and expenses																															
Total Non-Public Securities											532,887		458,866																															
Total Other Sales											0		0																															
											0		0																															

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Total Public Securities										Gross sales		Cost, other basis and expenses	
Total Non-Public Securities										532,887	0	458,866	0
Total Other Sales										0	0	0	0
Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)	Cost	Expense of sale and cost of improvements	Description of Basis Method
57 DIAMOND HILL LONG-SHOR	25264S833	X				8/18/2010		7/1/2013	93,019	70,000			
58 DIAMOND HILL LONG-SHOR	25264S833	X				12/3/2010		7/1/2013	32,107	25,000			
59 THE DIRECTV GROUP HOL	25490A309	X				6/10/2013		6/25/2013	967	990			
60 ECOLAB INC	278865100	X				2/15/2005		6/25/2013	674	262			
61 THE ENDOWMENT TEI FUNI	29299D444	X				11/30/2009		3/31/2013	13,539	14,480			
62 DIAGEO PLC - ADR	25243Q205	X				3/4/2008		1/3/2013	2,468	1,722			
63 DIAGEO PLC - ADR	25243Q205	X				3/4/2008		6/25/2013	344	246			
64 THE ENDOWMENT TEI FUNI	29299D444	X				11/30/2009		6/30/2013	11,683	13,106			
65 THE ENDOWMENT TEI FUNI	29299D444	X				11/30/2009		9/30/2013	10,372	11,406			
66 GNMA POOL #599985 4 50	36200FRE0	X				4/10/2003		8/15/2013	135	138			
67 GNMA POOL #599985 4 50	36200FRE0	X				4/10/2003		9/15/2013	233	238			
68 GNMA POOL #599985 4 50	36200FRE0	X				4/10/2003		10/15/2013	116	119			
69 GNMA POOL #599985 4 50	36200FRE0	X				4/10/2003		11/15/2013	117	119			
70 GNMA POOL #599985 4 50	36200FRE0	X				4/10/2003		12/15/2013	117	120			
71 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		2/15/2013	164	167			
72 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		3/15/2013	165	168			
73 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		4/15/2013	166	169			
74 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		5/15/2013	166	169			
75 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		6/15/2013	167	170			
76 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		7/15/2013	167	171			
77 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		8/15/2013	168	171			
78 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		9/15/2013	169	172			
79 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		10/15/2013	169	172			
80 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		11/15/2013	170	173			
81 GNMA POOL #604265 4 00	36200MJJ3	X				6/2/2003		12/15/2013	171	174			
82 GOOGLE INC	38259P508	X				2/14/2011		6/25/2013	2,608	1,885			
83 HMS HLDGS CORP	40425J101	X				9/2/2010		3/25/2013	4,091	2,684			
84 HMS HLDGS CORP	40425J101	X				9/2/2010		3/25/2013	1,642	1,078			
85 GILEAD SCIENCES INC	375558103	X				6/10/2013		6/25/2013	349	370			
86 GOLDMAN SACHS L/C VALU	38142Y773	X				2/3/2011		6/25/2013	40,000	34,088			
87 HOME DEPOT INC	437076102	X				3/25/2013		6/25/2013	891	833			
88 INTERCONTINENTALEXCHA	45865V100	X				11/12/2008		3/26/2013	2,583	1,093			
89 INTERCONTINENTALEXCHA	45865V100	X				11/12/2008		6/25/2013	707	273			
90 INTUIT COM	461202103	X				6/18/2012		6/25/2013	588	567			
91 ESTEE LAUDER COMPANIE	518439104	X				5/17/2012		6/25/2013	714	614			
92 ESTEE LAUDER COMPANIE	518439104	X				5/17/2012		12/5/2013	2,109	1,618			
93 ESTEE LAUDER COMPANIE	518439104	X				7/1/2011		12/5/2013	800	574			
94 MICROSOFT CORP	594918104	X				8/30/2012		4/10/2013	1,904	1,908			
95 MICROSOFT CORP	594918104	X				6/25/2012		4/10/2013	695	687			
96 MICROSOFT CORP	594918104	X				6/25/2012		6/25/2013	606	538			
97 MONDELEZ INTERNATIONAL	609207105	X				10/5/2012		6/25/2013	715	695			
98 MONSANTO CO NEW	61166W101	X				10/5/2012		6/25/2013	305	273			
99 MONSTER BEVERAGE COR	611740101	X				5/30/2013		6/25/2013	630	609			
100 NETAPP INC	64110D104	X				6/3/2010		3/25/2013	4,502	5,306			
101 NETAPP INC	64110D104	X				6/3/2010		3/25/2013	497	583			
102 NETAPP INC	64110D104	X				11/23/2010		3/25/2013	132	202			
103 ORACLE CORPORATION	68389X105	X				4/10/2013		6/25/2013	569	638			
104 ORACLE CORPORATION	68389X105	X				4/10/2013		6/27/2013	1,780	1,949			
105 ORACLE CORPORATION	68389X105	X				10/5/2010		6/25/2013	951	845			
106 POLARIS INDS INC COM	731068102	X				11/19/2012		6/25/2013	1,689	1,462			
107 PRECISION CASTPARTS CO	740189105	X				11/22/2006		6/10/2013	2,841	983			
108 PRECISION CASTPARTS CO	740189105	X				11/22/2006		6/25/2013	1,695	605			
109 QUALCOMM INC	747525103	X				2/16/2012		6/25/2013	1,165	1,181			
110 RACKSPACE HOSTING INC	750086100	X				5/17/2012		1/3/2013	302	205			
111 RACKSPACE HOSTING INC	750086100	X				11/17/2010		1/3/2013	3,551	1,272			
112 RACKSPACE HOSTING INC	750086100	X				11/17/2010		3/25/2013	4,952	2,625			

