

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. 2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning DEC 30 2009 , and ending DEC 2009 G Check all that apply: X Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS ELLIOTT AND MARLYS BADZIN FAMILY label. FOUNDATION 27-1454722 Otherwise. Number and street (or P O box number if mail is not delivered to street address) print Room/suite B Telephone number or type. 1380 CORPORATE CENTER CURVE 200 651-405-7612 See Specific City or town, state, and ZIP code C if exemption application is pending, check here Instructions. EAGAN, MN 55121 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: under section 507(b)(1)(A), check here X Cash (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 350,000. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income ıncome 350,000. Contributions, gifts, grants, etc., received N/A 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 350,000 Total. Add lines 1 through 11 0. 12 Compensation of officers, directors, trustees, etc 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees 80 c Other professional fees and Administrative 17 Interest ഗ Taxes 18 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings SCANNED SEP 2 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0. 0 expenses, Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 Add lines 24 and 25 0. Subtract line 26 from line 12: 350,000 & Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A

Page 2

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------|--------------------|---------------------------------------|---------------------------|
| P | arτ | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | 350,000. | 350,000. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | - | | |
| | | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| İ | 7 | Other notes and toans receivable | | | |
| | • | Less; allowance for doubtful accounts | | | |
| s | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | | Investments - corporate bonds | | | |
| | ١ | Investments - land, buildings, and equipment: basis | | | |
| | ' ' | | | | |
| | 12 | Less accumulated depreciation Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | | Land, buildings, and equipment basis | | | |
| | 17 | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 13 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers) | 0. | 350,000. | 350,000. |
| _ | 17 | Accounts payable and accrued expenses | | 330,000. | 330,0001 |
| | 18 | Grants payable | | | |
| ۰, | 19 | Deferred revenue | | | ' |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | į į |
| Ε | 21 | Mortgages and other notes payable | | - . | 1 |
| Ë | 22 | Other liabilities (describe) | | | 1 |
| | | Other Habilities (describe | | | 1 |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | | Foundations that follow SFAS 117, check here | | | |
| | l | and complete lines 24 through 26 and lines 30 and 31. | | | <i>*</i> |
| es | 24 | Unrestricted | | | |
| anc | 25 | Temporarily restricted | | | ! |
| Bali | 26 | | | | ; |
| 힏 | | Foundations that do not follow SFAS 117, check here | | | |
| Ţ | | and complete lines 27 through 31. | | | : |
| Net Assets or Fund Balance | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | 1 |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 350,000. | 1 |
| let | 30 | Total net assets or fund balances | 0. | 350,000. | 1 |
| ~ | | | | · · · · · · | 1 |
| | 31 | Total liabilities and net assets/fund balances | 0. | 350,000. | |
| Ξ | | Anchor of Changes in Not Access or Fund P | Polonoos | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| LP | art | Analysis of Changes in Net Assets or Fund E | oaidiiUUS | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | (mu | st agree with end-of-year figure reported on prior year's return) | | 1 | 0. |
| 2 | | r amount from Part I, line 27a | | 2 | 350,000. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| 4 | Add | lines 1, 2, and 3 | | 4 | 350,000. |
| 5 | Decr | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 30 | 6 | 350,000. |
| | | | | | Form 990-PF (2009) |

