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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

men	iai nev	ende Service Trotto Todification Trialy	co abio to acc a copy or time	Totalli to outlony otato ropo	ting requirements		
Fore	calen	dar year 2009, or tax year beginning		, and ending			
GC	heck	all that apply Initial return	Initial return of a fo	ormer public charity	Fina	al return)
		Amended return	Address chan	ge 🔲	Name change		
	46-	Name of foundation			A Employer identi	fication	number
	the label.	no			1		
	erwi:		FAMILY FOUN	DATION	26-1886	811	•
•	print	Number and street (or P O box number if mail is not de		Room/suite	B Telephone numb	er	· · · · · · · · · · · · · · · · · · ·
	type	1098 WESTSIDE DRIVE			218-739		39
See	Spec	iffic City or town, state, and ZIP code			C If exemption applica		
Insti	ructio	rs FERGUS FALLS, MN 565	37		D 1. Foreign organ	-	
ш с	hack	type of organization X Section 501(c)(3) ex			2. Foreign organiza	itions me	eeting the 85% test, pmputation
	_		Other taxable private founda	etion	1		
<u> </u>				Accrual	E if private founda	tion sta	tus was terminated
		· —	•	Acciual	under section 50		• •
	om r ·\$	Part II, col. (c), line 16) U1 (Part I, colu	ther (specify)	hacie I			60-month termination
	***				under section 50		(d) Disbursements
Pa	irt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted n	et	for chantable purposes
_							(cash basis only)
	l	Contributions, gifts, grants, etc , received	117,882.				
	2	Check Interest on savings and temporary					
	3	cash investments		7.60			202000000000000000000000000000000000000
	4	Dividends and interest from securities	763.	763.			STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)			<u> </u>	 	<u> </u>
٥	6a	Net gain or (loss) from sale of assets not on line 10	<537.	>			
Ē	b	Gross sales price for all assets on line 6a 117, 345.			<u> </u>	; • • • • • • • • • • • • • • • • • • •	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.			
Œ	8	Net short-term capital gain					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
		Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11	118,108.	763.		0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	I	Legal fees			·		
		Accounting fees		RECEIVE	D		
ă	ı	Other professional fees		 RECEIVE			
<u>Ф</u>	ı	Interest		8	78		
aţį		Taxes		MAY 07 2	010 P		
str	19	Depreciation and depletion		MAI WELL			
Ē	ı	·		20051			
퉏	20	Occupancy		OGDEN,	UT -		ļ
þ	21	Travel, conferences, and meetings					
ē	22	Printing and publications	1 654	0.	 	0.	. 0.
ing	23	Other expenses STMT 2	1,654.	<u> </u>	_		
Operating and Administrative Exper	24	Total operating and administrative	1 654	0.		0.	0.
č		expenses. Add lines 13 through 23	1,654.	<u> </u>	 	<u> </u>	
_	ı	Contributions, gifts, grants paid	135,273.				135,273.
	26	Total expenses and disbursements.	100 000	_	1	^	125 272
		Add lines 24 and 25	136,927.	0.		0.	135,273.
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	<18,819.	<u> </u>	<u></u>		<u> </u>
	b	Net investment income (if negative, enter -0-)		763.			
	C	Adjusted net income (if negative, enter -0-)				0.	

