

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-EZ

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Α	For th	ie 2009 caler	<u>ıdar year,</u>	or tax ye	ar beginning	]	10/1/2009	, and	ending	9/3	<u> </u>	)		
В	Check	if applicable	Please	C Nam	ne of organization	on				D Employ	er ident	ification nu	nber	
	Addres	s change	use IRS	I IOHN C	3 ARNEBER	TPI IST					45-6010216			
	Name o	change	label or print or					, 1	Room/suite	F Teleph				
	Initial re	eturn	type.	Rume	er and street (or P	O DOX, II Man is not	t delivered to street address	' l	Room/suite	_ тоюри	E Telephone number			
	Termin	ated	See	ALERU	S FINANCIA	AL, 2300 S C	OLUMBIA RD				701-7	95-3310		
	Amend	ed return	Specific Instruc-	City,	town, or countr	у	State	ZIP	+ 4	F Group	Exemp	tion		
	Applica	tion pending	tions.	GRANE	FORKS		ND	582	201	Numbe	r	<b>•</b>	n/a	
•	Sectio	n 501(c)(3) o	rganizatio	ons and 4	947(a)(1) no	nexempt char	itable trusts must	attach	G Accountir	na Method	Х	Cash	Accrual	
						m 990 or 990-			Other (sp	_	_		•	
									H Check▶	X If the	organiz	zation is n	ot	
1	Websit	e: > none								o attach So				
J	Tax-exe	mpt status (che	eck only one	)_ X t	501(c) ( 3	) <b>《</b> (insert no )	4947(a)(1) or	527	990-EZ, c	or 990-PF)				
<u></u>	Check	▶ ☐ ıf the	organizati				ng organization and	l its arnes re	ceints are no	rmally not	more th	an \$25 00	10	
		990-EZ or F	orm 990 re	eturn is no	t required, bu	it if the organiz	ation chooses to file	e a return. b	e sure to file a	a complete	return	iaπ ψ20,00		
							ore, file Form 990 inst			•			65,404	
	art I						sets or Fund Ba				<del>-</del>	art I.)	00,101	
	1					amounts rece				. 1			0	
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Z	3	Membersh									3	·		
	4	Investmen	•								,	•	34,415	
		= =			ssets other	than invento	ry	5a	3	30,989	FC.			
S	b							5b	2	7,179	47			
٧	c						y (Subtract line 5	b from line		5			3,810	
ž	6		•				If any amount is from				73.7 4t - 3			
<u>ه</u>	а	Gross reve					of contributions	•						
DB Bevenue Ann	-	reported or	-	-	· · · · ·			6a		ol`:				
	b	•	,				es	6b		0				
	С						es (Subtract line 6	b from line	6a)	6	c		0	
	7a					nd allowance:		7a	,	₹ <b>1</b> 0,0	ying!			
	b	Less cost	of goods	sold				7b						
	С	Gross prof	it or (loss	s) from sa	ales of inver	ntory (Subtrac	t line 7b from line	7a)		7	c _		0	
	8	Other reve				_				)	3		0	
	9	Total reve	nue. Add	lines 1,	2, 3, 4, 5c,	6c, 7c, and 8	DECE	\/FD:	<del></del>	. ▶   9	<u> </u>		38,225	
	10	Grants and	d similar a	amounts	paid (attach	n schedule)	LIFOEI	V.LU.		. <u>  1</u>	0		29,324	
	11	Benefits pa	aid to or f	ior memb	ers				ပ္ကန္း	1				
es	12	Salaries, o	ther com	pensatio	n, and empl	loyee benefi <b>ļ</b> :	80 VON. 15	2010 - 1	S	.   1	-			
sesuec	13						nticontractors .		٠ · ٠ غ <u>ر</u>	1			11,199	
	14	Occupancy	y, rent, ut	ulities, an	id maintena	nce	- OCCEPT		<u>≒</u>	. 1				
Ä	15	Printing, pr	ublication	ıs, postaç	ge, and ship	ppingL	OGDEN	, U I .		. 1				
	16	Other expe	enses (de	escribe I	<b>&gt;</b>				<del></del>	) <u>  1</u>			0	
	17	Total expe	enses. A	<u>dd lines 1</u>	10 through 1	<u> 16</u>	<u> </u>		<u>····</u>	<u> </u>	_		40,523	
ţ	18						line 9)			1			-2,298	
Se	19						m line 27, columr				<del>*******</del>			
As		•	•	•		•					-		893,674	
Net Assets	20						explanation)						0	
	21	Net assets	or fund b	<u>palances</u>	at end of ye	ear Combine	lines 18 through	20	<u> </u>	<u>. ▶ 2</u>			891,376	
ГР	art II	Raiance					(B) are \$1,250,0	or more						
	O = - ·				ictions for P				(A) Begini	ning of year		(B) End of		
22										893,674			889,706	
23											23 24		1 670	
24										0 893,674		-	1,670 891,376	
25											_ <u>∠5</u> 26		0,376	
26	l Otal	l liabilities (	uescribe	oces /line	27 of colu	mn (R) muce	agree with line 21	<u> </u>		893 674			891 376	
,,,	NACT 2	SECURE OF TH	THE PERSON							11.7.1 () (4)				

