Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public

Open to Public

| | | ue Service | Go to www.irs.gov/rormi990 for instructions and the latest infor | | | mspection | | | | |
|--------------------------------|--------------|-------------|---|------------------------|--------------------|--|--|--|--|--|
| <u> </u> | | | endar year, or tax year beginning 10/1/2017 , and ending | | 0/2018 | | | | | |
| <u>B</u> | Check if a | applicable | C Name of organization JOHN G ARNEBERG TRUST | D Employer | r identıfi | cation number | | | | |
| Ŭ. | Address o | change | Doing business as | _ | | | | | | |
| П | Nama ah | | Number and street (or PO box if mail is not delivered to street address) Room/suite | 45-6010216 | | | | | | |
| 닏 | Name cha | ange | ALERUS FINANCIAL 2300 S COLUMBIA RD | E Telephone | E Telephone number | | | | | |
| | Initial retu | ווו | City or town State ZIP code | 701-795-32 | 12 | | | | | |
| П. | Constantian | | GRAND FORKS ND 58201 | 701-730-32 | 12 | | | | | |
| 닏' | rınaı return | /terminated | Foreign country name Foreign province/state/country Foreign postal code | | | | | | | |
| ∐ , | Amended | return | | G Gross rec | eipts \$ | 185 <u>,953</u> | | | | |
| | A policatio | n pending | F Name and address of principal officer | Is this a group return | for cubore | dinates? Yes X No | | | | |
| ' لـــا | пррпсацо | in pending | | • . | | = = | | | | |
| | - | | | Are all subordinate | | | | | | |
| 1 7 | ax-exem | pt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 27 | If "No," attach a lis | st (see i | nstructions) | | | | |
| JV | Vebsite | : ► non | e H(c) | Group exemption | number | • | | | | |
| K | orm of o | rganization | Corporation X Trust Association Other ▶ L Year of for | mation 4057 | МС | tate of legal domicile ND | | | | |
| | | <u> </u> | | mation 1957 | | tate of legal domicile ND | | | | |
| P | art I | | mmary | | | | | | | |
| • | 1 | • | | ose of said true | st shall | be to | | | | |
| ĕ | | encoura | ge and improve education in foreign languages, preferable the German, Scand | dinavian | | | | | | |
| ä | | and Fre | nch languages, at the University of North Dakota | | | | | | | |
| 5 8 | 2 | Check tl | nis box Fig. if the organization discontinued its operations or disposed of mi | ore than 25% | of its n | et assets | | | | |
| უც | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 1 | | | | |
| ∘ಶ | 4 | | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 1 | | | | |
| 7 <u>8</u> | 5 | | mber of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | 0 | | | | |
| ΥĘ | 6 | | mber of volunteers (estimate if necessary) | | 6 | <u>_</u> | | | | |
| Activities & Governance | 7a | | related business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | | | |
| _ | | | • • | | 7b | | | | | |
| | b | Net unit | elated business taxable income from Form 990-T, line 34 | Dwg Ves | 170 | Current Year | | | | |
| " | | 0 4 1 | hara and grants (Dart VIIII line 4b) | Prior Year | | | | | | |
| Sevenue NED | 8 | | tions and grants (Part VIII, line 1h) | | 0 | 0 | | | | |
| ₹ | 9 | _ | service revenue (Part VIII, line 2g) | | 0 | 0 00 005 | | | | |
| (`≨ | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 6: | 5,476 | 82,825 | | | | |
| U | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 이 | <u>_</u> 0 | | | | |
| | 12 | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,476 | 82,825 | | | | |
| | 13 | | ind similar amounts paid (Part IX, column (A), lines 1–3) | 37 | 7,467 | 69,815 | | | | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | | | |
| S | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u> 1</u> | 1,834 | 12,005 | | | | |
| JŞ. | 16a | Professi | onal fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | | | |
| Expenses | b | Total fur | draising expenses (Part IX, column (D), line 25) ▶ 0 | | | | | | | |
| ũ | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2 | 2,816 | 2,858 | | | | |
| | 18 | | | 5: | 2,117 | 84,678 | | | | |
| | 19 | Revenue | penses Add lines 13–17 (must equal Fart IX per per 12 13 15) eless expenses Subtract line 18 from line 12 | | 3,359 | -1,853 | | | | |
| 5 8 | | | | inning of Current | | End of Year | | | | |
| Net Assets or Fund Balances | 20 | Total ass | sets (Part X, line 16) JAN 0 8 2019 | 1,038 | | 1,036,999 | | | | |
| Age | 21 | | ollities (Part X, line 26) | | 0 | 0 | | | | |
| 25 | 22 | | ets or fund balances Subtract line 21 from line 20 FN 11T | 1 039 | 3,852 | 1,036,999 | | | | |
| | rt II | | nature Block | 1,000 | <u> </u> | 1,000,000 | | | | |
| | | | I declare that I have examined this return, including accompanying schedules and statements, and to | o the hest of my kr | nwledge | | | | | |
| | - | | ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer | | | • | | | | |
| | | | <u> </u> | | | | | | | |
| Sig | jn | 7 | Sygnature of officer | Date | | | | | | |
| He | re | | Cleve Herland | 12.28. | 201 | Q' | | | | |
| | | | | 10.00. | 001 | <u>. </u> | | | | |
| | | | Type or print name and title | Date T | | PTIN | | | | |
| D = 1 | اما: | Prin. | /Type preparer's name Preparer's signature | Date C | heck [| I PIIN | | | | |
| Pai | | ł | | 1 | elf-empl | 1 | | | | |
| | parer | | | | | | | | | |
| Us | e Only | <i>'</i> | 's name | Firm's EIN | | | | | | |
| | | | 's address 🕨 | Phone no | | | | | | |
| Ma | y the IR | RS discus | s this return with the preparer shown above? (see instructions) | | | Yes No | | | | |
| | | | | | | | | | | |

| | | | | | |
|----------|-------------------------------------|--|-----------------|----|------|
| 4di | Other program services | (Describe in Schedule O.) | | | |
| 4d | Other program services (Expenses \$ | (Describe in Schedule O) 0 including grants of \$ | 0) (Revenue \$ | 0) | |
| 4d 4e | · • | 0 including grants of \$ | 0) (Revenue \$ | 0) | |

| | · · · · · · · · · · · · · · · · · · · | 101 | \cup | |
|------|--|------------|--------|-----|
| | | 15-6010216 | Р | age |
| Pari | V 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | İ | 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 | | х |
| 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 | | х |
| 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 | | х |
| 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 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 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 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 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 | х | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple Schedule D, Parts XI and XII | te 12a | | Х |
| 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 | | Х |

- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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14a

14b

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| Form | 990 (2017) JOHN G ARNEBERG TRUST | 45-6010216 | P | age 4 |
|------|--|-------------|-----|----------------|
| Par | t IV Checklist of Required Schedules (continued) | | | * |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Χ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | 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 | |
| 22 | 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 | | Х |
| 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 | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | 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 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | 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 | | | ١., |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | 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 | | | ١., |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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) | 202 | | L. |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i> | 206 | | |
| _ | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 20 | · | 29 | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 25 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i> | 30 | | ^ |
| 31 | Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | 31 | - | <u> </u> |
| JŁ | 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 | | - | <u> </u> |
| 33 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | 35 | | <u> </u> |
| J-7 | III, or IV, and Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | | | Ė |
| _ | 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 | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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 | | | |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

VI

37

| Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1968 Enter-0- if not applicable be the third of Forms W-25 included in line 1a Enter-0- if not applicable check of Schedule O contains a response or note to any line in this Part V 1a Enter the number of Porms W-25 included in line 1a Enter-0- if not applicable part of the part of the Contains of the Contain | | 990 (2017) JOHN G ARNEBERG TRUST 45-60 | 10216 | P | age 5 |
|---|----------|--|----------|--------------|----------------|
| Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable The time that number of Forms W-2G includes in time 1a. Enter -0- if not applicable | Par | | | | П |
| the Enter the number reported in Sox 3 of Form 1098 Enter 0- if not applicable better the number of Forms W2G nebuded in the 1s Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) withings to prize winners? Enter the number of employees reported on Form W2-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If a tile as one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If a tile as one is reported on line 2a, did the organization file all required federal employment tax returns? 1c If Yes, and if lide a Form 990. The this year? If Not' to line 3b, provide an explenation in Schedule O 3b If "Yes," has if filed a Form 990. The this year? If Not' to line 3b, provide an explenation in Schedule O 3c At any time during the calendar year, did the organization have an interest n, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial accounts of the secundaries | | Check it Schedule O contains a response of note to any line in this rare v | | Lvas | L No |
| b Enter the number of Forms W.2G included in line 1s. Enter-O-I not applicable c Did the organization comply with backup withfoling rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2 a 0 0 If at least one is reported on line 2s, did the organization file all required detaral employment tax returns? Note: If the sum of lines it a and 2s 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 Law 1 if Yes': The st, filed a Form 950-1 for this year? If No 10 line 2, provide an explanation in Schedule O 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 ocurity (such as a bank account, securities account, or other financial account in a foreign ocurity (such as a bank account, securities account, or other financial account in a foreign ocurity (such as a bank account, securities account, or other financial account in a foreign ocurity (such as a bank account, securities account, or other financial accounts (FEAR) 16 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 (FEAR) 16 If Yes' to line Se of St, did the organization filing Form 8886-17 27 Organization solicit any contributions that twas or is a party to a prohibited tax shelter fransaction? 28 John St. | 10 | Enter the number reported in Roy 3 of Form 1096. Enter -0- if not applicable | \ | 163 | 110 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) withings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calcindar year ending with or within the year covered by this return 2 | | · | ⊣ | | İ |
| a 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 a bit at least one is reported on in lea 2e, did the organization file at lenguined deperal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 10 bit the organization have unrelated business gross income of \$1,000 or more duming the year? 11 bit has a filed a Form 990-T for this year? If 'No' is the 30, provide an explanation in Schedule 0 12 bit of 'Yes,' has a filed a Form 990-T for this year? If 'No' is the 30, provide an explanation or Schedule 0 13 bit of 'Yes,' has a filed a Form 990-T for this year? If 'No' is the 30, provide an explanation or Schedule 0 13 bit of 'Yes,' has a filed a Form 990-T for this year? If 'No' is the 30, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts account, or the financial account in a foreign country (such as a bank account, securities account, or other financial accounts account, or the financial accounts account, or the financial accounts of the security of the organization that it was or as a party to a prohibited tax sheller transaction? 12 bit of 'Yes,' to line 5 as or 5b, did the organization that it was or as a party to a prohibited tax shelter transaction? 13 cit 'Yes,' to line 5 as or 5b, did the organization that were not tax deductible as chantable contributions? 14 cit 'Yes,' to line 5 as or 5b, did the organization that was not account any contributions that were not tax deductible as chantable contributions or gifs were not tax deduction on clude with every solicitation an express statement that such contributions or gifs were not tax deduction on the contribution and party is a contribution and services provided to the organization network and the party of the conganization self, and the p | | Zittor the the transfer of the | 7 | | |
| a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary pair anding with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 is greater than 250, you may be required to ∂-file (see instructions) 3a Did the organization have uncleated business gross income of \$1,000 or more duming the year? 5a If "Yes," has it filed a Form 990-T for this year? If "Yo." to fine 3b, provide an explination in Schedule O At any time duming the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country year as a bank account, securities account, or other financial accounts? FeARN Was the organization have an explination of Financial Accounts (FeARN) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FeARN) Was the organization and party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," of the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282? If year indicates the number of Forms 8282 filed during the year b off the organization receive any furnds, directly or indirectly, on a personal benefit contract? 7 b off the organization feeroeve any furnds, directly or indirectly, on a personal benefit contract? 7 b off the organization | · | | 1c | X | |
| Statements, field for the calendar year ending with or within the year covered by this return 2 | 2a | | | | |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," that if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 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; second the organization have an interest in, or a signature or other authority over, a financial account; second the financial accounts (FBAR) 5b If "Yes," enter the name of the foreign country See instructions for filing requirements for Fin-CEN 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 If "Yes," or line 5a or 5b, did the organization file Form 8886-T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If yes, and the payor and the payor? 7d If we offer the payor and the payor and the organization file form 8282? 7c If yes, and the organization offer year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization receive a contribution of cars, boats, anylanes, or other vehicles, did the organization file a form 1995-C? 7p Sponsoring organization make a distribution in during the year? 9d If the organizati | | | ol | ĺ | |
| to the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filled a Form 990-T for this year? If *No" to the 25, provide an explanation in Schedule O All 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; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account, or other financial account; Securities account; Securities account, or other financial account; Securities accounts; | b | | 2b | | |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organizations. Enter a 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 110a | | · · · · · · · · · · · · · · · · · · · | 7e | | X |
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| Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c 14a X | | | 120 | | |
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| 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X | а | | 1.50 | | |
| the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a X | h | <u>-</u> | | | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | c | · · · · · · · · · · · · · · · · · · · | 1 | | |
| | | <u> </u> | 14a | | Х |
| | | | _ | | |