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Total Public Securities										Gross sales		Cost, other basis and expenses		
Total Non-Public Securities										532,887		458,866		
Total Other Sales										0		0		
Description	CUSIP #	Check if gain/loss from sale of public securities	Check if gain/loss from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation	Description of Basis Method
										Cost	Donated value			
113 RALPH LAUREN CORP	751212101	X				2/27/2012		11/4/2013	4,549	4,668				
114 RALPH LAUREN CORP	751212101	X				6/18/2012		11/4/2013	2,190	1,882				
115 SANDISK CORP COM	80004C101	X				1/10/2012		6/25/2013	872	762				
116 SCHLUMBERGER LTD	806857108	X				3/4/2008		6/25/2013	580	671				
117 SCHLUMBERGER LTD	806857108	X				3/4/2008		6/25/2013	218	250				
118 STARBUCKS CORP COM	855244109	X				1/3/2013		6/25/2013	1,169	999				
119 STERICYCLE INC COM	858912108	X				5/17/2012		6/25/2013	761	579				
120 TEAM HEALTH HOLDINGS II	87817A107	X				3/26/2013		6/25/2013	608	556				
121 TERADATA CORP	88076W103	X				9/7/2012		6/25/2013	388	645				
122 TERADATA CORP	88076W103	X				9/7/2012		11/4/2013	2,344	4,357				
123 TERADATA CORP	88076W103	X				2/20/2013		11/4/2013	1,780	2,549				
124 TERADATA CORP	88076W103	X				8/20/2013		11/4/2013	1,649	2,322				
125 TRACTOR SUPPLY CO COM	892356106	X				12/14/2004		2/4/2013	2,431	415				
126 TRACTOR SUPPLY CO COM	892356106	X				12/14/2004		6/25/2013	1,015	155				
127 TRIMBLE NAV LTD	896239100	X				3/26/2013		6/25/2013	328	387				
128 TRIMBLE NAV LTD	896239100	X				3/25/2013		6/27/2013	4,471	5,141				
129 TRIMBLE NAV LTD	896239100	X				3/26/2013		6/27/2013	745	862				
130 ULTA SALON COSMETICS &	90384S303	X				10/5/2012		2/20/2013	4,517	5,188				
131 ULTA SALON COSMETICS &	90384S303	X				1/3/2013		2/20/2013	2,259	2,641				
132 UNION PACIFIC CORP	907818108	X				7/25/2008		6/25/2013	1,218	617				
133 UNION PACIFIC CORP	907818108	X				7/25/2008		12/5/2013	2,925	1,389				
134 US TREAS INFEL IND 0.625	912628HW3	X				2/16/2010		4/15/2013	43,746	41,320				
135 WHOLE FOODS MKT INC	966837106	X				5/17/2012		2/20/2013	2,218	2,211				
136 WHOLE FOODS MKT INC	966837106	X				11/23/2011		2/20/2013	341	255				
137 WHOLE FOODS MKT INC	966837106	X				6/10/2013		6/25/2013	1,129	1,146				
138 SECTION 1256 LOSS FROM		X								9,070				
139 S/T LOSS FROM POWERSH		X								74				
140 LT LOSS FROM POWERSH		X								1,901				
141 LT CAPITAL GAIN DIVIDEND		X							18,913					
142 ENDOWMENT K-1 ADJUSTMENT		X							1,509					
143 LOSS DISALLOWED FROM		X							156					



