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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Form 990 (2014)

Department of the Treasury

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. Internal Revenue Service 10/1/2014 9/30/2015 For the 2014 calendar year, or tax year beginning and ending C Name of organization Employer identification number JOHN G ARNEBERG TRUST Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 45-6010216 Name change ALERUS FINANCIAL 2300 S COLUMBIA RD Telephone number Initial return ZIP code City or town 701-795-3212 GRAND FORKS ND 58201 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 117,139 Amended return Gross receipts \$ F Name and address of principal officer \mathbf{x} Application pending No H(a) Is this a group return for subordinates? Alerus Financial Attn Claire Herland 2300 S Columbia Rd, Grand Forks, H(b) Are all subordinates included? If "No." attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c)) **(**Insert no) 4947(a)(1) or J Website: ▶ none H(c) Group exemption number ▶ Corporation | X | Trust K Form of organization Association Other > L Year of formation M State of legal domicile 1957 ND Part I Summary Briefly describe the organization's mission or most significant activities The purpose of said trust shall be to 2015 Activities & Governance encourage and improve education in foreign languages, preferable the German, Scandinavian and French languages, at the University of North Dakota Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary). 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0 0 Program service revenue (Part VIII, line 2g) 0 0 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 86.868 67.671 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 86,868 67,671 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 24,926 22,097 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,362 15 13,434 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 470 2,243 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), linè 25) 38,830 36,702 19 Revenue less expenses Subtract line 18 from line 12 🌣 🤨 😙 48,038 30,969 **Beginning of Current Year** End of Year Total assets (Part X, line 16). 20 994,970 1,025,939 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 994,970 1,025,939 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 nature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2014) JOHN G ARNEBERG TRUST	45-6010216	Page 2
Pa	rt 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		
	"Scholarships and awards to students who have shown exceptional interest and proficiency in		
	the field of foreign languages" The principal object in establishing this trust is to		
	promote better international relations through better knowledge and understanding of the		
	languages, literature, art and traditions of other countries		
2	Did the organization undertake any significant program services during the year which were not liste		
	the prior Form 990 or 990-EZ?	Yes	X 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	X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program s		
	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		
4-	/Code \/Funences \$ 26.017 instruding greats of \$ 20.007 \/	Doverno C	
4a	(Code) (Expenses \$ 26,217 including grants of \$ 22,097) (Revenue \$)
	Scholarships and Grants to language students at the University of North Dakota. The actual scholorships and awards are made by a Committee from the University of North Dakota.		
4b	(Code) (Expenses \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

			-
Art	Other program services. (Describe in Schedule O)		
4d	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
40	Total program service expenses > 26.217	· · · · · · · · · · · · · · · · · · ·	

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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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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	3		X
4	Section 501(c)(3) organizations. 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	4		X
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	5		X
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	6		<u> X</u>
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	7		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	ا		v
^	complete Schedule D, Part III	8		<u>X</u>
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
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	11b	_X	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		_
4	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		_X_
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		$\frac{\hat{x}}{x}$
	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	11f		Х
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			i
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
IJ	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	14b		Х
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	15		х
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	16		Х
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)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			١,,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		_
20°=	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 ^
				<u> </u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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? If "Yes," complete Schedule J	23		X
24a	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? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
	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? If "Yes," complete Schedule L, Part I	25b		X
	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 "Yes," complete Schedule L, Part II	26		_X_
	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	07		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		 X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		_
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	202		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ <u> </u>	X
37	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? If "Yes," complete Schedule R, Part			
	V/	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X 990	(2014)

Form 9	90 (2014) JOHN G ARNEBERG TRUST 45-60	0216	Р	age 5
Par	t 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]		
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	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			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	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	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or	·		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	 ^
g h	If the organization received a contribution of qualified intellection property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 		\vdash
•	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans . 13b	4		
С	Enter the amount of reserves on hand	<u> </u>	 	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>	1

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.

