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Form 990-PF

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

2010

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

For calendar year 2010, or tax year beginning 01-01-2010, and ending 12-31-2010

G Check all that apply: Initial return, Amended return, Initial return of a former public charity, Address change, Final return, Name change

Name of foundation: ARTHUR T ERICKSON FOUNDATION; A Employer identification number: 41-6050855; B Telephone number: (952) 830-8700; H Check type of organization: Section 501(c)(3) exempt private foundation; I Fair market value of all assets at end of year: \$ 322,358; J Accounting method: Cash

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

| Part II Balance Sheets | | Beginning of year | | | End of year | | |
|--|---|-------------------|----------------|-----------------------|----------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | | | | | | |
| | 2 Savings and temporary cash investments | 290,658 | 322,358 | 322,358 | | | |
| | 3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | 850 | | | | | |
| | 4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | | | | |
| | 5 Grants receivable | | | | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | | | | |
| | 8 Inventories for sale or use | | | | | | |
| | 9 Prepaid expenses and deferred charges | | | | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | | | | |
| | b Investments—corporate stock (attach schedule) | | | | | | |
| | c Investments—corporate bonds (attach schedule) | | | | | | |
| | 11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | | | | |
| | 12 Investments—mortgage loans | | | | | | |
| | 13 Investments—other (attach schedule) | | | | | | |
| | 14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | | | | |
| 15 Other assets (describe ▶ _____) | | | | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 291,508 | 322,358 | 322,358 | | | | |
| Liabilities | 17 Accounts payable and accrued expenses | | | | | | |
| | 18 Grants payable | | | | | | |
| | 19 Deferred revenue | | | | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | | | | |
| | 22 Other liabilities (describe ▶ _____) | | | | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0 | 0 | | | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | | | |
| | 24 Unrestricted | 291,508 | 322,358 | | | | |
| | 25 Temporarily restricted | | | | | | |
| | 26 Permanently restricted | | | | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31. | | | | | | |
| | 27 Capital stock, trust principal, or current funds | | | | | | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | | | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 291,508 | 322,358 | | | | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 291,508 | 322,358 | | | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|----------|--|----------|---------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 291,508 |
| 2 | Enter amount from Part I, line 27a | 2 | 30,850 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 322,358 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 322,358 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo, day, yr) | (d) Date sold (mo, day, yr) |
|--|--|------------------------------------|--------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|--------------------------------------|---|--|
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | | |
|----------|---|---|----------|--|
| 2 | Capital gain net income or (net capital loss) | $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$ | 2 | |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | | | |
| | If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) | | | |
| | If (loss), enter -0- in Part I, line 8 | | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2009 | 108,175 | 239,694 | 0.451305 |
| 2008 | 91,025 | 167,685 | 0.542833 |
| 2007 | 161,046 | 153,285 | 1.050631 |
| 2006 | 60,475 | 87,091 | 0.694389 |
| 2005 | 109,588 | 121,309 | 0.903379 |

| | | | |
|----------|--|----------|----------|
| 2 | Total of line 1, column (d). | 2 | 3.642537 |
| 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 foundation has been in existence if less than 5 years | 3 | 0.728507 |
| 4 | Enter the net value of noncharitable-use assets for 2010 from Part X, line 5. | 4 | 273,778 |
| 5 | Multiply line 4 by line 3. | 5 | 199,449 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). | 6 | 0 |
| 7 | Add lines 5 and 6. | 7 | 199,449 |
| 8 | Enter qualifying distributions from Part XII, line 4. | 8 | 119,175 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Rows include: 1a Exempt operating foundations, b Domestic foundations, c All other domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be credited to 2011 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Rows include: 1a Did the foundation attempt to influence any national, state, or local legislation, b Did it spend more than \$100 during the year for political purposes, c Did the foundation file Form 1120-POL, d Enter the amount of tax on political expenditures, e Enter the reimbursement paid by the foundation, 2 Has the foundation engaged in any activities that have not previously been reported to the IRS, 3 Has the foundation made any changes, not previously reported to the IRS, 4a Did the foundation have unrelated business gross income of \$1,000 or more, 4b If 'Yes,' has it filed a tax return on Form 990-T, 5 Was there a liquidation, termination, dissolution, or substantial contraction, 6 Are the requirements of section 508(e) satisfied, 7 Did the foundation have at least \$5,000 in assets, 8a Enter the states to which the foundation reports, 8b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF, 9 Is the foundation claiming status as a private operating foundation, 10 Did any persons become substantial contributors.

