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SCANNED

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

20**08** Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury 09/01 , 2008, and ending For calendar year 2008, or tax year beginning G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label. ERICKSON FOUNDATION, INC. 42-6068309 Otherwise, Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see page 10 of the instructions) print or type. 2420 EAST UNIVERSITY AVENUE (515) 266-3970 See Specific c If exemption application is pending check here City or town, state, and ZIP code Instructions. 1 Foreign organizations check here DES MOINES, IA 50317 Foreign organizations meeting the 85% test, check here and attach **H** Check type of organization [x] Section 501(c)(3) exempt private foundation computation . . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end J Accounting method | x Cash | Accrual under section 507(b)(1)(A), check here . of year (from Part II, col (c), line Other (specify) F if the foundation is in a 60-month termination 16) ▶ \$ (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here . 774,487 Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for charitable éxpenses per income income may not necessarily equal the amounts in purposes books column (a) (see page 11 of the instructions)) (cash basis only) 15,000 Contributions, gifts, grants, etc., received (attach schedule). 2 Check > attach Sch B. 8 16,048 3 16,048 STMT Interest on savings and temporary cash investments 4 Dividends and interest from securities Net rental income or (loss) -74,379 6 a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all 318,000 assets on line 6a 7 Capital gain net income (from Part IV, line 2), Net short-term capital gain Income modifications . Gross sales less returns and allowances · · · · 10 a b Less Cost of goods sold c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Total. Add lines 1 through 11 . . . -43,33116,048 Compensation of officers, directors, trustees, etc 13 NONE 14 Other employee salaries and wages Administrative Expenses 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) Other professional fees (attach schedule) С 17 25 25 Taxes (attach schedule) (see page 14 of the instructions) 341 341 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings and Printing and publications 22 23 Other expenses (attach schedule) STMT. 3. 124 124 24 Total operating and administrative expenses 490 490 Add lines 13 through 23 Contributions, gifts, grants paid 44,525 44,525. 25 490 45,015 44,525 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 27 a Excess of revenue over expenses and disbursements -88.346 b Net investment income (if negative, enter -0-) 15,558

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-0-

c Adjusted net income (if negative, enter -0-). .

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G	Part IV Capital Gains	s and Losses for Tax on Inv	estment Income	T /6\	·	
	(a) List an 2-story b	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
12	SEE PART IV SCHE	DULE				
)			ļ		
_	<u> </u>			L		
	<u> </u>			ļ	ļ	
_	<u> </u>	(f) Depreciation allowed				
_	(e) Gross sales price	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	•	
_8	<u> </u>	<u> </u>		ļ		
_ <u>t</u>)			<u> </u>		
_						
						
-6		howing gain in column (h) and owr	and by the foundation on 12/31/69			
_	complete only for assets s	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
_a				 -		
_ <u>t</u>						
						
						
_6		, IE	moun also enter in Bort Line 7			
2	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-74,379.
3		n or (loss) as defined in sections 12				
		line 8, column (c) (see pages 13	f 1			
		line &		3		
_			uced Tax on Net Investment Inc e section 4940(a) tax on net investi			
	section 4940(d)(2) applies, as the foundation liable for		outable amount of any year in the b	ase perio	d?] Yes 🗶 No
If '		not qualify under section 4940(e)				
1		ount in each column for each year	see page 18 of the instructions be	efore mak		
c	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
_	2007	87,509.	860,913.			0.101647
_	2006	56,641.	896,566.			0.063175
_	2005	32,100.				0.035830_
	2004	66,629.	768,988.			0.086645
_	2003	74,487.	795,717.		-	0.093610
2	Total of line 1, column (d)			2		0.380907
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	number of years the foun-	dation has been in existence if less	s than 5 years	3		0.076181
4	Enter the net value of nor	ncharitable-use assets for 2008 fro	m Part X, line 5	4		748,804.
5	Multiply line 4 by line 3			5		57,045.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		156.
7	Add lines 5 and 6			7		57,201.
8	Enter qualifying distribution	ns from Part XII, line 4	c in Part VI, line 1b, and complete	8		44,525.
	If line 8 is equal to or g the Part VI instructions on	reater than line 7, check the box page 18	in Part VI, line 1b, and complete	e that pa	irt using a 1%	tax rate See

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names and addresses

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8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

instructions) ► IA,

b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?.....