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains a	nd Loss	es for Tax on In	vestmen	Income					
		s) of property sold (e g common stock, 200 shs			P	How acquired - Purchase - Donation	(Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a 4000 SHS OTTER		CORP				D		2/15/09	12/23/09
b 500 SHS ORACLE					<u> </u>	D		2/01/09	12/02/09
c 272 SHS CHINA M	OBILE	HONG KONG	LTD		ļ	D	$\perp 1$	2/01/09	12/02/09
<u>d</u>					ļ				
8					<u> </u>				
(e) Gross sales price		reciation allowed r allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	(9)
a 93,202.				93,76					<558.
b 11,200.				11,16					37.
t 12,943.				12,95	9.				<16.
<u>d</u>									
Complete only for assets showing	gain in only	ump (h) and award by	the foundation	00 12/21/60	_)	
Complete only for assets showing								Gains (Col. (h) gain k), but not less thai	
(i) F M V as of 12/31/69		djusted basis of 12/31/69		cess of col (i) col (j), if any				Losses (from col (
		0.12,0.7,00		(1)// (1.1)					<558.
<u>a</u> b		· · · · · · · ·	 						37.
c									<16.
d									-20
e				·					
		C If gave also estas	rio Dort I lino		7				
2 Capital gain net income or (net cap	ital loss)	If gain, also enter If (loss), enter -0-			 	2			<537 . :
, ,	•			•	1				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		in sections 1222(5) an	iu (o)		1				
If (loss), enter -0- in Part I, line 8	oluliii (c)				<i>]</i>	3		N/A	
Part V Qualification Un	nder Sec	tion 4940(e) for	Reduced	Tax on Net	Inv	estment	Inco	me	
If section 4940(d)(2) applies, leave the Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in ea	on 4942 tax y under sec	on the distributable am	mplete this pa	ırt		 			Yes X No
(a) Base period years Calendar year (or tax year beginning	a iu)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncha		sets	Distrib	(d) pution ratio rided by col (c))
2008	, /	:	8,650.			107,3	20.	(33, (37, 31.	1.198751
2007			,						·
2006									
2005									
2004									
2 Total of line 1, column (d)			_					2	1.198751
3 Average distribution ratio for the 5-	year base p	eriod - divide the total o	on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existence	-		•					3	1.198751
4 Enter the net value of noncharitable	e-use assets	for 2009 from Part X, I	line 5					4	70,575.
5 Multiply line 4 by line 3								5	84,602.
6 Enter 1% of net investment income	(1% of Par	t I, line 27b)						6	8.
7 Add lines 5 and 6								7	84,610.
8 Enter qualifying distributions from	Part XII, line	4						8	135,273.
If line 8 is equal to or greater than i See the Part VI instructions	ine 7, check	the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax rate		 	
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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	340	366 11	1311 4	CIIOI	13/
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter If necessary-see instructions)	1				8.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%					
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	2				0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	3		-		8.
-	Add lines 1 and 2	4				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	- 5				8.
-	Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0-					
	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 Exempt foreign proapizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d 6d	7				0.
	Total credits and payments. Add lines 6a through 6d	8				
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9				8.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded	11				
	Enter the amount of line 10 to be Credited to 2010 estimated tax ► Refunded ► rt VII-A Statements Regarding Activities		<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		<u>-</u>	Yes	No
1 a	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or				
		00,				
_	distributed by the foundation in connection with the activities.			10		X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
Q	(1) On the foundation \$\Bigs\\$ 0 \cdot (2) On foundation managers \$\Bigs\\$ 0 \cdot \text{0.}					
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
e						
•	managers \$			2		X
2	If "Yes," attach a detailed description of the activities.					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	ır				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
٠	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
-	If "Yes," complete Part II, col. (c), and Part XV.				.,	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
_	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	The state of the s	TMT	3_	10	X	

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X

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Part.VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		······································
5a During the year did the foundation pay or incur any amount to		_			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	. 🔲 Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	1		
the prevention of cruelty to children or animals?		☐ Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify und	fer the exceptions described in				
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		•	▶ `□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		han			
expenditure responsibility for the grant?		/A Ye	s No		
	•	,			
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		
a personal benefit contract?		18	S ZZ NU	6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 -	-00	
If "Yes" to 6b, file Form 8870.			s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6			
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<i>(</i>		
List all officers, directors, trustees, foundation managers and their	compensation		·		
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	acco	ount, other owances
JOHN ERICKSON	PRESIDENT/CHA	IR			
1098 WESTSIDE DR					
FERGUS FALLS, MN 56537	0.00	0.	0.	.	0.
ADAM ERICKSON	VICE PRESIDEN	T/VICE CH	AIR		
1721 39TH STREET SW, #302		,			
FARGO, ND 58103	0.00	0.	0.		0.
ISAAC ERICKSON	VICE PRESIDEN		AIR		
1098 WESTSIDE DR					
FERGUS FALLS, MN 56537	0.00	0.	ο.	_	0.
KIMBERLY ERICKSON	TREASURER/SEC			1	
1098 WESTSIDE DR	TREMEDOREM, DEC				
FERGUS FALLS, MN 56537	0.00	0.	0		0.
2 Compensation of five highest-paid employees (other than those inc				· I	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc	Expense ount, other owances
NONE					
				ŀ	
		<u> </u>		†	
				ł	
	-			1	
	{				
				†	
	1		1		
	 			+	
	1				
Total number of other ampleyage paid over \$50,000	<u> </u>	l			0
Total number of other employees paid over \$50,000			Form	990-	PF (2009)