Security Type	EIN	CUSIP	Asset Name	FMV	Fed Cost
Cash	41-6271710			7871.27	7871.27
Savings & Temp Inv	41-6271710	VP0528308	FEDERATED TREAS OBL FD 68	105882.36	105882.36
Savings & Temp Inv	41-6271710	VP0528308	FEDERATED TREAS OBL FD 68	7199.58	7199.58
			<b>Total Cash, Savings &amp; Temp Inv</b>	<b>120953.21</b>	<b>120953.21</b>
Invest - US & State	41-6271710	REN034005	ST LOUIS CO., MINNESOTA, MI	1	458
Invest - Other	41-6271710	256219106	DODGE & COX STOCK FUND #145	335041.46	230854.16
Invest - Other	41-6271710	780905840	ROYCE PENNSYLVANIA MUT FD-INV #260	91756.65	75000
Invest - Other	41-6271710	464287614	ISHARES RUSSELL 1000 GROWTH ETF	103140	76308
Invest - Other	41-6271710	464287655	ISHARES RUSSELL 2000 ETF	115360	82479.9
Invest - Other	41-6271710	256206103	DODGE & COX INT'L STOCK FD #1048	272787.39	175412.7
Invest - Other	41-6271710	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	70043.11	75000
Invest - Other	41-6271710	464287481	ISHARES RUSSELL MID-CAP GROWTH	185592	102872
Invest - Other	41-6271710	339128100	JP MORGAN MID CAP VALUE-I #758	194851.31	123708.06
Invest - Other	41-6271710	29299D444	THE ENDOWMENT TEI FUND LP	139173.6	151007.58
Invest - Other	41-6271710	36200FRE0	GNMA POOL #599985 4.500% 4/15/18	6360.7	6114.44
Invest - Other	41-6271710	36200MJJ3	GNMA POOL #604265 4.000% 5/15/18	10403.3	10027.39
Invest - Other	41-6271710	63872T885	ASG GLOBAL ALTERNATIVES-Y #1993	126550.05	125000
Invest - Other	41-6271710	880208400	TEMPLETON GLOBAL BOND FD-ADV #616	61641.45	56838.22
Invest - Other	41-6271710	464287234	ISHARES MSCI EMERGING MARKETS	254949.5	225379.78
Invest - Other	41-6271710	38142Y773	GOLDMAN SACHS L/C VALUE-I #1216	164718.85	99732.49
Invest - Other	41-6271710	722005220	PIMCO FOREIGN BOND (UNHEDGED) #1853	69273.23	75000
Invest - Other	41-6271710	464288885	ISHARES MSCI EAFE GROWTH ETF	296642	325794.92
Invest - Other	41-6271710	4812C0803	JPMORGAN HIGH YIELD FUND SS #3580	76546.76	80000
Invest - Other	41-6271710	19248H401	COHEN & STEERS INTL REALTY I #1396	63986.3	81978.49
Invest - Other	41-6271710	961995008	ASGI MESIROW INSIGHT FUND, LLC	185456.24	158610.53
Invest - Other	41-6271710	73935S105	POWERSHARES DB COMMODITY INDEX	162941	159303.83
Invest - Other	41-6271710	78464A607	SPDR DOW JONES REIT ETF	161782.9	169714.28
Invest - Other	41-6271710	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	82400	67858.9
Invest - Other	41-6271710	76628T645	RIDGEWORTH SEIX HY BD-I #5855	76409.93	77685.83
Invest - Corp Stock	41-6271710	023135106	AMAZON COM INC COM	14356.44	3036.37
Invest - Corp Stock	41-6271710	037833100	APPLE INC	30856.1	5430.89
Invest - Corp Stock	41-6271710	151020104	CELGENE CORP COM	15376.09	5410.99