Part VI

45-6010216 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 | | | | <u> </u> | | | |
|----------|--|-----------------------|---------------|-----|---------------------|--|--|--|
| Sect | ion A. Governing Body and Management | | | | | | | |
| | I. | . [| | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 1 | 1 | | | | | |
| | 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 | | 1 | | | | | |
| | committee, explain in Schedule O | 1 | | | | | | |
| b | Zintor the manifest of Young monitore monates and market and marke | | | | | | | |
| 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? | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | , | | ~ | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other pe | | 3 | | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi | | 5 | | $\frac{\hat{x}}{x}$ | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asset | -157 | 6 | | x | | | |
| 6 | Did the organization have members or stockholders? | ount | • | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appone or more members of the governing body? | | 7a | | Х | | | |
| h | | - | 1a | | | | | |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7b | | Х | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken du | F | '' | | | | | |
| 0 | the year by the following | ""'9 | | | Į. | | | |
| а | The governing body? | , | 8a | | х ' | | | |
| 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 reach | — | - | | | | | |
| | 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 Inte | rnal Revenue Co | ode. | | | | | |
| | the man of the control of the man of the control of | | 1 | 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 char | oters, | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos | ses? | 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi | ling the form? | 11a | Х | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | _ | , m | | | |
| 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 give | <u> </u> | 12b | | X | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes | | | | | | | |
| | describe in Schedule O how this was done | _ | 12c | | _X_ | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | _ | 14 | | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | · . | | | 4 | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | X | | | |
| b | Other officers or key employees of the organization | <u> </u> | 15b | | X | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ı | | | | | | |
| | 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 evaluate | | - 1 | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar | | 401 | | • | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | | | | |
| | ion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ND | (Cootion F01/a)/2)- | onle | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (3ection 501(0)(3)\$ | UTIIY | , | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply Own website | n ın Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, confidence in the confidence of the confide | • | v an | d | | | | |
| 13 | financial statements available to the public during the tax year | not of interest polic | , arı | _ | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's book | s and records | • | | | | | |
| 20 | Alerus Financial | 701 795 3212 | _ | | | | | |
| | 2300 South Columbia Road, Grand Forks, ND 58201 | | | | | | | |

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|---------|--------|
| OUTUZTO | Page 1 |

| Form | agn | (2017) | |
|------|-----|--------|--|

| Form 990 (2017) | JOHN G ARNEBERG TRUST 45-60102 ⁻ | 16 Page 7 |
|-----------------|---|-----------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | |
| • | Employees, and Independent Contractors | |
| | Check if Schedule O contains a response or note to any line in this Part VII | |
| | | |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if heither the organization for any | y related organiz | auon | COL | npe | nsa | teu ar | ıy c | urrent onicer, an | ector, or trustee | |
|--|-----------------------------|--|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|----------------------------|---|
| | | | | | C) | | | | | |
| (A) | (B) | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) | (E) | (F) Estimated |
| Name and Title | Average hours per | | | | | | | Reportable compensation | Reportable compensation | amount of |
| | week (list any hours for | or di | Instit | Officer | Key employee | Highe | Former | from the | from related organizations | other compensation |
| | related organizations | dual | utlona | 뽁 | amplo | ast ∞ oyee | 뽁 | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related |
| | below dotted line) | Individual trustee or director | Institutional trustee | | yee | mpen | | | | organizations |
| | | * | tee | | | Highest compensated employee | | | | |
| (1) Alerus Financial | 6 00 | | | | | | | | | |
| Trustee | 0 00 | | Х | | | | | 12,005 | | |
| .(2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | <u> </u> | | | | | |
| (5) | | | | | | | | | | , |
| (6) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

45-6010216

| | * Section A. Officers, Directors, Tru (A) Name and title | (B) Average hours per week (list any | (do r box, office | (C) Position (do not check more than or loox, unless person is both the confirmation and a director/truste | | | than o | one n an ee) | (D) Reportable compensation from | (E) Reportable compensation from relate | e on | E | (F) stimate mount o | |
|-------------|---|--|--------------------------------|--|---------|--------------|------------------------------|--------------------|--|---|---------|----------------|---|---------------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organızatıor (W-2/1099-MI | ıs | f org an | npensa rom the janizati d relati anizatio | e on ed |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | <u></u> | - | | | |
| (20) | | | | | | | | | | | | | | - |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | ļ | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - | |
| (25) | | | | | | | | | | | | | | |
| 1b | Sub-total | | | <u> </u> | | | | • | 12,005 | | 0 | | | 0 |
| c d 2 | Total from continuation sheets to Part VII, Secondary (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization) | nited to those lis | sted a | | | vho | recei | ► ved | 0 12,005 more than \$100 | ,000 of | 0 | | | 0 |
| | · | | | | 0 | | - la l | | | | | | Yes | No |
| 3 | Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Schedu | | | | oye | e, o | r nigr | iesi | t compensated | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great individual | | | | | | | | | า | | 4 | | - <u>×</u> |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yes | • | | | • | | | _ | | ndual | | 5 | | Х |
| Sect 1 | ion B. Independent Contractors Complete this table for your five highest compe | neated indepen | dont (| cont | ract | orc | that r | | awad mara than 9 | 100 000 of | | | | |
| | compensation from the organization Report co year | | | | | | | | | | n's t | ax | | |
| | (A) Name and business addr | ess | | | | | | | (B) Description of serv | vices | c | (C Comper | | |
| None | | | | | | | | <u></u> | | | | | | 0 |
| | | | | | | | | | | | | | | <u>0</u> 0 |
| | | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (include more than \$100,000 of compensation from the | - | ed to | tho | se l | ste | d abo | ve) | who received | | | | | 0 |

