Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

		COLO 1 CO	,					
Name of		ar year 2019 or tax year beginning	,	and ending		A Emple	yer identification number	
realite 0	. ioui					~	., o	
тон	IN	AND KIM ERICKSON FAMILY	FOII	NT) A		26	-1886811	
		street (or P O box number if mail is not delivered to street addre			oom/suite		none number (see instructions	
_		WESTSIDE DR	,				8-739-3039	•
		state or province, country, and ZIP or foreign postal code						
		JS FALLS MN 56	537			C If exer	mption application is pending,	check here
G Chec	ck a	ill that apply Initial return Ir	nitial retu	irn of a former public cl	narity	D 1 Fo	reign organizations, check he	re 🕨 📗
			mended	return	•	2 Fo	reign organizations meeting t	he
		Address change N	ame cha	ange		ı	% test, check here and attach	
H Cho		ype of organization X Section 501(c)(3) exem		.		 		
	-			le private foundation	04		ate foundation status was tern n 507(b)(1)(A), check here	Inated under
		ket value of all assets at J Accounting i		X Cash Acc		1		
				Casii Acc	iuai		oundation is in a 60-month te section 507(b)(1)(B), check h	. 1 1
	•	ear (from Part II, col. (c), Under (s		4 h a an asah hasis \				
line 1				1		L		(d) Disbursements
Part	ŧ	Analysis of Revenue and Expenses (The total o amounts in columns (b), (c), and (d) may not necessarily equal		(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
1		the amounts in column (a) (see instructions))		books	ınçoı	me	ıncome	purposes (cash basis only)
<i>'</i>) 1		Contributions, gifts, grants, etc., received (attach schedu	ıle)	147,126	may ame in	mineral "	r mms r Mary f n tille len engenne er	maran Sugar
/ 2		Check ► ☐ if the foundation is not required to attact	•	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	andra a marka a a	ee-melitititi	ນນນີ້ນັກເຄົາການການການການການການການການການການການການການ	
\mathcal{U} 3	3	Interest on savings and temporary cash investm	ents	46		46		,
) \ 4		Dividends and interest from securities	•	13,222		13,222		2. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
5	ia	Gross rents						
as l	b	Net rental income or (loss)		- Take to take in a	n Comer S	- 1-20 101 1111111	ານການຕໍ່ຂຶ້ນການກໍ່ກັດກໍ່ກັດກໍ່ກັດກໍ່ກັດກໍ່ກັດກໍ່ການຄົນ	นนั้นในเป็นเป็นเดิมสำคริงแรกใน (ร
Reverue	រៃព	Not gain or (loss) from sale of assets not on line 10		9.141	nungganussga	riidan ka		eining of continue of the cont
₫	b	Gross sales price for all assets on line 6a	106.1					
7 يُوْ	,	Capital gain net income (from Fath (free 2))	<u>-U</u>	1		9,141	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7.7
_ e		Net short-term capital gain		31 792 227	, ;		0	7 /
g)	Income modifications	1	2	,			36, 7, 7
10)a	Gross sales less returns and alle sales MAY 0 8 21	120 J				11,2 VEX/20	
		Less Cost of goods sold		*** Very name	4. TO STANDERS OF THE PARTY OF	Treestiff Transpart	1488 (4111111111111111111111111111111111	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Gross profit or (loss) (attach schede) EN.	IIT			,		, , , ,
11	ı	Other income (attach schedule)	<u> </u>	—				July 126 5 1 12 12 1
12		Total. Add lines 1 through 11		169,535		22,409	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(0 13		Compensation of officers, directors, trustees, et-	D.	0				
Seuses 14	1	Other employee salaries and wages				-		
E 15	5	Pension plans, employee benefits						
ا ک	3a	Legal fees (attach schedule)						
Ú		Accounting fees (attach schedule) STMT	1	460		460		
ا ڲ		Other professional fees (attach schedule)						
te 17		Interest						
Administrative Exp		Taxes (attach schedule) (see instructions) STM:	Г 2	359			'''	
<u>ا</u> ا		Depreciation (attach schedule) and depletion						·,····
E 20		Occupancy			_	-		
		Travel, conferences, and meetings						
7		Printing and publications						-
		Other expenses (att sch) STMT	3	25				
s.		Total operating and administrative expenses						
a a		Add lines 13 through 23	,	844		460	0	0
Operating 25		Contributions, gifts, grants paid		96,085	,			96,085
30 ∑		Total expenses and disbursements. Add lines 24 ar	nd 25	96,929		460	0	96,085
27		Subtract line 26 from line 12			, ,			<i>H</i> /
		Excess of revenue over expenses and disburseme	ents	72,606				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Net investment income (if negative, enter -0-)		7.7		21,949		
		Adjusted net income (if negative, enter -0-)				·	0	
For Par		work Reduction Act Notice, see instructions.						Form 990-PF (2019)