Sect	ion A. Governing Body and Management						
			F*:>00000	Yes	No.		
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or			1			
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 1	-	E			
2 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?	1114	2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under		_		v		
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		_ <u>X</u> _		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		<u> </u>		
5	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?	issets /	5		<u>х</u>		
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint					
ra	one or more members of the governing body?	арропп	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		'a				
U	stockholders, or persons other than the governing body?	,	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina	0.000	* 1848 A			
Ū	the year by the following	ruding	200 pl 20	HARD WE			
а	The governing body?		8a		X		
b	Each committee with authority to act on behalf of the governing body?		8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)			
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		_X_		
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 pu		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		155	16.51	115		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		_X_		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could go the control of		12b		_X_		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,"			.,		
40	describe in Schedule O how this was done		12c		X		
13	Did the organization have a written whistleblower policy?		13		<u>X</u>		
14	Did the organization have a written document retention and destruction policy?	val by	14	(1) ag (1) b	<u>X</u> : تر :		
15	Did the process for determining compensation of the following persons include a review and appro independent persons, comparability data, and contemporaneous substantiation of the deliberation	-		が記	d de		
а	The organization's CEO, Executive Director, or top management official	and decision,	15a		 X		
b	Other officers or key employees of the organization		15b		$\frac{\hat{x}}{x}$		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1 153	13. Apr.	$\widehat{\mathbb{T}}$		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement	4.5		4		
	with a taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	2 (4)	1			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		કે _{કોઇ}	3 4 6	3.44		
	the organization's exempt status with respect to such arrangements?		16b				
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► ND						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)s only	/)			
	available for public inspection Indicate how you made these available. Check all that apply						
		plain in Schedule O)	_				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest pol	icy, an	d			
20	financial statements available to the public during the tax year	and and an and	_				
20	State the name, address, and telephone number of the person who possesses the organization's to Alerus Financial	701 795 3212	•				
	2300 South Columbia Road, Grand Forks, ND 58201	1011303212					

•													
orm 990 (2014) JOHN G ARNEBERG TRUST									45-60102	.16 Page 7			
Part VII Compensation of Officers, Dire Employees, and Independent C		es, K	(ey	Em	plo	oyee	s, ŀ	lighest Comp	ensated				
Check if Schedule O contains a re		te to	an	y lır	ne II	n this	Pa	art VII	· ·				
Section A. Officers, Directors, Trustees, Key Er							•						
 a Complete this table for all persons required to be I irganization's tax year 	иѕтеа кероп со	mper	ısat	ion i	ror t	ne ca	ieno	ar year ending v	with or within the				
• List all of the organization's current officers, di						duals	or o	rganızatıons), re	gardless of amo	unt			
 f compensation Enter -0- in columns (D), (E), and (I List all of the organization's current key emplo 				-		defin	ition	of "key employe	ее "				
 List the organization's five current highest composition (Box 5 of Formula) 										yee)			
organization and any related organizations													
 List all of the organization's former officers, ke 100,000 of reportable compensation from the organ 							ed e	employees who r	eceived more the	an			
List all of the organization's former directors of the organization of the organi							•			the			
rganization, more than \$10,000 of reportable compe .ist persons in the following order individual trustees		_						-					
ompensated employees, and former such persons									-				
Check this box if neither the organization nor any	/ related organiz	ation	cor		nsa c)	ted a	пу с	urrent officer, dir	ector, or trustee				
(4)	(5)		4	Pos	ition			(2)	(F)	(E)			
(A) Name and Title	(B) Average hours per	box,	unle	ss pe	rson	than one than one that the state of the stat	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations			
	aali /link.muii		$\Gamma =$	1 _			Former	from the	from related organizations	other			
	related organizations	Individual trustee or director	Institutional trustee	ğ	Key employee	Highest compensated employee) ĐếT	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization			
	below dotted line)	trustee	al trus		уее	mpen				organizations			
		"	ee			sated							
(1) Alerus Financial	6 00		Ţ					40.260	0				
rustee (2)	0 00		X					12,362	0	0			
(3)					_								
(4)	 												
(5)													
(6)				ļ		_	<u> </u>		<u> </u>				
(7)													
							_						
(8)													
(9)										_			
10)						_							
11)				_		 							
12)			-	┼									
			L			L	_						