Invest - Corp Stock	41-6271710	156782104	CERNER CORP COM	10367.64	6839.24
Invest - Corp Stock	41-6271710	235851102	DANAHER CORP	12429.2	2776.19
Invest - Corp Stock	41-6271710	25243Q205	DIAGEO PLC - ADR	6753.42	3457.64
Invest - Corp Stock	41-6271710	278865100	ECOLAB INC	11469.7	3602.8
Invest - Corp Stock	41-6271710	311900104	FASTENAL CO	6983.97	3891.21
Invest - Corp Stock	41-6271710	375558103	GILEAD SCIENCES INC	13292.7	10230.91
Invest - Corp Stock	41-6271710	437076102	HOME DEPOT INC	13833.12	11011.67
Invest - Corp Stock	41-6271710	461202103	INTUIT COM	11676.96	7862.91
Invest - Corp Stock	41-6271710	518439104	ESTEE LAUDER COMPANIES INC	8511.16	5655.92
Invest - Corp Stock	41-6271710	594918104	MICROSOFT CORP	9876.24	7808.68
Invest - Corp Stock	41-6271710	68389X105	ORACLE CORPORATION	8838.06	6293.51
Invest - Corp Stock	41-6271710	731068102	POLARIS INDS INC COM	12525.04	6550.8
Invest - Corp Stock	41-6271710	747525103	QUALCOMM INC	18339.75	13824.53
Invest - Corp Stock	41-6271710	80004C101	SANDISK CORP COM	11215.86	7851.71
Invest - Corp Stock	41-6271710	806857108	SCHLUMBERGER LTD	13246.17	9735.19
Invest - Corp Stock	41-6271710	855244109	STARBUCKS CORP COM	11758.5	8154.07
Invest - Corp Stock	41-6271710	858912108	STERICYCLE INC COM	11733.17	6206.34
Invest - Corp Stock	41-6271710	892356106	TRACTOR SUPPLY CO COM	21412.08	2384.04
Invest - Corp Stock	41-6271710	907818108	UNION PACIFIC CORP	14952	6866.84
Invest - Corp Stock	41-6271710	966837106	WHOLE FOODS MKT INC	10872.04	6645.46
Invest - Corp Stock	41-6271710	191216100	COCA COLA CO	11401.56	9699.11
Invest - Corp Stock	41-6271710	740189105	PRECISION CASTPARTS CORP	22351.9	6274.25
Invest - Corp Stock	41-6271710	015351109	ALEXION PHARMACEUTICALS INC	9434.76	6602.65
Invest - Corp Stock	41-6271710	61166W101	MONSANTO CO NEW	14568.75	9893.45
Invest - Corp Stock	41-6271710	167250109	CHICAGO BRIDGE & IRON COMPANY N.V.	7898.3	7175.33
Invest - Corp Stock	41-6271710	G1151C101	ACCENTURE PLC	8304.22	3719.74
Invest - Corp Stock	41-6271710	87817A107	TEAM HEALTH HOLDINGS INC	8107.9	6452.56
Invest - Corp Stock	41-6271710	741503403	PRICELINE COM INC	15111.2	6238.14
Invest - Corp Stock	41-6271710	46120E602	INTUITIVE SURGICAL INC	6145.28	8430.34
Invest - Corp Stock	41-6271710	38259P508	GOOGLE INC	29138.46	15636.07
Invest - Corp Stock	41-6271710	517834107	LAS VEGAS SANDS CORP	13092.42	7617.63
Invest - Corp Stock	41-6271710	150870103	CELANESE CORP	7079.68	6493.6
Invest - Corp Stock	41-6271710	00164V103	AMC NETWORKS INC	7832.65	7772.68
Invest - Corp Stock	41-6271710	34964C106	FORTUNE BRANDS HOME & SECURITY	13024.5	9447.45