Form	990-E2 (2009) JOHN G ARNEBERG TRUS	SI		45-601	0216	Page 4
Pa	rt III Statement of Program Service Acc	complishments (See the	instructions for P	art III.)		Expenses
	at is the organization's primary exempt purpose?					ired for section
	cribe what was achieved in carrying out the organi				, ,	)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number o	f persons benefited, and oth	er relevant informat	tion for	4947(	a)(1) trusts, optional
	program title				for oth	ners)
	University of North Dakota					
	Scholarships			· · · · · · · · · · · · · · · ·		
	(Grants \$ 29,324 ) If this amou	nt includes foreign grants, c	neck here	.▶ 📋	28a	29,324
29						
				<u></u>		
	(Grants \$ 0 ) If this amou	nt includes foreign grants, c	neck here	. ▶	29a	<u>C</u>
30						
					Ì	
	(Grants \$ 0 ) If this amou	nt includes foreign grants, c	neck here	. ▶ 🔲	30a	a
31	Other program services (attach schedule)					
		nt includes foreign grants, c			31a	o
32	Total program service expenses. (add lines 28a				32	29,324
	rt IV List of Officers, Directors, Trustees, a					
ı a	List of Officers, Directors, Trustees, a	(b) Title and average	(c) Compensation	(d) Contribut		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee bene		account and
A 1		devoted to position	enter -0)	deferred comp	ensation	other allowances
	us Financial	Title Trustee	10740			•
401	DeMers Ave Grand Forks ND 58201	<u>Hr/WK 6 00</u>	10,713		0	0
		Title			_	_
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_			V	NI.
33	. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
	description of each activity.	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			74
_	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			38.A.
а	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Did the organization file Form 1120-POL for this year?	37b	and the second	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	90		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	Alle sal	X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			<b>W</b>
	Initiation fees and capital contributions included on line 9			77
b				
40 a				M.
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	142		<b>Z</b> r
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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		ĺ	v
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	4-44		
	4955, and 4958		44	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization		養養	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	****		
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► ND	704.7	>5 004	
42 a	The organization's books are in care of ► Alerus Financial Telephone no. ►		35 331	<u> </u>
L	Located at ► 2300 South Columbia Road City Grand Forks ST ND ZIP + 4 ► 5820	01		
D	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		Yes	No
	account)?	42b	. 55	X
	If "Yes," enter the name of the foreign country: ▶	100	<b>70</b> -8	<b>14</b> 7.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		糠	*
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
		I	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	物湖		
• •	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	24		34
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>
		Form 9	90-EZ	(2009)

om 990-EZ (2009) JOHN ( Part VI Section 501(c)(3)	3 ARNEBERG TRU	ST							
Part VI Section 501(c)(3)						60102		Page 4	
	_	•		•	•				
	itions and section	4947(a)(1) nonexe	empt charita	ble trusts must a	nswer questions	46–49	)b		
and complete the	tables for lines 50	and 51.							
16 Did the organization engage	ge in direct or indire	ct political campaigr	n activities on	behalf of or in opp	osition to		Yes	No	
candidates for public office	e? If "Yes," complete	e Schedule C, Part I	l			46		Χ	
17 Did the organization engage	ge in lobbying activit	ties? If "Yes," compl	lete Schedule	C, Part II		47		X	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
19 a Did the organization make	any transfers to an	exempt non-charita	ble related or	ganization?.		49a		Х	
b If "Yes," was the related or	•	•		-		49b			
Complete this table for the	•	-				es and	key		
employees) who each rece									
		(b) Title and	average	(c) Compensation	(d) Contributions to	(е	) Expens	e	
(a) Name and address of each e		hours per devoted to			employee benefit plans & deferred compensation		count ar r allowar		
Name None Str	0	Title	position		deletted compensation	Oute	allowal	1003	
	ZIP	Hr/WK	.00	0	0			0	
	ZIF	Title	.00	0	<u> </u>				
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	ZIF	Title			0				
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Cuty ST			.001		0			<u> </u>	
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No