Part VII-A Statements Regarding Activities (continued)

| | | | |
|--|-----------|------------|--------------------------|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). | 11 | | No |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | No |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | Yes | |
| 14 The books are in care of GERALD A ERICKSON Telephone no (952) 830-8700 Located at 4567 AMERICAN BOULEVARD WEST BLOOMINGTON MN ZIP+4 55437 | | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. | 15 | | <input type="checkbox"/> |
| 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | | No |

See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

| | | Yes | No |
|--|-----------|-----|-----------|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | |
| 1a During the year did the foundation (either directly or indirectly) | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> | 1b | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | 1c | | No |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 ____, 20 ____, 20 ____, 20 ____ | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions). | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 ____, 20 ____, 20 ____, 20 ____ | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If "Yes," did it have excess business holdings in 2010 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.</i>) | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | No |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **5b**

Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** **No**

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| GERALD A ERICKSON 4567 AMERICAN BOULEVARD WEST BLOOMINGTON, MN 55437 | TRUSTEE 1 00 | 0 | 0 | 0 |
| MARJORIE J PIHL 4567 AMERICAN BOULEVARD WEST BLOOMINGTON, MN 55437 | TRUSTEE 1 00 | 0 | 0 | 0 |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

| (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 | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000. **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 | |
| 2 | |
| 3 All other program-related investments. See page 24 of the instructions | |

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

| | | | |
|----------|--|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 277,947 |
| c | Fair market value of all other assets (see page 24 of the instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 277,947 |
| e | 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 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 277,947 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). | 4 | 4,169 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 273,778 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 13,689 |

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 13,689 |
| 2a | Tax on investment income for 2010 from Part VI, line 5. | 2a | |
| b | Income tax for 2010 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 0 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | 3 | 13,689 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 13,689 |
| 6 | Deduction from distributable amount (see page 25 of the instructions). | 6 | 0 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. | 7 | 13,689 |

Part XII Qualifying Distributions (see page 25 of the instructions)

| | | | |
|----------|---|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | | |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. | 1a | 119,175 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 119,175 |
| 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 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 119,175 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 13,689 |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only. | | | 0 | |
| b Total for prior years 20___, 20___, 20___ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005. | | | | 99,025 |
| b From 2006. | | | | 56,122 |
| c From 2007. | | | | 153,384 |
| d From 2008. | | | | 82,641 |
| e From 2009. | | | | 96,190 |
| f Total of lines 3a through e. | 487,362 | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 119,175 | | | | |
| a Applied to 2009, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see page 26 of the instructions). | 0 | | | |
| d Applied to 2010 distributable amount. | | | | 13,689 |
| e Remaining amount distributed out of corpus | 105,486 | | | |
| 5 Excess distributions carryover applied to 2010 (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: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 592,848 | | | |
| 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 page 27 of the instructions. | | 0 | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions. | | | 0 | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. | | | | 0 |
| 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 instructions). | 0 | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions). | 99,025 | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a. | 493,823 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006. | | | | 56,122 |
| b Excess from 2007. | | | | 153,384 |
| c Excess from 2008. | | | | 82,641 |
| d Excess from 2009. | | | | 96,190 |
| e Excess from 2010. | | | | 105,486 |

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2010, (b) 2009, (c) 2008, (d) 2007, (e) Total. Rows include: 2a Enter the lesser of the adjusted net income...; 2b 85% of line 2a; 2c Qualifying distributions from Part XII...; 2d Amounts included in line 2c not used directly...; 2e Qualifying distributions made directly...; 3 Complete 3a, b, or c for the alternative test relied upon; 3a 'Assets' alternative test; 3b 'Endowment' alternative test; 3c 'Support' alternative test.

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number of the person to whom applications should be addressed
b The form in which applications should be submitted and information and materials they should include
c Any submission deadlines
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|---------------------|
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | | ▶ 3a 119,150 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | | ▶ 3b 0 |

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

Schedule of Contributors

OMB No 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

Name of organization

ARTHUR T ERICKSON FOUNDATION

Employer identification number

41-6050855

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

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ARTHUR T ERICKSON FOUNDATION

Employer identification number

41-6050855

Part I Contributors (see Instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|---|
| 1 | HOLIDAY STATIONSTORES INC 4567 AMERICAN BOULEVARD WEST BLOOMINGTON, MN 55437 | \$ 150,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

| | |
|---|---|
| Name of organization ARTHUR T ERICKSON FOUNDATION | Employer identification number 41-6050855 |
|---|---|