N/A

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empl and Contractors (continued)	oyees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "No	ONE."
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service		pensation
NONE_			
7.7.5.			
		1	
Total numbe	er of others receiving over \$50,000 for professional services		NONE
Part IA-A	Summary of Direct Charitable Activities		
List the found	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	Eve	enses
of organization	ons and other beneficiaries served, conferences convened, research papers produced, etc		
1 NOT A	PPLICABLE]	
2		1	
3			
4			
]	
	Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Am	ount
1 <u>NOT A</u>	PPLICABLE		
2			
		<u> </u>	
All other prog	gram-related investments See page 24 of the instructions]	
3 <u> </u>			
		1	
			
Total Add b	noc 1 through 3	. 1	

. 0	11 090-RF (2000) 42 - 60 06 3 0 9		r age C
Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 [
a	Average monthly fair market value of securities	1a	612,143.
b	Average of monthly cash balances	1 b	148,064.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1 d	760,207.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Outhan Alima Office to the Ad	3	760,207.
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25		
		4	11,403.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	748,804.
6	Minimum investment return. Enter 5% of line 5	6	37,440.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	
	foundations and certain foreign organizations check here > and do not complete this		
1	Minimum investment return from Part X, line 6	1	37,440.
2 a			
b		1	
С	Add lines 2a and 2b	1 2c	156.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	37,284.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	37,284.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	37,284.
		<u> </u>	
Pa	urt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,525.
b	De many 1 to law 1 to 1 t	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
		2	NONE
3	purposes		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3 b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	44,525.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	156.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,369.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years		× -

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Pa	rt XIII Undistributed Income (see page 2	to of the instruction			
		(a)	(b) Years prior to 2007	(c) 2007	(d) 2008
1	Distributable amount for 2008 from Part XI,	Corpus	rears prior to 2007	2007	
	line 7				37,284.
2	Undistributed income, if any, as of the end of 2007			NONE	
	Enter amount for 2007 only		NONE	NONE	
	Total for prior years 20_06_,20,20		NONE		
3	Excess distributions carryover, if any, to 2008				
	From 2003			}	
	From 2004			i	
С	From 2005 NONE				
	From 2006				
	From 2007				
	Total of lines 3a through e	116,815.			
4	Qualifying distributions for 2008 from Part XII,				
	line 4 ▶ \$ 44,525.	ļ			
а	Applied to 2007, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election	,			
	required - see page 26 of the instructions)		NONE	· - · · · · · · · · · · · · · · · · · ·	
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)	NONE			
d	Applied to 2008 distributable amount				37,284.
	Remaining amount distributed out of corpus	7,241.			
5		NONE			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	124,056.			
ь	Prior years' undistributed income Subtract	!			
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed	!			
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed		NONE		
ď	Subtract line 6c from line 6b Taxable			į	
	amount - see page 27 of the instructions		NONE		
е	Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			NONE	
f	Undistributed income for 2008 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2009				NON E
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the	20 717			
	instructions)	29,717.			·····
9	Excess distributions carryover to 2009.	04 220			
	Subtract lines 7 and 8 from line 6a	94,339.			
	Analysis of line 9				
	Excess from 2004				
	Excess from 2005 NONE			ļ	
	Excess from 2006				
	Excess from 2007				
E	Excess from 2008 7 . 241				

1 a	If the foundation has refoundation, and the ruling							
b	Check box to indicate who		=			4942(J)	(3) or 494	42(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total	
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2008	(b) 2007	(c) 2006	(d) 200	15	(4)	
ь	85% of line 2a						·	
С	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c							
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets (2) Value of assets qualifying under section							
b	4942()(3)(B)(I)					_		
С	"Support" alternative test - enter				 			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)).							
	or royalties) (2) Support from general public and 5 or more exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)							
	organization							
Pa	rt XV Supplement		omplete this part o		ion had \$5,00	0 or mo	re in assets a	t any
1	Information Regarding		27 of the instructions:	ons.)				
-	List any managers of t before the close of any	he foundation who h	ave contributed more	than 2% of the tot nore than \$5,000) (\$	al contributions See section 507	s receive '(d)(2))	d by the found	dation
	JAMES W. E	RICKSON						
b	List any managers of to ownership of a partners NONE					equally	large portion o	of the
	·				 _			
2	Information Regarding Check here ► X if the unsolicited requests for organizations under other than the control of the contro	ne foundation only r or funds If the found	nakes contributions t dation makes gifts, gi	to preselected char rants, etc (see pag	itable organiza e 28 of the ir	ations ar istruction	ed does not a s) to individua	ccept als or
	The name, address, ar	<u></u>			be addressed			
	The form in which appli					·	······································	
	Any submission deadling	nes			· · · · · · · · · · · · · · · · · · ·			
d	Any restrictions or lir	nitations on awards,	such as by geogra	phical areas, charit	able fields, kır	nds of ir	stitutions, or	other