<u>F</u> c	rm 990	PF (2019) JOHN AND KIM ERICKSON FAMILY FOUN	DA 26-18868	11	Page 2
ر چي چي	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
3.0	e, were s	Should be for end-or-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	5,461	13,532	
	2	Savings and temporary cash investments	111,719	4,812	4,812
	3	Accounts receivable ▶		Paper 11 1990	4 3 AWWYX(** -
		Less allowance for doubtful accounts ▶	,	· · · · · · · · · · · · · · · · · · ·	- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
	4	Pledges receivable	2000	1 2 2 1	
	_	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
	-	instructions)			·
	7	Other notes and loans receivable (att schedule) ► Less, allowance for doubtful accounts ► 0			1 10 10 10 10 10 10 10 10 10 10 10 10 10
	8				
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges			
SS	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	353,155	524,597	633,341
	c	Investments – corporate bonds (attach schedule)	333,233	021,007	000,011
	11	Investments – land, buildings, and equipment basis		n 6 ' 2 ' 2 ' 3 ' '	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	• •	Less accumulated depreciation (attach sch)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* . / .
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis	*,	,	1 6 6 4 4
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
\Box		ınstructions Also, see page 1, item I)	470,335	542,941	651,685
	17	Accounts payable and accrued expenses			19000 120 12
	18	Grants payable			1841 14 11 11 11 14 14
Ë	19	Deferred revenue			4 4
計	20	Loans from officers, directors, trustees, and other disqualified persons			- 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980
Liabilities	21	Mortgages and other notes payable (attach schedule)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	22	Other liabilities (describe)			
\dashv	23	Total liabilities (add lines 17 through 22)	0	0	446000 4444
S		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			14 1/2 1/2
ŝ	24	Net assets without donor restrictions			
lal	25	Net assets with donor restrictions			
Net Assets or Fund Balances	23	Foundations that do not follow FASB ASC 958, check here			
밀		and complete lines 26 through 30.			778
괴	26	Capital stock, trust principal, or current funds			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ö	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds	470,335	542,941	,
SS	29	Total net assets or fund balances (see instructions)	470,335	542,941	
}	30	Total liabilities and net assets/fund balances (see			44,8 (25)
		instructions)	470,335	542,941	1.7"
	Part 1	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year - Part II, column (a), line 29 (mu	st agree with		
		of-year figure reported on prior year's return)		1	470,335
		amount from Part I, line 27a		2	72,606
		r increases not included in line 2 (itemize) ▶		3	
		ines 1, 2, and 3		4	542,941
		eases not included in line 2 (itemize)	h\ line 20	5	E42 041
_6	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (υ), iine ∠9	6	542,941