Pa	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,			ghes	t Co	ompensated Em	ployees (contir	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than of sortrus Highest compensated	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor or aı	(F) Estimate imount of other mpensa from the ganization delate ganization	of tion e on ed
(15)				ď			ated						
7157													
(16)													
(17)										,			
(18)							ļ 	-			-		
(19)													
(20)				ļ						·			
(21)								-					
(22)								-					
			ļ 					_			_		
(25)								_			_		
		<u> </u>											
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A						>	12,362	0	+		
d_	Total (add lines 1b and 1c)							•	12,362	0			
2	Total number of individuals (including but not liii		ted a		_	/ho	rece	ived	more than \$100	,000 of			
	reportable compensation from the organization				<u>0</u>							Yes	No
3	Did the organization list any former officer, dire				oye	e, o	r hig	hest	t compensated				
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of				\n a	nd (ather	con	nneneation from		3	\vdash	_ <u>X</u>
7	the organization and related organizations great	-							•	ר			
	ındıvıdual										4		Х
5	Did any person listed on line 1a receive or accident for services rendered to the organization? If "Y									ridual	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax		
	(A) Name and business add	Iress							(B) Description of ser	vices	(C Compe	C) nsation	
None													
								\vdash	-				
	Table			41			<u> </u>	L					
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ed to	tho	se li	ste	d abo 0	-	wno received				

Part VIII	Statement of Revenue	

		Check if Schedule O contains	a response o	or no	ote 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
σ _ω	1a	Federated campaigns	_	1a	0				
ᄪ	b	Membership dues		1b	0				
ي ق	С	Fundraising events	<u>[</u>	ic	0				
a its	d	Related organizations	_1	1d	0				
اع ي	е	Government grants (contribution	s)	1e	0				
함입	f	All other contributions, gifts, gran	nts, and						
룓쵥		similar amounts not included abo	ove	1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ines 1a-1f	\$	0				
9 6	h	Total. Add lines 1a-1f			•	0			
9				ļ	Business Code				
Ven	2a			ļ		0			<u> </u>
&	b			ļ		0			<u> </u>
흥	С			-		0			<u> </u>
Ser	d					0			
am	е			ļ		0	_		
Program Service Revenue	f	All other program service revenu	ie	L		0			<u> </u>
<u> </u>	<u>g</u>	Total. Add lines 2a–2f			•	0			
	3	Investment income (including div	riaenas, intere	St,	and	20.004	29,081		
		other similar amounts)	vomnt band n		ando 💆	29,081 0	29,061		
	4	Income from investment of tax-e	хеттрі вола р	TOC	eus	0			
	5	Royalties	(ı) Real	-	(ii) Personal				1
	62	Gross rents		寸					
	6a b	Less rental expenses							
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			▶	0			
	7a	Gross amount from sales of	(ı) Securities		(II) Other				
		assets other than inventory		0	88,058				
	b	Less cost or other basis							
		and sales expenses		o	49,468				
	С	Gain or (loss)		0	38,590	i.			
	d	Net gain or (loss)				38,590			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	0						
er Re		See Part IV, line 18		а	0		1		
동		Less direct expenses		b	0				
	C	Net income or (loss) from fundra	_	ı		0			
	9a	Gross income from gaming activ	nues		٥				1
		See Part IV, line 19		a b	0				
		Less direct expenses Net income or (loss) from gamin	a actuation	n l					
		Gross sales of inventory, less	g activities	1					
	lua	returns and allowances		а	اه				
		Less cost of goods sold		b	0		i		
	ı	Net income or (loss) from sales	of inventory			0			†
	C	Miscellaneous Revenue	or inventory_	_	Business Code				
	11a					-			1
	b					0			
	C					0			1
	ď	All other revenue .				0			
	e	Total. Add lines 11a–11d			•	0			
	12	Total revenue. See instructions			>	67,671	29,081		0