Invest - Corp Stock	41-6271710	169656105	CHIPOTLE MEXICAN GRILL INC	13319.5	6498.29
Invest - Corp Stock	41-6271710	611740101	MONSTER BEVERAGE CORP	12944.07	10178.21
Invest - Corp Stock	41-6271710	G50871105	JAZZ PHARMACEUTICALS PLC	9238.88	5041.13
Invest - Corp Stock	41-6271710	30303M102	FACEBOOK INC	12459.97	11111.07
Invest - Corp Stock	41-6271710	148887102	CATAMARAN CORP	9919.56	6061.75
Invest - Corp Stock	41-6271710	25490A309	THE DIRECTV GROUP HOLDINGS CL A COM	11602.08	9700.56
Invest - Corp Stock	41-6271710	609207105	MONDELEZ INTERNATIONAL INC	9813.4	7349.42
Invest - Corp Stock	41-6271710	966244105	WHITEWAVE FOODS CO	10712.98	9501.73
Invest - Corp Stock	41-6271710	20605P101	CONCHO RESOURCES INC	7344	5588.71
Invest - Corp Stock	41-6271710	92826C839	VISA INC-CLASS A SHRS	13806.16	11624.24
Invest - Corp Stock	41-6271710	45866F104	INTERCONTINENTALEXCHANGE GROUP INC	11695.84	3444.2
Invest - Corp Bonds	41-6271710	594918A80	MICROSOFT CORP 2.950% 6/01/14	50524.5	50780
Invest - Corp Bonds	41-6271710	36962G4G6	GENERAL ELEC CAP COR 3.750% 11/14/14	25748	25197.5
Invest - Corp Bonds	41-6271710	91159HGU8	US BANCORP 3.150% 3/04/15	25761.25	25883
Invest - Corp Bonds	41-6271710	3135G0CM3	FED NATL MTG ASSN 1.250% 9/28/16	25357	25529.15
Invest - Corp Bonds	41-6271710	912828JE1	US TREAS INFN IND 1.375% 7/15/18	29348.22	25449.23
Total Other Investments				<b>4061571.13</b>	<b>3314058.6</b>
Total Assets				<b>4182524.34</b>	<b>3435011.81</b>

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only. ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	WENDORF, EDWARD & JOSEPHINE FND	41-6271710
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	1919 Douglas St 2nd FL MACN8000-027	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Omaha, NE 68102-1317	

Enter the Return code for the return that this application is for (file a separate application for each return).

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
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

- The books are in the care of ► WELLS FARGO BANK, N.A.

Telephone No. ► (888) 730-4933

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box. ☐ . If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2013 or

► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)