Part XV Supplementary Information (co 3 Grants and Contributions Paid Durin	ontinued)	oved for F	uture Payment	
	If recipient is an individual,	Foundation		T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	j			j
SEE STATEMENT 7			j	1
		j		1
		j		1
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Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	▶ 3a	44,525.
b Approved for future payment				ļ
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Total			▶ 3b	

Part XV	-A Analysis of Income-Produ				·	
Enter gross	s amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by s	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code		Exclusion code	Amount	(See page 28 of the instructions)
a						
ь		L				
c						
d			 		·	
e			 			
f g Fee	s and contracts from government agencies					
•	rship dues and assessments					····
	on savings and temporary cash investments			14	16,048.	
	ds and interest from securities					
	tal income or (loss) from real estate					
a Del	ot-financed property					
b Not	debt-financed property					
	al income or (loss) from personal property .					
7 Other is	nvestment income		<u> </u>			
	(loss) from sales of assets other than inventory			18	-74,379.	
9 Net inc	ome or (loss) from special events			<u> </u>		
	profit or (loss) from sales of inventory			<u> </u>		
	evenue a					
b			 			
						
d					l l	
d e					EQ 221	
d e 2 Subtota	ıl Add columns (b), (d), and (e)				-58,331.	-50 221
d e 2 Subtota 3 Total. A	al Add columns (b), (d), and (e)					-58,331.
d e 2 Subtota 3 Total. A See works	al Add columns (b), (d), and (e)		culations)			-58,331.
de 2 Subtota 3 Total. A See works	al Add columns (b), (d), and (e)	to verify calc	culations)	xempt Purpos	13	
de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
d e 2 Subtota 3 Total. A See works	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
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de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
de 2 Subtota 3 Total. A See works Part XVI	al Add columns (b), (d), and (e)	to verify calc to the Ac	complishment of E	xempt Purposed in column (ses (e) of Part XVI-A cont	ributed importantly
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Pa	rt XVII	Information F Exempt Orga		sfers To and T	ransactions	and Relationships With I	Vonc	harit	able
1	Did th	ne organization directly o	or indirectly engage in	n any of the following	ig with any oth	er organization described in section		Yes	No
	501(c) of the Code (other than	section 501(c)(3) orga	inizations) or in sectio	n 527, relating t	o political organizations?			
а	Trans	fers from the reporting fo	oundation to a noncha	rıtable exempt organı	zation of				
	(1) Ca	ash					1a(1)		X
	(2) 0	ther assets					1a(2)	<u> </u>	X
b	Other	transactions							-
								1 1	<u> </u>
									X
	(3) R	ental of facilities, equipm	ent, or other assets				1b(3)	 	X
	(4) R	eimbursement arrangeme					1 1		X
	• •	oans or loan guarantees							X
									X
								لــــا	X.
d						should always show the fair market			
		assets, or services given gement, show in column (ess than fair market value in any trai	isactio	nors	haring
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
(a) l	ine no	(b) Amount involved	(c) Name of noncha	arıtable exempt organizat	— 	escription of transfers, transactions, and sha	ring arra	ingeme	nts
		N/A			N/A				
									
_	-								
									
									
_									
-									
									
									
									