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

126,708

96,085

7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

T. STREET	990 PF (2019) JOHN AND KIM ERICKSON FAMILY FOUNDA 26-1886811	!	4		ge 4	•
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – s	ee ins	truction	ons)		:
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				44	į
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	100	4			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	منى قائدة ماكا ا	يىقىنىدىلايدى	4 עשייקיי	39	:
	here ▶ ☐ and enter 1% of Part I, line 27b	10/1/20		Office.	1	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	ľ	2017	2/	19	
	Part I, line 12, col (b)				_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				<u>_0</u>	
3	Add lines 1 and 2	 			39	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1.737	965.5		39	
6	Credits/Payments		14/10	39	٠,	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6b		307 St.,	76 ()	٠,,,	
b	Exempt foreign organizations – tax withheld at source Toward with goal source for successing forms to file (Form 2000)			77	, ,	
C	Tax paid with application for extension of time to file (Form 8868) Backet with address assessment with address assessment to the file (Form 8868)		11.3	16		
d	Backup withholding erroneously withheld Table and the and provided Add bree Se though Sd.	f~ ~	11 1		• •	
7	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here	 				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9	 			3-0	4.4
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	 		- 1 T		- Server
10 11	Enter the amount of line 10 to be: Credited to 2020 estimated tax Refunded 11	 				
*********	It VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		17.7	Yes	No	
14	participate or intervene in any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		 " 			
~	Instructions for the definition		1 _b		х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1271	77		
	published or distributed by the foundation in connection with the activities.			XX.	8%	
С	Did the foundation file Form 1120-POL for this year?		1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			37	77	
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$		129	49k	3 4	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		7]	**/	7 47,	
	on foundation managers > \$.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If "Yes," attach a detailed description of the activities				~"]	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		L .		3	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	\longrightarrow	<u> </u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	\rightarrow		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	با هست	<u>X</u>	
	If "Yes," attach the statement required by General Instruction T		Ø** I	6 64 C	7.4	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ľ I		,	
	By language in the governing instrument, or			7 m		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		6	3.24	193	
	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? If "Yes," complete Part II, col (c), and Part XV		7	X	,,,,,	
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		<u>//</u>	x		
_	(or designate) of each state as required by General Instruction G^2 If "No," attach explanation		8b	^	•••	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1		1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"		9		x	上
10	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		=	\dashv	<u> </u>	
10	names and addresses		10	x		
	numes and addresses		orm 991		(2019)	

If "Yes." list the years ▶ 20 . 20 , 20 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 instructions)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here , 20

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes." did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019)

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

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 2019?

9 N/A 3h 4a

N/A

2b

Form 990-PF (2019)