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 |
|---------------------------|--|--|----------------------|
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | _____ |

| | |
|---|---|
| Name of organization ARTHUR T ERICKSON FOUNDATION | Employer identification number 41-6050855 |
|---|---|

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ _____ | |

Additional Data

Software ID:
Software Version:
EIN: 41-6050855
Name: ARTHUR T ERICKSON FOUNDATION

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|--|----------------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| MOUNT OLIVET LUTHERAN CHURCH 5025 KNOX AVENUE SOUTH MINNEAPOLIS, MN 554191095 | NONE | PUBLIC | TO SUPPORT THE GENERAL FUND OF THE CHURCH | 10,000 |
| MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905 | NONE | PUBLIC | TO SUPPORT PROGRAMS IN MEDICAL CARE, RESEARCH, AND E | 1,000 |
| PLYMOUTH CONGREGATIONAL CHURCH 1900 NICOLLET AVENUE MINNEAPOLIS, MN 554033789 | NONE | PUBLIC | TO SUPPORT THE GENERAL FUND OF THE CHURCH | 20,000 |
| GUSTAVUS ADOLPHUS COLLEGE 800 WEST COLLEGE AVENUE ST PETER, MN 560821498 | NONE | PUBLIC | TO SUPPORT EDUCATION, SERVICE, AND FAITH | 2,500 |
| THE MINNEAPOLIS INSTITUTE OF THE ARTS 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55404 | NONE | PUBLIC | TO PROVIDE SERVICES AND PROGRAMS TO THE COMMUNITY | 12,000 |
| MINNESOTA ORCHESTRAL ASSOCIATION 1111 NICOLLET MALL MINNEAPOLIS, MN 55403 | NONE | PUBLIC | TO FUND THE ANNUAL GUARANTY FUND | 5,000 |
| SALVATION ARMY 2445 PRIOR AVENUE ROSEVILLE, MN 551132714 | NONE | PUBLIC | TO PROVIDE SERVICES AND PROGRAMS TO THE COMMUNITY | 500 |
| GROVES ACADEMY 3200 HIGHWAY 100 SOUTH ST LOUIS PARK, MN 55416 | NONE | PUBLIC | TO SUPPORT EDUCATION OF CHILDREN WITH LEARNING DISAB | 4,150 |
| CHILDREN'S FOUNDATION CHILDREN'S HOSPITAL ASSOCIATION PO BOX 86 MINNEAPOLIS, MN 554862486 | NONE | PUBLIC | TO SUPPORT ORTHOPEDIC PROGRAMS AND SERVICES FOR CHIL | 3,500 |
| BETHEL UNIVERSITY 3900 BETHEL DRIVE ST PAUL, MN 551126999 | NONE | PUBLIC | TO SUPPORT THE BETHEL ANNUAL FUND | 500 |
| RIVER VALLEY RIDERS 260 SOUTH 4TH STREET BAYPORT, MN 55003 | NONE | PUBLIC | TO SUPPORT THERAPEUTIC HORSE BACK RIDING FOR PEOPLE | 5,000 |
| CHILDREN'S CANCER RESEARCH FUND 7801 EAST BUSH LAKE ROAD SUITE 130 MINNEAPOLIS, MN 55439 | NONE | PUBLIC | TO SUPPORT CHILDREN'S CANCER RESEARCH | 1,000 |
| UNIVERSITY OF ST THOMAS 2115 SUMMIT AVE ST PAUL, MN 551051096 | NONE | PUBLIC | TO SUPPORT THE ST THOMAS ANNUAL FUND | 2,000 |
| EAGLE BLUFF ENVIRONMENTAL LEARNING CENTER 28097 GOODVIEW DRIVE LANESBORO, MN 55949 | NONE | PUBLIC | TO SUPPORT ENVIRONMENTAL EDUCATION | 1,000 |
| TWIN CITIES PUBLIC TELEVISION 172 EAST 4TH STREET ST PAUL, MN 55101 | NONE | PUBLIC | TO SUPPORT PUBLIC BROADCASTING | 500 |
| Total | | | | 119,150 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|--|----------------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| BOYS & GIRLS CLUBS OF THE TWIN CITIES 6500 NICOLLET AVE SOUTH SUITE 201 MINNEAPOLIS, MN 554231674 | NONE | PUBLIC | TO SUPPORT THE GENERAL OPERATING FUND | 2,500 |