Part VIII Statement of Revenue

| | | Check if Schedule O contains | a response or | note to any line ir | 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 |
| 80 m | 1a | Federated campaigns | 1a | 0 | | | | |
| anta | b | Membership dues | _1t | 0 | | | | |
| 20, 5 | С | Fundraising events | 10 | 0 | | | | |
| ar A | d | Related organizations | 10 | 0 | | | | |
| is, G | е | Government grants (contribution | s) 1 e | 0 | | | | |
| tton er S | f | All other contributions, gifts, gran | its, and | | | | | |
| 혈 | | similar amounts not included abo | ove 1f | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in I | nes 1a-1f \$ | 0 | | | | |
| O a | h | Total. Add lines 1a-1f | | > | 0 | | | |
| 9 | | | | Business Code | | | | |
| /en | 2a | | | | 0 | | | |
| Re | b | | | - | 0 | | | |
| /Ice | С | | | | 0 | | | |
| Sen | d | | | | 0 | | | |
| E . | е | | | | 0 | | | |
| Program Service Revenue | f | All other program service revenu | е | | 0 | | | |
| 4 | g | Total. Add lines 2a-2f | | | 0 | | | |
| | 3 | Investment income (including div | idends, interest | , and | | | | |
| | | other similar amounts) | | • | 27,895 | 27,895 | | |
| | 4 | Income from investment of tax-ex | kempt bond pro | ceeds - | 0 | | | |
| | 5 | Royalties | | • | 0 | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | (| _ | | | | |
| | d | Net rental income or (loss) | | • | 0 | | | |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | |] |
| | _ | assets other than inventory | 158,058 | 0 | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | 103,128 | | | | | |
| | C | Gain or (loss) | 54,930 | • | | · - | ···· | \ <u></u> |
| | d | Net gain or (loss) | | <u> </u> | 54,930 | | | |
| σ. | | | | | | | | |
| 2 | 8a | Gross income from fundraising | 0 | | | | | |
| Ş. | | events (not including \$ | <u>0</u> | ļ | | | | |
| Other Revenue | | of contributions reported on line See Part IV, line 18 | | | | | | |
| her | . | Less direct expenses | a b | 0 | | | | |
| ŏ | | Net income or (loss) from fundral | | | 0 | | | |
| | C | Gross income from gaming activi | • | | | | | |
| | Ja | See Part IV, line 19 | a | 0 | | | | |
| | b | Less direct expenses | b | 0 | | | | |
| | C | Net income or (loss) from gaming | | | 0 | | | |
| | | Gross sales of inventory, less | g activities | | - J | | | |
| | | returns and allowances | а | o | | | | |
| | b | Less cost of goods sold | b | 0 | i | | | |
| | C | Net income or (loss) from sales of | | • | 0 | | | |
| | | Miscellaneous Revenue | are or itory | Business Code | | - | | 1 |
| | 11a | | | | 0 | | | \ <u> </u> |
| | b | | | | 0 | | - | _ |
| | C | | | | 0 | | | † |
| | d | All other revenue | | | 0 | | | |
| | e | Total. Add lines 11a–11d | | | 0 | | | <u> </u> |
| | 12 | Total revenue. See instructions | | • | 82,825 | 27,895 | 0 | 0 |

45-6010216

| Part IX | Statement | of Functional | Expenses |
|---------|-----------|-----------------|-----------|
| I allin | Otatement | oi i ulicuoliai | LAPCIISCS |

| Secti | on 501(c)(3) and 501(c)(4) organizations must complete all | columns All other o | rganizations must c | omplete 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 | 69,815 | 69,815 | | |
| 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 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | ···· | |
| 5 | Compensation of current officers, directors, | 10.005 | 4 000 | 0.002 | |
| _ | trustees, and key employees | 12,005 | 4,002 | 8,003 | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | · o | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| Ü | section 401(k) and 403(b) employer contributions) | o | | | |
| 9 | Other employee benefits | Ö | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | o | | | |
| b | Legal | 0 | | | |
| C | Accounting | 2,858 | | 2,858 | · |
| 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 | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | 0 | | 0 | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | <u> </u> |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 21 | Interest 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 | 84,678 | 73,817 | 10,861 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | 9 |
| | fundraising solicitation Check here ▶ ☐ if | | | | رب " |
| | following SOP 98-2 (ASC 958-720) | | | | ¥. |

45-6010216

JOHN G ARNEBERG TRUST

| | art A | Dalance Sneet | | ··- | | |
|-----------------------------|-------|--|--|--------------------------|-----------|--------------------|
| | | 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 | | 17,853 | 1 | 9,983 |
| | 2 | Savings and temporary cash investments | | 0 | 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 fo | ormer officers, directors. | | | |
| | | trustees, key employees, and highest compensations | | | | |
| | | Complete Part II of Schedule L | · | 0 | 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 | · · · · · · · · · · · · · · · · · · · | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary e | | | | |
| Assets | | organizations (see instructions) Complete Part II of Sche | · · · | 0 | 6 | |
| | 7 | Notes and loans receivable, net | Γ | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | Γ | 0 | 8 | |
| | 9 | Prepaid expenses and deferred charges | Γ | 0 | 9 | |
| | 10a | Land, buildings, and equipment cost or | l l [| | | |
| | | 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 | 1,015,105 | 12 | 1,023,232 | |
| | 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 | 5,894 | 15 | 3,784 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 34) | 1,038,852 | 16 | 1,036,999 |
| | 17 | Accounts payable and accrued expenses | | 0 | 17 | |
| | 18 | Grants payable | 0 | 18 | | |
| | 19 | Deferred revenue | 0 | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | |
| | 21 | Escrow or custodial account liability Complete F | Part IV of Schedule D | 0 | 21 | |
| es | 22 | Loans and other payables to current and former | The state of the s | | | |
| Liabilitles | | trustees, key employees, highest compensated | · · · · · · · · · · · · · · · · · · · | | | |
| ap | | disqualified persons Complete Part II of Schedu | | 0 | 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 | | | _ |
| | | Part X of Schedule D | <u> </u> | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0 | 26 | 0 |
| , | | Organizations that follow SFAS 117 (ASC 958 | | | | |
| ö | | complete lines 27 through 29, and lines 33 ar | nd 34. | | | |
| <u>a</u> | 27 | Unrestricted net assets | | 0 | 27 | |
| Ba | 28 | Temporarily restricted net assets | | 0 | 28_ | |
| 힏 | 29 | Permanently restricted net assets | | 0 | 29 | |
| Ī | | Organizations that do not follow SFAS 117 (ASC958), | check here ► X and | | | |
| Net Assets or Fund Balances | | complete lines 30 through 34. | | | | |
| ध्र | 30 | Capital stock or trust principal, or current funds | - | 0 | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or ed | guipment fund | 0 | 31 | - |
| Ę | 32 | Retained earnings, endowment, accumulated in | | 1,038,852 | 32 | 1,036,999 |
| Š | 33 | Total net assets or fund balances | · | 1,038,852 | 33 | 1,036,999 |
| | 34 | Total liabilities and net assets/fund balances | | 1,038,852 | 34 | 1,036,999 |