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 Pa	art IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments See Part IV, line 21	22,097	22,097		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	12,362	4,120	8,242	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	l ol			
9	Other employee benefits	0		-	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	ol			
b	Legal	0			
C	Accounting	2,243		2,243	
d	Lobbying	0			
е	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				<u> </u>
J	(A) amount, list line 11g expenses on Schedule O)	l ol			
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	l ol			
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)				
а		0		-	
b		0			
С		0			
d		0	·		
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	36,702	26,217	10,485	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	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
	1	Cash—non-interest-bearing		25,147	1	26,018
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from current and for	ormer officers, directors.			
	_	trustees, key employees, and highest compens				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
	!	4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
sts		organizations (see instructions) Complete Part II of Sche	edule L .		6	_
Assets	7	Notes and loans receivable, net		0	7	0
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 0			
	b	Less accumulated depreciation	10b 0	0	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11 [966,099	12	998,740
	13	Investments—program-related See Part IV, line	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11		3,724	15	1,181
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	994,970	16	1,025,939
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18	<u> </u>	
	19	Deferred revenue			19	. <u>-</u>
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	To the second se		21	
es	22	Loans and other payables to current and former				
Liabilities		trustees, key employees, highest compensated				
jab		disqualified persons Complete Part II of Sched	7		22	
_	23	Secured mortgages and notes payable to unrela		0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete	0	0.5	
	00	Part X of Schedule D	-	0	25 26	0
	26_	Total liabilities. Add lines 17 through 25		0	20	<u> </u>
Ś		Organizations that follow SFAS 117 (ASC 958				
ည		complete lines 27 through 29, and lines 33 a	nd 34.			
<u>ag</u>	27	Unrestricted net assets	ļ		27	
ä	28	Temporarily restricted net assets			28	
밀	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here ► X and			
ō		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
≯t,	32	Retained earnings, endowment, accumulated in	ncome, or other funds	994,970	32	1,025,939
ž	33	Total net assets or fund balances		994,970	33	1,025,939
	34	Total liabilities and net assets/fund balances		994,970	34	1,025,939

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⊃art	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		67	7,671
2	Total expenses (must equal Part IX, column (A), line 25)	2		36	5,702
3	Revenue less expenses Subtract line 2 from line 1	3		30),969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		994	,970
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,025	5,939
art					
	Check if Schedule O contains a response or note to any line in this Part XII		•		
				Yes	No
1	Accounting method used to prepare the Form 990 X 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?		2a		_X
	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?		2b		X
	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				
С	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?		2c		
	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?		3a		X
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		3b		
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2014

Open to Public Inspection Employer identification number

JOH	N G	ARNEBERG TRUST					45-601	10216
Par		Reason for Public Chari						<u> </u>
The	orga	anization is not a private foundati	•	_				
1	Ш	A church, convention of churche	es, or association of	f 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 hosp	oital service organiz	ation described in sec	tion 170(t)(1)(A)(iii).	
4		A medical research organization hospital's name, city, and state	n operated in conjur	nction with a hospital d	escribed ii	section	170(b)(1)(A)(iii). En	ter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a gov	vernmental unit desc	ribed in
6		A federal, state, or local govern	•	tal unit described in se	ection 170	(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)(eceives a substantia	al part of its support fro				ral public
8		A community trust described in			II)			
9		An organization that normally re receipts from activities related t support from gross investment acquired by the organization affi	eceives (1) more the oits exempt function income and unrelated	an 33 1/3% of its supp ns—subject to certain ed business taxable in	ort from co exception come (less	s, and (2) s section (no more than 33 1/3 511 tax) from busines	% of its
10		An organization organized and	operated exclusivel	y to test for public safe	ty See se	ction 509	0(a)(4).	
11	X	An organization organized and of one or more publicly support Check the box in lines 11a throi	ed organizations de ugh 11d that describ	scribed in section 509 bes the type of support	(a)(1) or s ing organi	ection 50 zation and	09(a)(2). See sectior d complete lines 11e,	n 509(a)(3). , 11f, and 11g
а	ı	Type I. A supporting organize the supported organization(sorganization You must com	s) the power to regu	larly appoint or elect a	y its supp majority o	orted orga of the direct	anization(s), typically ctors or trustees of th	by giving le supporting
b)	Type II. A supporting organiz control or management of th organization(s) You must c	e supporting organi	zation vested in the sa	on with its ime perso	supported ns that co	d organization(s), by ntrol or manage the	having supported
C	;	Type III functionally integra its supported organization(s)	(see instructions)	You must complete F	Part IV, Se	ctions A,	D, and E.	
d	I	Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att	
e)	Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination froi	m the IRS	that it is a		e III
f		Enter the number of supported	· ·		-			1
Ç		Provide the following information	n about the support					
	(1)	Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
Univ	of	North Dakota	45-6002491	2	X		22,097	4,120
(B)								
(C)								
(D)			-				,	
(E)								
Tot							22,097	4,120
Tota	X 1			<u> </u>	t	L	22,031	7,120

Page 2

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)