| GRAYWOLF PRESS 250 3RD AVENUE NORTH SUITE 600 MINNEAPOLIS, MN 55401 | NONE | PUBLIC | TO SUPPORT THE PUBLISHING OF CONTEMPORARY LITERATURE | 500 |
| AMERICAN CANCER SOCIETY MIDWEST DIVISION 2520 PILOT KNOB ROAD SUITE 150 MENDOTA HEIGHTS, MN 551201158 | NONE | PUBLIC | TO SUPPORT THE FIGHT AGAINST CANCER | 1,000 |
| MINNESOTA LANDSCAPE ARBORETUM 3675 ARBORETUM DRIVE CHASKA, MN 553189613 | NONE | PUBLIC | TO SUPPORT THE ANNUAL FUND | 1,500 |
| INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVENUE SOUTH WAYZATA, MN 553911872 | NONE | PUBLIC | TO HELP FAMILIES IN NEED BECOME SELF-SUFFICIENT | 1,000 |
| AMERICAN RED CROSS TWIN CITIES AREA CHAPTER 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 55454 | NONE | PUBLIC | TO SUPPORT COMMUNITIES IN EMERGENCY SITUATIONS | 6,500 |
| WILLIAM MITCHELL COLLEGE OF LAW 875 SUMMIT AVENUE ST PAUL, MN 551053076 | NONE | PUBLIC | TO SUPPORT THE COLLEGE SCHOLARSHIP FUNDS | 1,000 |
| ABBOTT NORTHWESTERN HOSPITAL FOUNDATION 800 EAST 28TH STREET MINNEAPOLIS, MN 554073799 | NONE | PUBLIC | TO SUPPORT HEALTH CARE TREATMENT & TECHNOLOGY | 2,500 |
| GUTHRIE THEATER 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415 | NONE | PUBLIC | TO SUPPORT COMMUNITY PRODUCTIONS & PROGRAMS | 1,500 |
| MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407 | NONE | PUBLIC | TO SUPPORT THE FIGHT AGAINST HEART DISEASE | 1,000 |
| WALKER ART CENTER 1750 HENNEPIN AVENUE MINNEAPOLIS, MN 55403 | NONE | PUBLIC | TO SUPPORT ART PROGRAMS | 1,500 |
| MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 55101 | NONE | PUBLIC | TO SUPPORT PUBLIC RADIO | 500 |
| JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL 2626 EAST 82ND STREET SUITE 225 BLOOMINGTON, MN 55425 | NONE | PUBLIC | TO SUPPORT THE SEARCH FOR A CURE TO DIABETES | 5,000 |
| PATRONATO BENEFICO ORIENTAL OF THE UNITED STATES 2600 SW 3RD AVE SUITE 600 MIAMI, FL 33129 | NONE | PUBLIC | TO SUPPORT THE BASIC NEEDS OF IMPOVERISHED CHILDREN | 5,000 |
| BLAKE SCHOOL 110 BLAKE ROAD SOUTH HOPKINS, MN 55343 | NONE | PUBLIC | TO SUPPORT THE ANNUAL FUND | 500 |
| Total | | | | 119,150 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|----------------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| SUSAN G KOMAN FOR THE CURE 20 WESTPORT ROAD PO BOX 855 WILTON, CT 06897 | NONE | PUBLIC | TO SUPPORT THE FIGHT AGAINST BREAST CANCER | 1,000 |
| RIVERS EDGE HOSPITAL & CLINIC FOUNDATION 1900 NORTH SUNRISE DRIVE ST PETER, MN 56082 | NONE | PUBLIC | TO FUND THE PURCHASE OF MEDICAL EQUIPMENT FOR THE EMERGENCY DEPARTMENT | 5,000 |
| ARHRITIS FOUNDATION 1876 MINNEHAHA AVE W ST PAUL, MN 55104 | NONE | PUBLIC | TO SUPPORT THE PREVENTION, CONTROL AND CURE OF ARTHRITIS | 2,500 |
| CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057 | NONE | PUBLIC | TO FUND RESOURCES FOR LEARNING AND TEACHING | 10,500 |
| Total | | | | 119,150 |

TY 2010 Other Professional Fees Schedule

Name: ARTHUR T ERICKSON FOUNDATION

EIN: 41-6050855

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------|--------|--------------------------|------------------------|---|
| STATE FILING FEES | 25 | 0 | | 25 |