Form **990** (2017)

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 10 column (B)) 1,036,999 Financial Statements and Reporting Part XII 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 Х Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Were the organization's financial statements audited by an independent accountant? 2b Х 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 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? 3а Х 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

Form 990 (2017)

JOHN GARNEBERG TRUST

Form 990 (2017)

3b

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

| JOH | N G | ARNEBERG TRUST | | | | | 45-60 | 10216 |
|---------|--|--|--|---|---------------------|---------------------------------------|---|---|
| | rt I | Reason for Public Char | | | | | | |
| The | orga | anization is not a private foundat | , | • | | | • | |
| 1 | Щ | A church, convention of church | • | | | | (A)(i). | 15 |
| 2 | \sqsubseteq | A school described in section | 170(b)(1)(A)(ii) . (Att | ach Schedule E (Form | 990 or 99 | 90-EZ)) | | |
| 3 | | A hospital or a cooperative hos | pital service organiz | ation described in sec | tion 170(| b)(1)(A)(iii | i). | • |
| 4 | | A medical research organization hospital's name, city, and state | • | nction with a hospital d | lescribed i | n section | 170(b)(1)(A)(iii) . En | ter the |
| 5 | | An organization operated for th section 170(b)(1)(A)(iv). (Com | | e or university owned | or operate | d by a go | vernmental unit desc | ribed in |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | |
| 7 | | An organization that normally redescribed in section 170(b)(1) | | | m a gove | rnmental ι | ınıt or from the gener | al public |
| 8 | П | A community trust described in | section 170(b)(1)(| A)(vi). (Complete Part | II) | | | |
| 9 | | An agricultural research organi or university or a non-land-grar university | | | | | | |
| 10 | | An organization that normally receipts from activities related support from gross investment acquired by the organization af | to its exempt function income and unrelated | ns—subject to certain ed business taxable in | exception come (les | s, and (2) s section (| no more than 33 1/3 511 tax) from busines | % of its |
| 11 | | An organization organized and | operated exclusively | y to test for public safe | ety See se | ection 509 | 9(a)(4). | |
| 12 | X | An organization organized and of one or more publicly support Check the box in lines 12a thro | ted organizations de | scribed in section 509 | (a)(1) or s | section 50 | 09(a)(2). See section | n 509(a)(3). |
| а | [| Type I. A supporting organize the supported organization(sorganization You must contact the support of the supp | s) the power to regunder to regunder to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to the power to regular to r | llarly appoint or elect a tions A and B. | majority | of the direc | ctors or trustees of th | e supporting |
| b | · [| Type II. A supporting organization(s) You must c | ne supporting organi | zation vested in the sa | | | | |
| C | [| Type III functionally integra | | | | | | rated with, |
| | Г | its supported organization(s | | - | | | | |
| d | L | X Type III non-functionally in that is not functionally integr requirement (see instruction | ated The organizat | ion generally must sati | isfy a distr | ibution red | quirement and an att | |
| е | ſ | Check this box if the organiz | | | | | | e III |
| | ٠ | functionally integrated, or Ty | | | | | | |
| f | | Enter the number of supported | • | | | | | 1 |
| g | | Provide the following information | | | 1 | | [| |
| | (1) | Name of supported organization | (ii) EIN | (III) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization or governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| A) | | | | | | | | |
| Jnıv | of N | lorth Dakota | 45-6002491 | 2 | X | | 69,815 | 4,002 |
| B) | | | | | | | | |
| <u></u> | | | | | | | | |
| C) | | | | | | | | |
| D) | | | | · <u>-</u> | | | | |
| E) | | | | | | | | |
| Tota | 1 | | | | | | 69.815 | 4,002 |

| Sche | edule A (Form 990 or 990-EZ) 2017 | RNEBERG TRU | ST | | | 45-60102 | .16 Page 2 |
|------|---|----------------------------------|------------------------------------|------------------------|---------------------|--------------------------------------|-------------------|
| Pa | . (Complete only if you checke Part III If the organization fai | nizations Des d the box on li | scribed in Sec ne 5, 7, or 8 of | Part I or if the | organization fa | 0(b)(1)(A)(vi) illed to qualify u | • |
| Se | ction A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | / (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 | Total. Add lines 1 through 3 | 0 | 0 | 0 | / 0 | 0 | 0 |
| 5 | 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) | | | / | | | |
| 6 | Public support Subtract line 5 from line 4 | | | / | | | 0 |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (ć) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 0 | 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 | | | | | | 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 | Gross receipts from related activities, etc. (se | , , | | | | 12 | |
| 13 | First five years. If the Form 990 is for the org | ganization¦s first, s | second, third, fourt | h, or fifth tax year a | as a section 501(c) | (3) | |