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations	s must complete this part	. Foreign fou	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out chant	able, etc. purposes			
а	Average monthly fair market value of securities			1a	45,469.
b	Average of monthly cash balances			1b	45,469. 26,181.
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	71,650.
8	Reduction claimed for blockage or other factors reported on lines 1a and	•			
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	O.
3	Subtract line 2 from line 1d			3	71,650.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amou	int, see instructions)		4	1,075.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and			5	70,575.
6	Minimum investment return. Enter 5% of line 5	,		6	3,529.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here		foundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	3,529.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	8.		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	8.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,521.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	3,521.
6	Deduction from distributable amount (see instructions)			6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Page 1	art XIII, line 1		7	3,521.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes			125 272
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	135,273.
þ	Program-related investments - total from Part IX-B			1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out char	table, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	125 050
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8			4	135,273.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	rvestment			_
	income Enter 1% of Part I, line 27b			5	8.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	135,265.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years	s when calculating whether t	he foundation	qualifies for th	he section

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4940(e) reduction of tax in those years

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI, line 7				3,521.
2 Undistributed Income, If any, as of the end of 2009				
a Enter amount for 2008 only	***************************************		0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 123,945.				
f Total of lines 3a through e	123,945.			
4 Qualifying distributions for 2009 from Part XII, line 4 > \$ 135, 273.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				3,521.
e Remaining amount distributed out of corpus	131,752.		<u></u>	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		***************************************		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	255,697.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2010				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				·····
8 Excess distributions carryover from 2004	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	255,697.			
10 Analysis of line 9.	233/03/1			
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 123,945. e Excess from 2009 131,752.		l		

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		SON FAMILY			886811 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found	lation is a private operati	ing foundation described	ın section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				T	
c Qualifying distributions from Part XII.					
line 4 for each year listed	ı				
d Amounts included in line 2c not					
used directly for active conduct of				j	}
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 		
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					1
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed				ļ	
c "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)			ļ		ļ
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundatio	n Managers:		· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation who	o have contributed more	than 2% of the total cont	inbutions received by the	foundation before the cic	se of any tax
year (but only if they have contributed m	ore than \$5,000) (See s	section 507(d)(2))			
NONE					
b List any managers of the foundation who	o own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater intere	st			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		
Check here 🕨 🔲 if the foundation o	nly makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	per of the person to who	m applications should be	addressed		
JOHN & KIM ERICKSON	•				
1098 WESTSIDE DRIVE,	FERGUS FAI	LS, MN 5653	37		
b The form in which applications should b					
O FORMAL PROCESS		,			
c Any submission deadlines					
NONE					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors	
MUST BE A 501(C)3 OR					
					
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Total CHARITY CHARITY Total ▶ 3a 135,273. NONE	3 Grants and Contributions Paid During the	Year or Approved for Future	Payment			
Total NONE PUBLIC CHARITY SUPPORT OF CHARITY 135,273.		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose contri	of grant or ibution	Amount
Total NONE PUBLIC SUPPORT OF CHARITY CHARITY Total NONE Total NONE Total NONE Total NONE Total NONE Total NONE		or substantial contributor	recipient			
NONE NONE Total	a Paid during the year SEE ATTACHED SCHEDULE	NONE			OF	135,273.
NONE NONE Total						
NONE NONE Total						
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NONE Total					Ja	133/2/3
Totat > 3b 0.	b reproved for factors payment					
	NONE					
	Total 923611 02-02-10				▶ 3b	0.