777777	990:PF (2019) JOHN AND K					Page 6
Pa	rt VII-B Statements Rega	rding Activities for Which Fo	orm 4720 May Be R	equired (cont	<u>'inued)</u>	P2*******
5a	During the year did the foundation pay	y or incur any amount to:				Yes No
	(1) Carry on propaganda, or otherwis	e attempt to influence legislation (sec	ction 4945(e))?	` `	res X No	
	(2) Influence the outcome of any spe	cific public election (see section 4955	i); or to carry on,		(
	directly or indirectly, any voter reg	gistration drive?		ן ∟	res 🗓 No	
	(3) Provide a grant to an individual for	r travel, study, or other similar purpos	ses?		res 🗓 No	
	(4) Provide a grant to an organization	other than a charitable, etc , organiz	ation described in			
	section 4945(d)(4)(A)? See instru	ctions		☐ `	res X No	
	(5) Provide for any purpose other that	in religious, charitable, scientific, litera	ary, or educational		()	
	purposes, or for the prevention of				res X No	
b	If any answer is "Yes" to 5a(1)-(5), die	- · · · · · · · · · · · · · · · · · · ·			/-	
	in Regulations section 53.4945 or in a	a current notice regarding disaster ass	sistance? See instruction	ıs	N/A	5b
	Organizations relying on a current not	tice regarding disaster assistance, ch	eck here		▶ ∐	[<i>[</i> []]
С	If the answer is "Yes" to question 5a(4)		on from the tax	/- 🗀		
	because it maintained expenditure res	•		N/A 🗌	res ∐ No	
	If "Yes," attach the statement required	· ·				
6a	Did the foundation, during the year, re	eceive any funds, directly or indirectly	, to pay premiums			
	on a personal benefit contract?				res 🛚 X No	
b	Did the foundation, during the year, pa	ay premiums, directly or indirectly, on	a personal benefit contr	act?		6b X
_	If "Yes" to 6b, file Form 8870				. v	
7a	At any time during the tax year, was t				res X No	
ь	If "Yes," did the foundation receive an	• •		tion?	N/A	7b
8	Is the foundation subject to the section		an \$1,000,000 in		res X No	#5. . **
	remuneration or excess parachute pa	officers, Directors, Trustees	Equadation Man			L
Pa	rt 划制 : Information About and Contractors	Officers, Directors, Trustees	, Foundation Man	agers, migniy	Paid Employ	ees,
1 1	ist all officers, directors, trustees, a	nd foundation managers and their	compensation See ins	tructions		
<u> </u>	iot dii oillocio, diicotoro, trabtoco, d	na roundation managoro and then		-	(d) Contributions to	
	(a) Name a	nd address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Expense account,
	(4) 110.110 0		devoted to position	enter -0-)	plans and deferred compensation	other allowances
JO	HN ERICKSON	FERGUS FALLS	PRES/CHAIR		<u> </u>	1
10	98 WESTSIDE DR	MON 56537	0.00	o	0	0
	AM ERICKSON	GREEN BAY	VICE PRES			
26	47 WINTERBERRY CT	WI 54304	0.00	.0		0
IS	AAC ERICKSON	WEST FARGO	VICE PRES			
30	01 3RD ST E	ND 58078	0.00	0	0	0
KI	MBERLY ERICKSON	FERGUS FALLS	TREAS/SEC		,	
10	98 WESTSIDE DR	MON 56537	0.00	0	0	0
2	Compensation of five highest-paid "NONE."	employees (other than those inclu	ded on line 1 – see ins	tructions). If non	e, enter	
	(a) Name and address of each employ	ee 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
NO	NE					

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

Form 990-PF (2019) JOHN AND KIM ERICKSON FAMILY FOUND		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid Emp	oloyees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instructi		
(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		<u> </u>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such	as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc	as the homber of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program related investments. So, instructions	+	
All other program-related investments See instructions 3		
•		
Total. Add lines 1 through 3		

Form **990-PF** (2019)

Adjusted qualifying distributions. Subtract line 5 from line 4 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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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 instructions

Form 990-PF (2019)