Section C. Computation of Public Support/Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14

organization, check this box and stop here

| | | | • | • | , , | • | | | | | |
|-----|----------|-------|------------|----------------------|-------------|-------------|-----------------|----------------|------------|--------------|----------------|
| 16a | 33 1/3% | sup | port test- | —2017. If the organ | izátion did | not check | the box on line | e 13, and line | 14 is 33 1 | /3% or more, | check this box |
| | and stop | p her | e. The or | ganization qualifies | ás a public | ly supporte | ed organization | 1 | | | |

| b | o 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check th |
|---|--|
| | box and stop here. The organization qualifies as a publicly supported organization |

| 17a | 10%-facts-and-circumstances test—2017. 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 |
| | Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported |
| | organization |

|) | 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly |
| | supported organization |

| 8 | Private foundation | ി. If the organization | did not check a b | ox on line 13, 16a | , 16b, 17a, | or 17b, check th | ns box and see |
|---|--------------------|------------------------|-------------------|--------------------|-------------|------------------|----------------|
| | instructions / | | | | | | |

0 00%

0 00%

| Schedule | A (Form | 990 or | 990-EZ | 12017 |
|----------|---------|--------|--------|-------|

20

45-6010216 JOHN G ARNEBERG TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2) . (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2017/ (d) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge n O. O 0 0 0 C Total. Add lines 1 through 5 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 0 0 0 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from 0 line 6) Section B. Total Support (b) 2014 (c) 2015 (a) 2013 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 0 0 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, 0 royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 0 0 0 0 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether 0 or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 0 00% Public support percentage from 2016 Schedule A, Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage 17 0 00% Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 0 00% Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

determine whether the organization had excess business holdings)

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete | Part V | | |
|-----|--|--------|-----|----|
| Sec | tion 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 | l | | |
| | 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 | | X |
| 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 | | X |
| 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 | | | .l |
| | organization made the determination | 3b | | |
| С | 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 | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | X |
| 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 | | | 1 |
| | numbors 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 | | | |
| | 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | X |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | X |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | L | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | X |
| þ | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | X |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| = | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | 1 | X |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below | 10a | | X |
| h | Did the organization have any excess business holdings in the tay year? (Use Schedule C. Form 4720, to | | | |

10b

| Part | V Supporting Organizations (continued) | | | |
|-------|---|------------|----------|-------------|
| | • | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 440 | | |
| | below, the governing body of a supported organization? | 11a | | X |
| b | A family member of a person described in (a) above? | 11b 11c | | X |
| Cooti | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 1110 | | L^_ |
| Secti | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | Γ | 163 | 110 |
| ı | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | li |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | _ | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | | |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | <u> </u> | | |
| | the supported organization(s) | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | , |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | 1 | | |
| | year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1_ | Х | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | . |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | <u> </u> | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | X |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | l l |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 3 | × | |
| Cooti | supported organizations played in this regard | <u> </u> | | L |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru The organization satisfied the Activities Test Complete line 2 below | cuon | S) | |
| а | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | ınstru | ctions | ;) |
| 2 | Activities Test Answer (a) and (b) below. | I | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | Ī |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify |] 1 | | 1 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | <u> </u> | | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | |] |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | <u> </u> |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | <u> </u> |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard | 3h | l | l |

instructions)

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | rgar | nizations | |
|---|----------|-------------------------------|-------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | ın Part VI) See |
| instructions. All other Type III non-functionally integrated supporting orga | nızatı | ons must complete Sections | A through E |
| Continue A. Adiusted Not Income | | (A) Dries Vees | (B) Current Year |
| Section A - Adjusted Net Income | | (A) Prior Year | (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | 28,758 | 27,895 |
| 4 Add lines 1 through 3 | 4 | 28,758 | 27,895 |
| 5 Depreciation and depletion | 5 | | |
| 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 | 10,705 | 10,861 |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | 18,053 | 17,034 |
| Continue D. Minimum Aport Amount | | (A) Drier Veer | (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 | 1,109,922 | 1,112,907 |
| b Average monthly cash balances | 1b | 14,361 | 13,918 |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | 1,124,283 | 1,126,825 |
| 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 | 1,124,283 | 1,126,825 |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | 16,864 | 16,902 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 1,107,419 | 1,109,923 |
| 6 Multiply line 5 by 035 | 6 | 38,760 | 38,847 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 38,760 | 38,847 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 18,053 |
| 2 Enter 85% of line 1 | 2 | - | 15,345 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 38,760 |
| 4 Enter greater of line 2 or line 3 | 4 | | 38,760 |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | 38,760 |
| 7 Check here if the current year is the organization's first as a non-functional | lly inte | grated Type III supporting of | organization (see |

| Part ' | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|----------|---|-----------------------------|---------------------|-----------------|
| Section | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 69,815 |
| 2 | Amounts paid to perform activity that directly furthers exemple | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organiza | ations | 4,002 |
| 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 | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | 73,817 |
| 8 | Distributions to attentive supported organizations to which the | he organization is respor | nsive | |
| | (provide details in Part VI) See instructions | | | 73,817 |
| 9 | Distributable amount for 2017 from Section C, line 6 | · | | 38,760 |
| 10 | Line 8 amount divided by line 9 amount | | | 1 904 |
| | - | (2) | (ii) | (iii) |
| S | ection E - Distribution Allocations (see instructions) | (۱) Excess Distributions | Underdistributions | Distributable |
| | | Excess Distributions | Pre-2017 | Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | 38,760 |
| | Underdistributions, if any, for years prior to 2017 | | | |
| 2 | (reasonable cause required—explain in Part VI) See | | | |
| | ınstructions | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a |] | | | |
| b | From 2013 0 | | | |
| с | From 2014 0 | | | |
| d | From 2015 0 | | | |
| е | From 2016 3,945 | | | |
| f | Total of lines 3a through e | 3,945 | | |
| g | Applied to underdistributions of prior years | | 0 | |
| h | Applied to 2017 distributable amount | | | 3,945 |
| i | Carryover from 2012 not applied (see instructions) | | | |
| i_ | Remainder Subtract lines 3g, 3h, and 3i from 3f | 0 | | |
| 4 | Distributions for 2017 from | | | |
| | Section D, line 7 \$ 73,817 | | | |
| a | Applied to underdistributions of prior years | | 0 | |
| | Applied to 2017 distributable amount | - | | 34,815 |
| <u>c</u> | Remainder Subtract lines 4a and 4b from 4 | 39,002 | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any Subtract lines 3g and 4a from line 2 For result | | | |
| | greater than zero, explain in Part VI See instructions | | 0 | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | | 0 |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c | 39,002 | | |
| 8 | Breakdown of line 7 | | | |
| a | Excess from 2013 0 | | | |
| b | Excess from 2014 0 | | | |
| С | Excess from 2015 0 | | | |
| d | Excess from 2016 | | | |
| <u>e</u> | Excess from 2017 39,002 | | | |