Enter gross amounts unless otherwise indicated	Unrelated L	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	Related or exempt function income
a	_				-
b	_				
c	_				
d					
8					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments					
4 Dividends and interest from securities			14	763.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property 7. Other property and the company of the c	 - 				···
7 Other investment income					
8 Gain or (loss) from sales of assets other			18	<537.	
than inventory			10		
9 Net income or (loss) from special events	<u> </u>	 			
O Gross profit or (loss) from sales of inventory		 			
1 Other revenue					
a	-				· · · · · · · · · · · · · · · · · · ·
b	_				
C	_				
d	_				
e	_				
2 Subtotal Add columns (b), (d), and (e)		(0.	226.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	226
See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities		nplishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that	come is reported in c an by providing funds	olumn (e) of Part XV for such purposes)	/I-A contributed	importantly to the accom	olishment of
	,				
		-			
	- 				
			·	·	
				-	
					
-					
					
					
					
					
					

Form **990-PF** (2009)

Part XVII	Information Re Exempt Organ	egarding Transfers To	and Tra	nsactions a	ind Relations	hips With I	Noncharitable	9	
1 Did the d		rectly engage in any of the follow	ving with any	other organization	on described in sect	ion 501(c) of		Yes	No
		(3) organizations) or in section					·····		-
	•	ation to a noncharitable exempt of	-	· -					
(1) Cas	• •		. •				1a(1)		X
	er assets	•			-		1a(2)		X
b Other tra	insactions								
(1) Sale	es of assets to a noncharita	ble exempt organization					1b(1)	ļ	X
(2) Pur	chases of assets from a no	ncharitable exempt organization					1b(2)	ļ	X
(3) Ren	tal of facilities, equipment,	or other assets .				•	<u>1b(3)</u>	ļ	X
	mbursement arrangements	;					. <u>1b(4)</u>	ļ	X
	ns or loan guarantees						1b(5)	_	X
		embership or fundraising solicital					1b(6)		X
•		alling lists, other assets, or paid e		. 65	and the About		<u> 1c</u>		
	•	"Yes," complete the following sci						sets,	
	• • •	oundation. If the foundation rece other assets, or services received		i iaii illaiket valu	ie ili aliy tialişactıdı	i di Silatiliy atta	ingement, snow in		
(a) Line no	(b) Amount involved	(c) Name of noncharitat		roanization	(d) Description	n of transfers trans	actions, and sharing a	rangeme	ents
(a) and no	(5) / 111105111 111101100	N/A		94	(a) Sessipsei				
		21,722							
					-				
						·			
				 					
				· · · · · · · · · · · · · · · · · · ·			<u>.</u>		
0- 1-45-4-		Al 66 h-A-d Al A-d A							
	•	tly affiliated with, or related to, or		x-exempt organi	zations described		Yes	□X	
	complete the following sch	r than section 501(c)(3)) or in se	CHOH 527?				L Yes		_1 I/O
וו עם וו ועם, יו	(a) Name of org		(b) Type	of organization		(c) Description	of relationship		
	N/A	,	(#) -) 0			(o) Decemperation		-	
									
		nave examined this return, including ac				f my knowledge ar	nd belief, it is true, com	ect,	
and comple	ete Declaration of preparer (othe	er than taxpayer or fiduciary) is based of				1			
	Me			5-1-10	Pres	./ Chai	rman		
Signa	iture of officer or trustee		Da	ate	Title	·			
Sign Here direction of the sign of the sig	reparer's			I .	late Ch	neck if If- nployed ► [Preparer's identif		
Paid Preparer's Use Only	gnature	oe .			4/22/10 en] P00400	<u> 233</u>	1
Paid epare se On		ARD AF. PICKETT	, LTD			EIN -			
ا رقي ال	celf-employed), dress, and ZIP code FERG	NORTH COURT ST	REET			 	(210)726	60	65
40	Oless and Sir code > F.E.R.G	US FALLS, MN 5	6537	RE	CEIVED	Phone no	(218)736		
						၂ပ္ပါ	Form 99 ()-PF (,2009)
				3098 MA	Y 07 2010	SS			
				m WA	1 4 4 4 4 4 10	RS-OSC			
				1 -00		기 또			
923622 02-02-10					<u>DEN, UT</u>				
				1.3					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