96,085

96,085

4

ñ

Form 990-PF (2019) JOHN AND KIM ERICKSON FAMILY FOUNDA 26-1886811

Pa	irt XIII Undistributed Income	e (see instructions)			
•			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part	XI,	Corpus	Years prior to 2018	2018	2019
	line 7		M. 3. 14 Sec. 16.	Compared a second	(35) 100 million (1)	27,681
2	Undistributed income, if any, as of the e	nd of 2019 [.]				[37] NW 52
а	Enter amount for 2018 only			Contract of the Contract of th		
b	Total for prior years: 20 , 20	, 20	777			4.344.51.254.5
3	Excess distributions carryover, if any, to	2019 ⁻	Grandstands State Comments of the Comment of the Co	man say a a communa par		
а	From 2014	61,538		South State of the		
b	From 2015	66,119		Touring of the state of the sta		
C	From 2016	79,257		**************************************		K Markaning Rapid Middle o
d	From 2017	· 89,141	7 6 mar. mar. h		in a final state of the state o	Tallaina Book aligain .
е	From 2018	38,143	4 2 Broke M. Sa	140, 13, 143		tercoglific rook fig. 3 10 " State of
1	Total of lines 3a through e	•	334,198			
4	Qualifying distributions for 2019 from Pa	irt XII,				
	line 4 ▶ \$ 96,085			19902 (SOSA)		
а	Applied to 2018, but not more than line 2	2a				1 2 - C 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Applied to undistributed income of prior	years	7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		100 m	1 1 Marco
	(Election required – see instructions)					
G	Treated as distributions out of corpus (E	lection			mana a a a mana sa	
	required see instructions)			S. Company and the second seco	MAN (P. S.) (A istalisticina) Tarric Managarana (A.)	
d	Applied to 2019 distributable amount		14. 1 5.14. 1	1. 16 C. 1998 19	1. 146. 12. 66	27,681
e	Romaining amount distributed out of cor	pus	68,404	Constraints		Carrier de la constitución de la
5	Excess distributions carryover applied to			131 111	77 3 W	
	(If an amount appears in column (d), the			14 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 8/85/2017	
	amount must be shown in column (a).)				11 1 9 10 10 10 10 10 10 10 10 10 10 10 10 10	
6	Enter the net total of each column as			The public of the second	rondr. Allender (1997)	
	indicated below:			Commission		Commence of the commence of th
â	Corpus. Add lines 3f, 4c, and 4e. Subtra	ct line 5 🕜	402,602	*		Principle Communication
b	Prior years' undistributed income Subtra		1 # 1 to 10 10 10 10 10 10 10 10 10 10 10 10 10		1660 - WALTE	Bethe Maria
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	outed	10. 30 B 20 10 10		// /	7,700 775 878
	income for which a notice of deficiency h	nas			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	been issued, or on which the section 49-	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable		Heritagn stile i		2 527 19 51	, t
	amount - see instructions			1		
е	Undistributed income for 2018 Subtract	line	, , , , , , , , , , , , , , , , , , , ,	7 / 1///		
	4a from line 2a Taxable amount – see		19. 12 1 M	2 1 13 13 to	,	3
	instructions		70 W. W.	1 16 17 Signer		
f	Undistributed income for 2019 Subtract	lines		74.5	,,,, %	
	4d and 5 from line 1. This amount must	be		111	10000	
	distributed in 2020		165 1 1 1 11 11	Contract of	3 M 1 M 1 M	0
7	Amounts treated as distributions out of o	corpus				AACAMAA SAASAA SAASAA SAASAA SAASAA SAASAA SAASAA
	to satisfy requirements imposed by secti	IUII		(1,200); (1,000); (1,		
	170(b)(1)(I) or 4942(g)(3) (Election may	be		40.000000000000000000000000000000000000		Borney Gun
	required see instructions)			(*)***********************************		
8	Excess distributions carryover from 2014	4 not		TOTAL STATE OF THE		The state of the s
	applied on line 5 or line 7 (see instruction	ns)	61,538	""addina"(dar e etc.) III (.e.e.) dinama eseke		The state of the second
9	Excess distributions carryover to 202			1 2 1321 1111 1111111111111111111111111	and an amount	May Sugar Sugar
	Subtract lines 7 and 8 from line 6a		1341,064		,	Same mooder of the
10	Analysis of line 9		· (3),	ga salahilian jaga		manaman a silwasi wa ka
а	Excess from 2015	66,119		Lamajattian marken		
b	Excess from 2016	79,257	1 19 40 93		, ·	
С	Excess from 2017	89,141		/ X / /	, ,	2
d	Excess from 2018	38,143	334, 783 % 600m/mm.n	15 (17) 11 (17)	e-typumerny-	ministration (Marie Committee
e	Excess from 2019	68,404	nor war in allingum	" I record governos g	www.c. ann "	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE ATTACHED SCHEDULE NONE PUBLIC CHARI SUPPORT OF CHARITY 96,085 96,085 ▶ 3a Total **b** Approved for future payment N/A ▶ 3b Total