| Schedule A (F | orm 990 or 990-EZ) 2017 JOHN G ARNEBERG TRUST | 45-6010216 | Page 8 |
|---------------|---|---|---------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a | | |
| • | III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV | | |
| | B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, line | | |
| | 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V | , Section E, | |
| | lines 2, 5, and 6 Also complete this part for any additional information (See instructions) | | |
| Part IV Sec | ction D Line 2 The Trustee was appointed by the trust document. The trustee | | |
| provides ar | nnual statements to the supported organization, as well as periodic meetings | | |
| with the Vic | ce President of Finance regarding this organization and various other | | |
| organizatio | ns the support the University | | |
| Part IV Sec | ction D Line 3 The trust document appointed the trustee and specifies the use of | | · |
| the organiz | ations income and assets the trustee provides annual statements and meets | | |
| periodically | with the Vice President of Finance of the supported organization regarding | | |
| this organiz | zation and various other organizations that support the University | | |
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SCHEDULE D (Form 990) ·

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Go to www.irs gov/Form990 for instructions and the latest information. Employer identification number

OMB No 1545-0047

Open to Public Inspection

| Name | in the organization | | 2 inproyer lacinamouton number |
|------|--|---|--|
| JOHN | G ARNEBERG TRUST | | 45-6010216 |
| Part | Organizations Maintaining Donor | Advised Funds or Other Similar Fu | inds or Accounts. |
| | Complete if the organization answer | red "Yes" on 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 | to the organization's exclusive legal contro | l? |
| 6 | Did the organization inform all grantees, dono | rs, and donor advisors in writing that grant | funds can be |
| | used only for charitable purposes and not for | the benefit of the donor or donor advisor, o | r for any other |
| | purpose conferring impermissible private beni | efit? | Yes No |
| Part | Conservation Easements. | | |
| | | ed "Yes" on Form 990, Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held b | | |
| | Preservation of land for public use (e.g., | | on of a historically important land area |
| | Protection of natural habitat | | on of a certified historic structure |
| | | / reservation | 5.1 G. G. GOLING FILSTONIO STRUCTURE |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization | on held a qualified conservation contribution | |
| | easement on the last day of the tax year | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation ease | | 2b 2c |
| C | Number of conservation easements on a cert | | 20 |
| d | Number of conservation easements included historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, | | |
| 3 | the tax year | transferred, released, extinguished, or ten | minuted by the organization during |
| 4 | Number of states where property subject to co | onservation easement is located | |
| 5 | Does the organization have a written policy re | | handling of |
| • | violations, and enforcement of the conservation | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, in | | |
| - | > | | , |
| 7 | Amount of expenses incurred in monitoring, inspe | cting, handling of violations, and enforcing cons | servation easements during the year |
| | ▶ \$ | J. J. J. J. J. J. J. J. J. J. J. J. J. J | · · |
| 8 | Does each conservation easement reported of | in line 2(d) above satisfy the requirements | of section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | , , | Yes No |
| 9 | In Part XIII, describe how the organization reg | orts conservation easements in its revenue | e and expense statement, and |
| | balance sheet, and include, if applicable, the | ext of the footnote to the organization's finance | ancial statements that describes |
| | the organization's accounting for conservation | easements | <u> </u> |
| Part | III Organizations Maintaining Collec | tions of Art, Historical Treasures, o | r Other Similar Assets. |
| | | ed "Yes" on Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted unde | | |
| | works of art, historical treasures, or other sim- | | |
| | of public service, provide, in Part XIII, the text | | |
| b | If the organization elected, as permitted unde | | |
| | works of art, historical treasures, or other sim | lar assets held for public exhibition, educat | tion, or research in furtherance |
| | of public service, provide the following amoun | ts relating to these items | |
| | (i) Revenue included on Form 990, Part VIII, | line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| 2 | If the organization received or held works of a | rt, historical treasures, or other similar asse | ets for financial gain, provide the |
| | following amounts required to be reported und | der SFAS 116 (ASC 958) relating to these i | tems |
| а | Revenue included on Form 990, Part VIII, line | : 1 | > \$ |
| b | Assets included in Form 990. Part X | | ▶ \$ |

e Other

| Sched | ule D (Form 990) 2017 JOHN G ARNEBERG TR | <u>lust</u> | | | | | 45-601 | 10216 | | Page ⊿ |
|-------|---|------------------------------|-----------|-------------|--------------------------|-----------|-------------------------|-------------|-----------|--------|
| Par | III Organizations Maintaining Collection | ctions of Ar | t, Histo | rical Tre | asures, or | Other: | Similar Asse | ts (conti | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other | records, | check any | of the follow | ing that | are a significan | t use of it | :S | |
| | collection items (check all that apply) | | | • | | | | | | |
| а | Public exhibition | | d | Loan | or exchange | program | ns | | | |
| b | Scholarly research | | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and | explain h | ow they fu | irther the org | anızatıo | n's exempt purp | ose in P | art | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | | | | | | | Y | es 🔲 | No |
| Part | Complete if the organization answe 990, Part X, line 21 | | n Form 9 | 990, Part | IV, line 9, c | or repor | ted an amour | nt on Fo | rm | |
| 1a | Is the organization an agent, trustee, custodi included on Form 990, Part X? | | | | | ther ass | ets not | Y | es 🗌 | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete | the follo | wing table | | | 1 | Amount | | |
| С | Beginning balance | | | | | 1c | | Amount | | |
| d | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | (|
| 2a | Did the organization include an amount on Fe | orm 990 Part | X line 2 | 1 for escr | ow or custod | ıal accoi | unt liability? | | es X | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | ٠. ت | | |
| Part | | Cricon Horo II | tile exp. | | 20 00011 p1011 | | | | | |
| rarı | Complete if the organization answer | red "Yes" or | Form 9 | 000 Part | IV line 10 | | | | | |
| | | Current year | | or year | (c) Two years | back | (d) Three years bac | k (e) Fo | our years | back |
| 1a | Beginning of year balance | 0 | | 0 | | 0 | ·· | 0 | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 0 | | 0 | | 0 | | <u>o</u> | | (|
| 2 | Provide the estimated percentage of the curr | ent year end t | palance (| line 1g, co | olumn (a)) hel | ld as | | | | |
| а | Board designated or quasi-endowment | • | ·% | | | | | | | |
| b | Permanent endowment | <u>%</u> | | | | | | | | |
| С | Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho | uld equal 100 | % | | | | | | | |
| 3a | Are there endowment funds not in the posses | | | on that are | held and ad | minister | ed for the | | | |
| | organization by | | J | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as | s require | d on Sche | dule R? | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization' | s endowi | ment fund | S | | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization answe | red "Yes" or | Form 9 | 990, Part | IV, line 11a | See F | orm 990, Pai | t X, line | 10 | |
| | Description of property | (a) Cost or oth (investme | | | st or other s (other) | | Accumulated epreciation | (d) B | look valu | e |
| 1a | Land | | 0 | | 0 | | | | | (|
| b | Buildings | | 0 | | 0 | | _0 | | | |
| С | Leasehold improvements | | 0 | | 0 | | 0 | | | (|
| d | Equipment | | 0 | 1 | 0 | 1 | o | | | (|