	OHN AND KIM ERICKSON FAMILY FOUNDATION	26-1886811
Organization type (check	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	
Note. Only a section 501(General Rule X For an organizati	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for both the General Rule and a Special Form 100 organization can check boxes for boxes for both the General Rule and a Special Form 100 organization	
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the ro 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contri	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one condutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conuse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusicomplete any of the parts unless the General Rule applies to this organization because one, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. vely religious, chantable, etc.,
out it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line iling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
HA For Privacy Act and		e 8 (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

JOHN AND KIM ERICKSON FAMILY FOUNDATION

26-1886811

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN & KIM ERICKSON 1098 WESTSIDE DRIVE FERGUS FALLS, MN 56537	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOHN & KIM ERICKSON 1098 WESTSIDE DRIVE FERGUS FALLS, MN 56537	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JOHN & KIM ERICKSON 1098 WESTSIDE DRIVE FERGUS FALLS, MN 56537	\$\$.	Person Payroll Noncash X (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.) 990, 990-EZ, or 990-PF) (2009)

Employer identification number

JOHN AND KIM ERICKSON FAMILY FOUNDATION

26-1886811

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
1	4000 SHS OTTER TAIL CORPORATION	_	
		\$ 93,760.	12/15/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	500 SHS ORACLE CORP	_	
			12/01/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	272 SHS CHINA MOBILE HONG KONG	_	
		\$\$	12/01/09
(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

John and Kim Erickson Family Foundation 2009

2/8	YMCA Fergus Falls	100
2/9	NDSU Development Foundation	200
2/9	NDSU Development Foundation	100
2/25	Habitat for Humanity	50
3/2	Big Brothers, Big Sisters	100
4/19	Emmanuel Nursing Home	100
4/20	March of Dimes	200
4/22	NDSU Development Foundation	2,353
5/20	Fergus Falls #544 Ed. Foundation	500
5/20	Meritcare Foundation	500
5/20	Children's Theatre Company	2,000
5/20	American Cancer Society	100
6/6	Cullen's Children Foundation	5,000
6/12	Otter Tail Co. Historical Society	50
6/26	Emmanuel Nursing Home	100
7/12	Federated Church - Nothing But Nets	100
7/15	Young Life Fergus Falls	500
7/29	Fergus Falls #544 Ed. Foundation	2,500
8/4	Otter Football Booster Club	200
8/5	Friends of Prairie Wetlands	2,000
9/16	NDSU Development Foundation	1,000
10/1	March of Dimes	20
10/2	Otter PTO	100
10/22	United Way - Otter Tail	3,000
10/22	United Way - Cass Clay	3,000
10/25	Young Life - Otter Tail	4,000
11/7	Los Amigos - Del Padre	200
12/5	Young Life - Colorado	10,000
12/7	Mailisita Foundation	2,000
12/20	Center for the Arts	100
12/20	Health Resource Center	100
12/20	Fergus Falls Fish and Game	100
12/20	Village Family Service	100
12/20	Concordia College Moorhead	1,000
12/28	NDSU Development Foundation	20,000
12/28	Lakeland Hospice	20,000
12/28	Lake Region Hospital Foundation	25,000
12/29	УМСА	5,000
12/22	Salvation Army	1,000
2009	Federated Church	22,800
		,000

TOTAL:

135,273

FORM 990-PF DIVIDENI	S AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	1
SOURCE	GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT			
WELLS FARGO INVESTMENTS		763.		0.		763.		
TOTAL TO FM 990-PF, PART I, I	LN 4		763.	0.		763.		
FORM 990-PF	C	THER E	XPENSES			ST	ATEMENT	2
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
BANK & INVESTMENT FEES ACCOUNTING REGISTRATION FEES		54. 850. 750.		0. 0. 0.		0. 0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23		1,654.		0.	0.		0.	
			L CONTRIE	BUTORS	3	ST	ATEMENT	3
NAME OF CONTRIBUTOR		ADDR	ESS					
JOHN & KIM ERICKSON	1098 WESTSIDE DRIVE FERGUS FALLS, MN 56537							