Form 00d DE (2010)	MHOT.	ΔNT	KTM	ERTCKSON	FAMTT.V	ECIMIDA	26-1886811
-orm 990-PF (2019)	NUDIN	MIND	VIM	FKICKDON	LWMTLI	LOUNDA	70-T0000TT

	Analysis of Income-Producing A	ctivities				
Enter gross am	nounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
1 Program se	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						
		_				
_		-		1		
				+		······································
·						·
ř ——		_		—		
g Fees a	and contracts from government agencies					
-	ip dues and assessments					
	savings and temporary cash investments			14	46	
	and interest from securities			14	13,222	
5 Net rental	income or (loss) from real estate		mmm ljámánas , , %		· · · · / /////	nenethytytennin
	nanced property					
	bt-financed property					
	income or (loss) from personal property		·			
	stment income					
	ss) from sales of assets other than inventory			18	9,141	
	e or (loss) from special events					
	it or (loss) from sales of inventory					
11 Other reve						
b MISC	CELLANEOUS INCOME			25		
c						
12 Subtotal A	Add columns (b), (d), and (e)			0 2	22,409	
13 Total. Add	line 12, columns (b), (d), and (e)				13	22,409
See workshee	et in line 13 instructions to verify calculations)					
Part XVI-E	Relationship of Activities to the	<u>Accomplishm</u>	<u>ent of Exempt I</u>	ourpose	S	
Line No.	Explain below how each activity for which incor	•	• •			
	accomplishment of the foundation's exempt pu	rposes (other than	by providing funds t	or such pu	urposes) (See instruction	ons)
<u> N/A</u>						
	-					
						
				-		
	 					
						 -
						

Pai	rt XXII	Information Regardance Organizations	arding Trai	nsfers To an	d Transactio	ons and Relation	iships Wit	:h Noncha	aritable Ex	empt	į.
1	Did the ora	anization directly or ind	rectly engage	ın anv of the foll	lowing with any	other organization de	scribed			Yes	No
	-	501(c) (other than section				=	0011000			200	
	organizatio		,,, oo ((o)(o) o.	· gaa, c		oraning to point our					
	-	rom the reporting found	lation to a non	charitable exemi	ot organization o	of					23
	(1) Cash			,	3				1a(1)		X
	(2) Other a	assets							1a(2)		X
	Other trans								13,07		19
		of assets to a noncharit	able exempt o	rganization					1b(1)		x
		ses of assets from a no	•	-	on				1b(2)		X
		of facilities, equipment							1b(3)		X
	• •	ursement arrangements							1b(4)		X
	• •	or loan guarantees							1b(5)		X
	(6) Perform	nance of services or me	embership or f	undraising solici	tations				1b(6)		X
С	Sharing of	facilities, equipment, m	ailing lists, oth	er assets, or pai	d employees				1c		X
d	If the answ	er to any of the above i	s "Yes," comp	lete the following	schedule Colu	mn (b) should always	s show the fa	ır market			
	value of the	e goods, other assets, o	or services give	en by the reporti	ng foundation If	the foundation receive	ved less than	fair market			
	value in an	y transaction or sharing	arrangement	, show in column	(d) the value of	the goods, other ass	ets, or service	ces received			
	a) Line no	(b) Amount involved	(c) Name o	of noncharitable exem	pt organization	(d) Descriptio	n of transfers, tra	nsactions, and s	sharing arrangeme	nts	
N/A	<u>\</u>		ļ								
											
			ļ								
			 								
		+									
			 								
		 	 								
			 								
			+		 						
		1							 	_	
			 								
		-									
		1									
	described i	dation directly or indirectly or indirectly or section 501(c) (other mplete the following sc (a) Name of organization	than section 5		ection 527?	k-exempt organization		tion of relationsh		s X	No
N	I/A										
				 							