					-				
_									
_	-								
22	le the	foundation directly or	indirectly affiliated w	uth or related to o	ne or more tay	-exempt organizations described in			
- 4		n 501(c) of the Code (oth	•			[T Ye	es X	No
ь		s," complete the following		(0), 01 111 0001/011 021					٠٠
		(a) Name of organization		(b) Type of organiz	zation	(c) Description of relations	ship		
_									
	Under	penalties of perjury, I decla	re that I have examined	this return, including	accompanying sch	edules and statements, and to the best of	f my kı	nowled	ge and
	belief,	it is true, correct, and comp	lete Declaration of prep	parer (other than taxpay	er or tiduciary) is	based on all information of which prepare	r nas ar	iy knov	vieage
	NV	Elledlick	} ////pu~	<i>)</i>	1/14	110 \ Sucrestan	110		
စ	S	gnature of officer or trustee	111		Date	Title	1		
위		,			Date	Charles Preparer's	identif	ying ni	umbei
Sign Here	, >	Preparer's	1			Check if (See Signate instructions)	ire on p	age 30	of the
5	Paid Preparer's Use Only	signature	uua XX	llo	1/13/10	P002391			
	Pa ep; se (Firm's name (or yours if	DELOITTE	TAX LLP		EIN ▶ 86-10657			
ł	₽ ⊃	self-employed), address			TE 740				
l		and ZIP code	DEC MOINE	· · · · · · · · · · · · · · · · · · ·		1309 Phone no 51529	20_11	200	

Form 990-PF (2008)

Phone no 515-288-1200

DES MOINES

50309

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization

Employer identification number

A2-6068309

ERICKSON FOUNDATION	, INC. 42~6068309
Organization type (chec	k one)·
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	x 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
organization can check b General Rule	n is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) oxes for both the General Rule and a Special Rule See instructions)
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or y one contributor. Complete Parts I and II
Special Rules	
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33½% support test of the regulations 9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 900 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line I and II.
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, ggregate contributions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, s not aggregate to i the year for an <i>ex</i>	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, ome contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did more than \$1,000. (If this box is checked, enter here the total contributions that were received during <i>iclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule panization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
	hat are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their

990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B	(Form	990,	990-EZ,	or 99	0-PF)	(2008

Dago	1	٥f	1	οf	Dart I	
Page		OI		OI	ranti	

Name of organization Employer identification number ERICKSON FOUNDATION, INC. 42-6068309

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES ERICKSON 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

ERICKSON FOUNDATION, INC.

Employer identification number

42-6068309

Part II	Noncash	Property	(see	instructions))
---------	---------	----------	------	---------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
			<u> </u>

ERICKSON FOUNDATION, INC.

Employer identification number

42-6068309

Part III	aggregating more than \$1,000 for the	ne year. Complete col	umns (a) through	•
	For organizations completing Part II contributions of \$1,000 or less for			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Palti				

_		(e) Transfe	r of aift	
	Tours formally many and decree			:
	Transferee's name, address, a		Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		• • • • • • • • • • • • • • • • • • • •		
		(e) Transf	er of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		•		
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
1		i		

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2008

	ERICKSON FOUNDATION, INC.				42-606830	9	
	e: Form 5227 filers need to complete only Pa			<u>_</u>			
Ра	(Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other b (see page 4 of the Instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a					mistructions)		oubtract (c) nom (a)
							·
					<u> </u>		
—	Enter the short-term gain or (loss), if any,	from Schodula [) 1 line 1h	·····		16	
D						1b	
2	Short-term capital gain or (loss) from Form	ns 4684, 6252, (6781, and 882	4		2	
3 4	Net short-term gain or (loss) from partners Short-term capital loss carryover. Enter th					3	
-	Carryover Worksheet			·	[_	4	()
5	Net short-term gain or (loss). Combine lin column (3) on the back	~	, ,		· · · · · · · · · · · · · · · · · · ·	5	
Pa	rt II Long-Term Capital Gains and Losse						
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other back (see page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6 a							
							
					-		
			· · · · · · · · · · · · · · · · · · ·			-	
b	Enter the long-term gain or (loss), if any, fi	rom Schedule D	-1, line 6b			6 b	-74,379 .
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
						3	-, -, -, -, -, -, -, -, -, -, -, -, -, -
10 11	Gain from Form 4797, Part I		from line 14 c			10	
	Carryover Worksheet		. .			11	
1 2 	Net long-term gain or (loss). Combine line column (3) on the back	_			· ·	12	-74,379.
For	Paperwork Reduction Act Notice, see the Instru					dule	D (Form 1041) 2008

Schedule D (Form 1041) 2008

30

31

32

33

29

32

the Schedule Ginstructions)

Add lines 30 and 31

A271

Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see

Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of

the Schedule Ginstructions)

Schedule G, Form 1041 (or line 36 of Form 990-T).............