Sec	tion A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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,	O	0	0	0	0	0
	column (f)						0
6	Public support. Subtract line 5 from line 4 tion B. Total Support					<u></u>	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0		0	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		i				0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10						0
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's first, s		h, or fifth tax year a	as a section 501(c)	(3)	▶ □
	ction C. Computation of Public Sup						
15	Public support percentage for 2014 (line 6, construction Public support percentage from 2013 Schedution 33 1/3% support test—2014. If the organization of the construction of the construc	ıle A, Part II, line 1	4		1/3% or more, che	14 15 ck this box	0 00%
	and stop here. The organization qualifies as 33 1/3% support test—2013. If the organization	a publicly support	ted organization				▶ □
	box and stop here. The organization qualifie						▶ □
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization"	s the "facts-and-ci	rcumstances" test,	check this box and	d stop here. Expla	in in	▶ □
b	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization means the "facts supported organization".	eets the "facts-and	d-circumstances" te	est, check this box	and stop here. E		▶□
18	Private foundation. If the organization did r	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	k this box and see		

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)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						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
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						. 0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		ľ				
	ıts behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						. 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						
	line 6)						0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	İ					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the org	anızatıon's first, s	econd, third, fourth	i, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2014 (line 8, col	lumn (f) divided by	y line 13, column (f))		15	0 00%
16	Public support percentage from 2013 Schedul	e A, Part III, line 1	5			16	0 00%
Sec	ction D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2014 (line	10c, column (f) div	vided by line 13, co	lumn (f))		17	0 00%
18	Investment income percentage from 2013 Sch	nedule A, Part III, i	line 17			18	0 00%
19a	33 1/3% support tests—2014. If the organization	ation did not chec	k the box on line 14	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and ste				-		▶
b	33 1/3% support tests—2013. If the organiza						r—
	line 18 is not more than 33 1/3%, check this be		=	•			▶ <u> </u>
20	Private foundation. If the organization did no	t check a box on	line 14, 19a, or 19l	b, check this box a	and see instructions	.	▶ [

determine whether the organization had excess business holdings)

Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete I	Part V)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	class or purpose, describe the designation If historic and continuing relationship, explain	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	· · · · · · · · · · · · · · · · · · ·		
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		 	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	\ <u></u> -	ļ	
	designated in the organization's organizing document?	5b	!	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also	l		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		 	
_	Part VI.	6	-	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	7	 	X
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		 ^
8	If "Yes," complete Part I of Schedule L (Form 990)	8	 	Х
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more		 	 ^
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	İ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	 	Х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			<u> </u>
U	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	1	X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	-		 ^`
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	1	X
10a			1	
. 56	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below	10a	1	X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	determine whether the organization had excess business holdings)	10b		

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 486 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 29.181 29.081 4 Add lines 1 through 3 4 29,667 29,081 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 9,426 19,910 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 20,241 9,171 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1.048.380 1,060,611 1b **b** Average monthly cash balances 25,471 25,583 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 1,073,851 1,086,194 e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 1,073,851 1,086,194 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 16,108 16,293 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 1,057,743 1,069,901 6 6 Multiply line 5 by 035 37,021 37,447 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 37,021 37,447 Section C - Distributable Amount **Current Year** 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 20.241 2 2 Enter 85% of line 1 17,205 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 <u>37,0</u>21 4 Enter greater of line 2 or line 3 4 37,021 5 Income tax imposed in prior year 5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

37.021

b С

d Excess from 2013

Excess from 2014

JOHN G ARNEBERG TRUST 45-6010216 Schedule A (Form 990 or 990-EZ) 2014 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 22,097 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 4,120 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 26,217 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive 22,097 (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 37,021 0 597 10 Line 8 amount divided by Line 9 amount (ii) (iii) Distributable **Underdistributions** Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 37,021 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 а b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 0 Distributions for 2014 from Section 26,217 D, line 7 0 a Applied to underdistributions of prior years 26,217 Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see 10,804 Excess distributions carryover to 2015. Add lines 3 and 4c Breakdown of line 7 8