Yes

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

<u>IHOL</u>	<u> </u>	ARNEBERG 1	TRUST							45-6	<u>010216</u>		
Par				narity Status (All or						nstructio	ns		
The o	rgar		•	ation because it is: (Fo		_							
1	닏			rches, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).			
2	Ц			on 170(b)(1)(A)(ii). (At									
3	Щ	•	•	nospital service organi									
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	y trust described	d in section 170(b)(1)	( <b>A)(vi)</b> . (C	omplete l	Part II.)						
9		receipts from support from	n activities relate gross investme	ly receives: (1) more the dot its exempt function to the time and unrelated after June 30, 1975.	ons—subj ted busine	ect to cer	tain exce <sub>l</sub> le income	ptions, an (less sec	d (2) no r ction 511	more than	33 1/3	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test t	for public	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11 e	×	purposes of 509(a)(3). Cl a Type By checking persons other	one or more pul heck the box that I b this box, I certif	and operated exclusive blicly supported organ at describes the type of Type II curve that the organization on managers and other controls.	izations dof supportion Type I s not co	escribed ing organi : III–Fund ntrolled d	in section zation an ctionally ir irectly or i	509(a)(1 d comple ntegrated indirectly	) or section te lines 1	on 509(a) 1e throug d X T more dis	(2). See h 11h. 「ype III- qualified	section -Other	
f g		organization Since Augus	, check this box st 17, 2006, has	a written determination						e III supp 	oorting 		
		following per		or indirectly controls,	outhor alou	no or toge	thor with	noreone i	described	Lun (u)		Yes	No
				verning body of the su							11g(i)		
				person described in (i							11g(ii)		
				y of a person describe							11g(iii)		
h		Provide the f	following inform	ation about the suppor	rted organ	nization(s)			<del>,</del>				
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis		the orgar col (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?		Amount support	of
					Yes	No	Yes	No	Yes	No	1		
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29,324

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 0 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . . 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . . . 0 0 0 0 0 Total. Add lines 1 through 3 . . . . . 0 0 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) . . Public support. Subtract line 5 from line 4. 16 0 Section B. Total Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007(d) 2008 (e) 2009 (f) Total 0 0 0 0 7 Amounts from line 4. . 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . 0 1%; 11 Total support. Add lines 7 through 10. Ç., 0 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 0.00% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	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.)									
	tion A. Public Support	ne box on line	9 of Part I.)				<del></del>			
	endar year (or fiscal year beginning in)	(=) 2005	(F) 2006	(a) 2007	(4) 2000	(-) 2000	(6) T-4-1			
Call		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and					<u> </u>				
	membership fees received (Do not	<u> </u>								
	include any "unusual grants.")	0	0							
2	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	0							
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513									
4	Tax revenues levied for the organization's									
	benefit and either paid to or expended on									
_	its behalf	0	0							
5	The value of services or facilities									
	furnished by a governmental unit to the						_			
_	organization without charge	0	0				0			
6	Total. Add lines 1 through 5	0	0	0	0	0	0			
/a	Amounts included on lines 1, 2, and 3						•			
	received from disqualified persons	<u> </u>			<del>-</del>		0			
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			
С	Add lines 7a and 7b	0	0	0	0	0	0			
8	Public support (Subtract line 7c from	3576277		<b>数数数数</b>	72.33	2.630				
	line 6 )	4.7.15 pr	<b>不知识</b>		7.557		0			
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6	0	0	0	0	o	0			
-	Gross income from interest, dividends,	<b>├</b>								
ıoa	payments received on securities loans,									
	rents, royalties and income from similar									
	sources						0			
b	Unrelated business taxable income (less		-							
	section 511 taxes) from businesses									
	acquired after June 30, 1975	ll					0			
С	Add lines 10a and 10b	0	0	0	0	0	0			
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly					i				
	carried on						0			
12	Other income. Do not include gain or	[ [								
	loss from the sale of capital assets	_					_			
40	(Explain in Part IV.)	0	0				0			
13	Total support. (Add lines 9, 10c, 11,						•			
	and 12.)	0	<u> </u>	0	<u> </u>	<u> </u>	0			
14	First five years. If the Form 990 is for the or									
	organization, check this box and stop here			· · · · · ·	· · · · · ·	<u> </u>	<u>· · · ▶ ∟</u>			
Sec	tion C. Computation of Public Support									
15	Public support percentage for 2009 (line 8, c	olumn (f) divide	d by line 13, c	olumn (f))		15	0 00%			
16	Public support percentage from 2008 Sched	ule A, Part III, li	ne 15	<u> </u>	<u></u>	16	0 00%			
Sec	tion D. Computation of Investment Inc									
17	Investment income percentage for 2009 (line	10c, column (f	) divided by lin	e 13, column (	f))	17	0.00%			
18	Investment income percentage from 2008 So					18	0.00%			
19a						nan 33 1/3% ar				
	not more than 33 1/3%, check this box and s									
b	33 1/3% support tests-2008. If the organization of						·			
	line 18 is not more than 33 1/3%, check this box a						►			
20	Private foundation If the organization did n		-							