0

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

0

▶

| Part VII Investments—Other Securities. Complete if the organization answer | ered "Yes" on Form 990 | D. Part IV. line 11b See Form | 990. Part X. line 12 |
|---|------------------------|---|----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year n | luation |
| (1) Financial derivatives | 0 | | |
| (2) Closely-held equity interests | 0 | | |
| (3) Other Taxable Bonds - Common Trust Fund - B | 542,105 | С | |
| (A) Domestic Equity - Common Trust Fund - A | 361,482 | | |
| (B) International Equity - Common Trust Fund I | 119,645 | С | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 1,023,232 | | |
| Part VIII Investments—Program Related. Complete if the organization answer | ered "Yes" on Form 990 |), Part IV, line 11c See Form | 990, Part X, line 13 |
| (a) Description of investment | (b) Book value | (c) Method of va Cost or end-of-year n | |
| (1) | | | |
| (2) | | | |
| (3) | - | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 0 | | |
| Part IX Other Assets. | | | |
| Complete if the organization answe | |), Part IV, line 11d See Form | |
| | escription | | (b) Book value |
| | | | |
| (2) | | | |
| (3) | - | | |
| | | | - |
| (5) | | | |
| (6) | | | |
| | · | ···· | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin | e 15) | • | 0 |
| Part X Other Liabilities. Complete if the organization answer | · |), Part IV, line 11e or 11f See | |
| 1. (a) Description of liability | (b) Book value | | 1 |
| (1) Federal income taxes | 0 | |] |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 0 | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the | | organization's financial statements th | at reports the |
| organization's liability for uncertain tax positions under FIN 4 | | | |

| | Complete if the organization answered "Yes" on Form | | - , , | |
|--------|--|-------------------------------|----------------------------|---|
| 1 | Total revenue, gains, and other support per audited financial statemen | ts | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I | ine 12) | 5 | 0 |
| Part | XII Reconciliation of Expenses per Audited Financial S | Statements With Exper | ises per Return. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a | - | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | <u> </u> | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, | Ino 18) | 5 | 0 |
| | | 11110 10) | 9 | U |
| | XIII Supplemental Information. | | | |
| Provid | | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |
| Provid | XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | a and 4, Part IV, lines 1b ar | id 2b, Part V, line 4, Par | |

| Schedule D (Forn | n 990) 2017 | JOHN G ARNEBERG TRUST | 45-6010216 Pag | e 5 |
|------------------|---------------------------------------|-------------------------------|----------------|----------|
| Part XIII | Supplem | ental Information (continued) | | |
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SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

| 2011 | Open to Public | Inerections |
|-------------|----------------|-------------|
| | | |

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 45-6010216 8

X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

JOHN G ARNEBERG TRUST

Part I

Part II

Department of the Treasury Name of the organization the selection criteria used to award the grants or assistance?

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

| | (h) Purpose of grant or assistance | SCHOLARSHIPS | | | | | | | | | | | | |
|---|--|---|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|--|
| space is needed | (g) Description of noncash assistance | | | | | | | | | | | | | |
| ed more than \$5,000. Part II can be duplicated if additional space is needed | (f) Method of valuation book, FMV, appraisal, other) | | | | | | | | | | | | | |
| Part II can be duplic | (e) Amount of non- cash assistance | | | | | | | | | | | | | 1 table |
| more than \$5,000. | (d) Amount of cash grant | 69,815 | | | | | | | | | | | | ations listed in the line |
| nent that received | (c) IRC section if applicable | | | | | | | | | | | | | government organizated in the line 1 table |
| for any recip | (b) EIN | 45-6002491 | | | | | | | | | | | | 501(c)(3) and grant gran |
| 990, Part IV, line 21, for any recipient that receiv | 1 (a) Name and address of organization or government | (1) UNIVERSITY OF NORTH DAKOT 264 CENTENNIAL DR STOP 8356 GR | (2) | (3) | (4) | (5) | (9) | (7) | (8) | (6) | (10) | (11) | (12) | 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table. |

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

Schedule I (Form 990) (2017)

45-6010216

Page 2

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

| | (f) Description of noncash assistance• | | | | | | | | litional information. | | | | | | | | | | |
|---|---|----|---|---|---|---|---|---|---|-------------|-------------|---|---|------------------|--------|--------|-----------------------|-------------|--|
| | (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | (b); and any other add | | | | | | | | | | |
| | (d) Amount of noncash assistance | | | | | | | | ne 2; Part III, column | | | | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | | | | | |
| j. | (c) Amount of cash grant | | | | | | | | required in Part I, Iii | | | | 1 | | | | | | |
| יומי כשמט ושיים | (b) Number of recipients | | | | | | | | ide the information | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
| ו מול ווו סמון סב ממשווסמום וו מממונוסוום | (a) Type of grant or assistance | | | | | | | | IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information | | | | | | | | | | |
| | | 4- | 7 | m | 4 | 2 | 9 | 7 | Part IV | ! ! ! | • • • | | | : ! ! ! | ! ! | ! ! | : ! ! ! ! | ! ! ! | - |

SCHEDULE O (Form 990 of 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

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