0

0

Schedule A (Form 990 or 990-E2) 2014 JOHN GARNEBERG TRUST 45-6010216 Page 8
Part VI 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)
Part IV Section D Line 2 The trustee was appointed by the trust document. The trustee
provides annual statements to the supported organization, as well as periodic meetings
with the Vice President of Finance regarding this organization and various other
organizations that support the University
Part IV Section D Line 3 The trust document appointed the trustee and specifies the use of
the organizations income and assets. The trustee provides annual statements and meets
periodically with the Vice President of Finance of the supported organization regarding
this organization and various other organizations that support the University
Part V Section E Line 6 The Organization meets the reasonable cause exemption A clerical
error resulted in an underdistribution, however the distribution requirement was met
within the 180 days after the clerical error was discovered

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

2014

Department of the Treasury

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization

JOHN	I G ARNEBERG TRUST		45-6010216				
Part		or Advised Funds or Other Similar	Funds or Accounts.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	ın donor advised				
	funds are the organization's property, subject						
6	Did the organization inform all grantees, done	· · · · · · · · · · · · · · · · · · ·					
	used only for charitable purposes and not for						
	purpose conferring impermissible private ben	efit?	Yes No				
Part							
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	7				
1	Purpose(s) of conservation easements held to						
	Preservation of land for public use (e g , recr	eation or education) Preservatio	n of a historically important land area				
	Protection of natural habitat	Preservatio	n of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation				
_	easement on the last day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ease	ements	2b				
C	Number of conservation easements on a cert	rified historic structure included in (a)	2c				
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a					
	historic structure listed in the National Registe		2d				
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	minated by the organization				
	during the tax year						
4	Number of states where property subject to o						
5	Does the organization have a written policy re						
	violations, and enforcement of the conservati		Yes No				
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	easements during the year				
~	Amount of expenses incurred in monitoring, i	nenceting, and enforcing consequation age	ements during the year				
7	Amount of expenses incurred in monitoring, i ▶ \$	rispecting, and emorcing conservation eas	ements during the year				
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section				
Ü	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on the 2(a) above dation the requirements	Yes No				
9	In Part XIII, describe how the organization re	ports conservation easements in its revenu					
	balance sheet, and include, if applicable, the						
	the organization's accounting for conservatio	n easements					
Part	III Organizations Maintaining Colle	ections of Art, Historical Treasures	or Other Similar Assets.				
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	8.				
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet				
	works of art, historical treasures, or other sim						
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements	that describes these items				
b	If the organization elected, as permitted under						
	works of art, historical treasures, or other sim	nilar assets held for public exhibition, educa	ation, or research in furtherance				
	of public service, provide the following amou	nts relating to these items					
	(i) Revenue included in Form 990, Part VIII,	line 1	► \$ ► \$				
	(ii) Assets included in Form 990, Part X	•					
2	If the organization received or held works of		_				
	following amounts required to be reported un	-					
а	Revenue included in Form 990, Part VIII, line	e 1	S				
h	Accets included in Form 990 Part Y		▶ %				

Part	III Organizations Maintaining	Collections of	Art, Hist	orical Tr	easures, or	r Oth	er Similar Ass	ets (con	tınuec	1)
3	Using the organization's acquisition, ac		records, o	check any	of the follow	ng tha	it are a significant	t		
•	use of its collection items (check all that	t apply)								
а	Public exhibition		d 📙	Loan	or exchange p	orogra	ms			
b	Scholarly research		e	Other			.			
С	Preservation for future generation	ns								
4	Provide a description of the organizatio Part XIII	n's collections and	l explain h	ow they fu	ırther the orga	anızatı	on's exempt purp	ose in		
5	During the year, did the organization so assets to be sold to raise funds rather the							Ye	es 🔲	No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21		to Form	990, Par	t IV, line 9, o	or rep	orted an amou	nt on Fo	rm	
	Is the organization an agent, trustee, cu	istodian or other i	ntermediar	v for conti	ributions or of	her as	ssets not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in Par							Ye	s 🗌	No
	Tres, explain the arrangement in rai	t Am and complet	C 1110 101101	ring table				Amount		
С	Beginning balance					1	С			0
d	Additions during the year					1	d			
е	Distributions during the year						е			
f	Ending balance					1	lf			0
2a	Did the organization include an amount	on Form 990, Pa	rt X, line 2	1, for escr	ow or custodi	al acc	ount liability?	Ye	es 🔀	No
b	If "Yes," explain the arrangement in Par	t XIII Check here	If the expl	anation ha	as been provi	ded in	Part XIII			
Part	V Endowment Funds.		·			-	-			
	Complete if the organization	answered "Yes"			t IV, line 10					
		(a) Current year		or year	(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance		<u> </u>	0		0		0		
b	Contributions		<u> </u>			-		+		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								_	
e	Other expenditures for facilities						·			
•	and programs		İ							
f	Administrative expenses									
g	End of year balance			0		0		0		0
2	Provide the estimated percentage of th			line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment		<u>%</u> .							
b	Permanent endowment	. <u></u> % ▶ %								
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c		-							
3a	Are there endowment funds not in the			on that are	e held and ad	ministe	ered for the			
Ja	organization by		o.ga _		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organiz	ations listed as re	quired on	Schedule	R?			3b	L	
4	Describe in Part XIII the intended uses		n's endow	ment fund	S					
Part						_				
	Complete if the organization									
	Description of property	(a) Cost or o	ment)	1 ' '	ost or other is (other)	(c) Accumulated depreciation	(d) B	look valu	····
1a	Land	·	0	ļ	0	<u> </u>		-		0
b	Buildings		0		0	-	0			0
C	Leasehold improvements	<u> </u>	0	 	0	-	0			0 0
d	Equipment .		0	<u> </u>		 	0			0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