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number 42-6068309 ERICKSON FOUNDATION, INC. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (mo , day, yr) (f) Gain or (loss) Subtract (e) from (d) acquired (mo , day, yr) 6 a 06/01/2007 02/05/2009 318,000 392,379 -74,379. WASHINTON MUTUAL

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET	12.
INVESTMENT	16,036.
INCOME	16,048.
REVENUE	12.
AND	16,036.
EXPENSES	
PER BOOKS	16,048.
	TOTAL
DESCRIPTION	WELLS FARGO BANK, N.A. WELLS FARGO FUNDS

STATEMENT

42-6068309

TAXES
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PART
990PF,
FORM

NET INVESTMENT INCOME		341.	341.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1	341.	341.
			TOTALS
DESCRIPTION		FEDERAL INCOME TAX	

FORM 990PF, PART I - OTHER EXPENSES

NET INVESTMENT INCOME	64. 60. 124.
REVENUE AND EXPENSES PER BOOKS	64. 60. 124.
	TOTALS
DESCRIPTION	BANK CHARGES

STATEMENT

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING FMV 	643,006. 643,006.
ENDING BOOK VALUE	635,000.
	TOTALS
DESCRIPTION	WELLS FARGO BROKERAGE

FORM 990PF, PART VII-A, LINE 11A-TRANSFERS TO CONT. ENT. STATEMENT

CONTROLLED ENTITY'S NAME: POINT OF LIGHT MINISTRIES CONTROLLED ENTITY'S ADDRESS: 3011 JOHN PATTERSON ROAD CITY, STATE & ZIP: DES MOINES, IA 50317 EIN: 42-1451877 TRANSFER AMOUNT: 24,725.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

CHARITABLE CONTRIBUTION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES W. ERICKSON 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	PRESIDENT 1.	NON	NONE	NONE
THOMAS WARREN ERICKSON 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	DIRECTOR 1.	NONE	NONE	NONE
ELIZABETH M. BUSH 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	SECRETARY 1.	NONE	NONE	NONE
MIRIAM E. BROWN 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	TREASURER 1.	NONE	NONE	NONE
CATHERINE R. ERICKSON 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	DIRECTOR 1.	NONE	NONE	NONE
ROBERT L. MAHAFFEY 2420 EAST UNIVERSITY AVENUE DES MOINES, IA 50317	DIRECTOR 1.	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

42-6068309

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
POINT OF LIGHT MINISTRIES	N/A N/A	CHARITABLE CONTRIBUTION	24,725.
FIRST FEDERATED CHURCH	N/A N/A	CHARITABLE CONTRIBUTION	7,200.
DES MOINES CIVIC CENTER	N/A N/A	CHARITABLE CONTRIBUTION	2,000.
DES MOINES METRO OPERA	N/A N/A	CHARITABLE CONTRIBUTION	5,000.
IOWA COLLEGE FOUNDATION	N/A N/A	CHARITABLE CONTRIBUTION	1,000.
DES MOINES CHRISTIAN SCHOOL	N/A N/A	CHARITABLE CONTRIBUTION	500.
IOWA HEALTH FOUNDATION	N/A N/A	CHARITABLE CONTRIBUTION	2,500.
IOWA PRAYER BREAKFAST	N/A N/A	CHARITABLE CONTRIBUTION	.009

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT N/A N/A RECIPIENT NAME AND ADDRESS YOUTH HOMES OF MED AMERICA

TOTAL CONTRIBUTIONS PAID

44,525.

1,000.

AMOUNT

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		NS AND LC	Desci	iption		Port	Date	Date sold
					, <u>_</u>	or D	acquired	
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of FMV over		Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	adı basıs		or (loss)	
exhelises of sale	allowable	hasis	112/3/109					
		WASHINTON M	JTUAL				06/01/2007	02/05/2009
318,000.		392,379.					-74,379.	is
TOTAL GAIN(L	oss)						-74,379.	

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