_											
		<u></u>									
	Underne	enalties of perjury, I declare th	at I baus avamos	of the return and the		adulas and statements, an	d to the best of r	mu knowlodao s	and boline it in train		
Sign Here	correct, a	and complete Declaration of p			on all information of		owledge	May the with the See ins	e IRS discuss this representations	eturn	No
	fe-23	fature of officer or trustee			Date		Title	/CHAIR	•		
	- 				· · ·				D-4-		
Paid		ype preparer's name			Preparer's signatu				Date	Check self-em	ıf ployed
Prepa	rer 💳	NARD H PICKETT name ► PICKE	ות ב יוייים	EMUTH LTI	RICHARD H	-FICKEI	<u> </u>		04/28/20 P00400	223	
Jse C	niv		O COURT					PTIN	41-184		
	Firm's		JS FALLS		6537-210	6	ŀ	Firm's EIN	218-73		
		<u> </u>	10 EVITI	C PILL S	<u> </u>			Phone no	Form 99		
									FOIII Je		(=0.3)

Schedule B

'(Form 990, 990-EZ, or 990-PF)' Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization Employer identification number

JOHN AND KIM I	ERICKSON FAMILY FOUNDA	26-1886811
Organization type (check one	e):	
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	
	overed by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ property) from any one contributor. Complete Parts I and II. See instructions for determinations.	
Special Rules		
regulations under sec 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Panat received from any one contributor, during the year, total contributions of the greater me amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	art II, line of (1)
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 exclusively for religious, charitable, scient purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterstead of the contributor name and address), II, and III	ufic,
contributor, during the contributions totaled in during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless that to this organization because it received nonexclusively religious, charitable, etc., contribute during the year.	eived he
990-EZ, or 990-PF), but it mu	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foist answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
JOHN AND KIM ERICKSON FAMILY FOUNDA

Employer identification number 26-1886811

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 JOHN & KIM ERICKSON Person 1098 WESTSIDE DRIVE **Payroll** X 147,126 Noncash MN 56537 FERGUS FALLS (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Pavroll Noncash (Complete Part II for noncash contributions)

age 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

JOHN AND KIM ERICKSON FAMILY FOUNDA

Employer identification number 26-1886811

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 159 SHS APPLE INC 1 12/17/19 44,622 \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I 2100 SHS OTTER TAIL CORPORATION 1 11/20/19 102,504 \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions) \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (c) (a) No. (d) (b) from FMV (or estimate) **Date received** Description of noncash property given (See instructions) Part I \$

36550 John and Kim Erickson Family Founda 26-1886811 FYE: 12/31/2019		Federal Statements		4/28/2020 1:30 PW
Stat	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	:, Part I, Line 16b - Aα	counting Fees	
Description	**************************************	Net Investment \$ 460	Adjusted Net S	Charitable Purpose
	Statement 2 - Form	Form 990-PF, Part I, Line 18	3 - Taxes	
Description FEDERAL TAX FOREIGN TAXES TOTAL	#\$ Total \$ 359	Net Investment \$		Charitable Purpose
Sta	Statement 3 - Form 990-PF,	Part I,	Line 23 - Other Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES REGISTRATION FEES	\$ 25	w.	w.	ιν .
TOTAL	\$ 25	φ	\[\cdot \]	\$
Statement	Statement 4 - Form 990-PF, Part	II, Line 10b - Corpora	Part II, Line 10b - Corporate Stock Investments	
Description VANGUARD TOTAL WORLD FUND TOTAL	Beginning of Year \$ 353,15 \$	ng End of Year , 155 \$ 524, , 155 \$ 524,	Basis of Valuation COST COST	Fair Market Value \$ 633,341
				1-4

36550 John and Kim Erickson Family Founda

Federal Statements

FYE: 12/31/2019

26-1886811

Statement 5 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager

Amount

JOHN ERICKSON

KIMBERLY ERICKSON

TOTAL

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

NO FORMAL PROCESS

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

MUST BE A 501(C)3 ORGANIZATION

4/28/2020 1:30 PM