0

1.	(a) Description of liability	(b) Book value	
(1) F	ederal income taxes		0
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (C	Column (b) must equal Form 990, Part X, col (B) line 25)	•	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990		nue per Return.	
1		U, Fait IV, IIIIE 12a.	1	
	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا مو ا	**************************************	
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities	26 2c		
C	Recoveries of prior year grants	2d		
d	Other (Describe in Part XIII) Add lines 2a through 2d	_ <u>Zu</u>		,
е 3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7.0	
a b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b	40	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
	Reconciliation of Expenses per Audited Financial Sta			
ган	Complete if the organization answered "Yes" to Form 990	•	enses per iveturn.	
1	Total expenses and losses per audited financial statements	o, raitiv, line iza	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		11° e 18° 1	
ے a	Donated services and use of facilities	2a	6.50 () () () () ()	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	<u>`</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	1. 21	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19 to 1	
b	Other (Describe in Part XIII)	4b		
	· · · · · · · · · · · · · · · · · · ·	·	4c	(
С	Add lines 4a and 4b		4c 5	(
c 5 Pari	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.		5	(
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, lines	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b a	5 nd 2b, Part V, line 4, Part	X, line

Schedule D (Form 990) 2014	JOHN G ARNEBERG TRUST	45-6010216 Page 5
Part XIII Supple	emental Information (continued)	
		·

SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

2014	Open to Public

OMB No 1545-0047

Department of the Treasury	<u> </u>	formation about Sch	■ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	its instructions is at w	ww.irs.gov/form990.		Inspection
Name of the organization						Employer identification number	cation number
JOHN G ARNEBERG TRUST						45	45-6010216
Part I General Information on Grants and Assistance	tion on Grants	and Assistance					
Soes 1	ntain records to su	ibstantiate the amou	int of the grants or assi	stance, the grantees'	eligibility for the grants of	or assistance, and	× ×
11 Selection criteria used to award the grants of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	anization's proced	ures for monitoring	the use of grant funds	in the United States]
art II	r Assistance to	Domestic Orga hat received more	nizations and Domes than \$5,000. Part II	estic Governments I can be duplicated	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizatio Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ganization answere needed	Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) University of North Dakota 264 Centennial Dr. Stop 8356 Grand F	1 H 45-6002491	501(c)(3)	22,097				Scholarships
(2)							
(6)							
(4)							
(6)							
(9)							
(2)	!						
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ion 501(c)(3) and g	government organiza	ations listed in the line	1 table		A	
3 Enter total number of other organizations listed in the line 1 table	r organizations list	ed in the line 1 table	0			•	0

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

Schedule I (Form 990) (2014)

JOHN G ARNEBERG TRUST

Schedule I (Form 990) (2014)

Page 2 (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Part III 7 က 2 ဖ 4

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

JOHN G ARNEBERG TRUST	45-6010216
Form 990, Part VI, Line 11b The governing body of the Trust is the Trustee The Trustee	
prepares and signs the return	
Form 990, Part VI, Section C, Line 19a A written request must be submitted to the Trustee to	
obtain the information	
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Name of the organization	Employer identification number
JOHN G'ARNEBERG TRUST	45-6010216
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