923511 02-02-10

| | NDAT | | | A la a a a a | | | | 7-143 | 4/44 | Page |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|--------------------------|------------------|------------------------------------------|-----------------------|---------------------------------------|--------------------------------------|-----------------|
| | | sses for Tax on In | | tincome | 1761 | How acquired | (a) Data | nogurad | (d) Date | nold. |
| | | nd(s) of property sold (e.g., or common stock, 200 shs. | | |), b | How acquired - Purchase - Donation | (c) Date : (mo., d | | (d) Date (mo., da | |
| 1a | | | - · · · - · - · · · · · · · · · · · · · | | 1 | | | | | |
| | NE | | _ | | | | | | | |
| С | | | | | | | | | | - |
| <u>d</u> | | · | | | ╁ | | | | | |
| <u>e</u> | (6) | Depreciation allowed | (a) Cos | st or other basis | ┸ | <u> </u> | (b) G: | ain or (loss | <u> </u> | |
| (e) Gross sales price | (1) | (or allowable) | | expense of sale | | | | (f) minus | | |
| <u>a</u> | | | | | | | | | | |
| b | | | | | | | | | | |
| <u>c</u> | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | |
| Complete only for assets show | ng gain in i | column (h) and owned by t | he foundation | on 12/31/69 | | | (I) Gains (C | ol (h) gain | minus | |
| | | | ol. (k), but r | | n -0-) or | | | | | |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| <u>c</u> | | | | | | | ··· _ | | | |
| <u>d</u> | | | | | | | | | | |
| <u>e</u> | l | | D 4111 | | $\overline{}$ | | | | | |
| 2 Capital gain net income or (net c | apıtal loss) | If gain, also enter If (loss), enter -0- | ın Part I, line ın Part I, line | 7 7 | | 2 | | | | |
| Net short-term capital gain or (lo | | • | | • | | | | | | - |
| If gain, also enter in Part I, line 8 | , column (c | | G (G). | | } | | | | | |
| If (loss), enter -0- in Part I, line 8 | Indox C | ection 4940(e) for | Daduasa | Tay on Not | 100 | 3 | | | | |
| | | | | | _ | | icome | | N/A | |
| For optional use by domestic privat | | • | 940(a) tax on | i ilet ilivezitilelit il | ICUITR | 5.) | | | M/ A | |
| f section 4940(d)(2) applies, leave t | this part bla | ank. | | | | | | | | |
| Vas the foundation liable for the sec | tion 4942 | tax on the distributable am | ount of any y | ear in the base pe | rıod? | | | | Yes | ☐ No |
| f "Yes," the foundation does not qual Enter the appropriate amount in | | | | | 00 | | | | · | |
| (a) | each colui | | - LIGHS DEIGHE | making any enur | | | | | (d) | |
| Base period years Calendar year (or tax year beginn | ına in) | (b) Adjusted qualifying dist | ributions | Net value of no | (c) oncha | <i>ı</i> rıtable-use asse | ts | Distrit (col. (b) div | (d) oution ratio rided by col. | (c)) |
| 2008 | | | | | | | | · · · · · · · · · · · · · · · · · · · | | · // |
| 2007 | | | | | | | | | | |
| 2006 | | - | | ļ | | | | | | |
| 2005 | | | | <u> </u> | | | | | | |
| 2004 | | | | | _ | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | | |
| 3 Average distribution ratio for the | 5-year bas | se period - divide the total o | n line 2 by 5, | or by the number | r of ye | ears | | | | |
| the foundation has been in existe | ence if less | than 5 years | | | | | 3 | | | |
| Enter the net value of noncharita | ble-use as: | sets for 2009 from Part X, I | ine 5 | | | | 4 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Enter 1% of net investment inco | me (1% ot | Part I, line 27b) | | | | | 6 | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | | |
| | Enter qualifying distributions from Part XII, line 4 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. | n me /, cr | IECK WE DOX IN PAR VI, IINE | iv, allu com | piete uiat part usir | ıy all | /o tax falt. | | | | |
| | | | | | | | | | orm 900-E |)E (200) |

| | • | 1 | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|------|----------|
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. ►\$ 0. | | | |
| 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 of incorporation, or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | 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 | X | <u> </u> |
| | If "Yes," complete Part II, col. (c), and Part XV | | | |
| 88 | 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 calendar | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | ` | X X |
| 0 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | X | |
| | | orm 990 |)-PF | (2009) |

923531

| | 1 4 4 | | ugo o |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------|
| 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 | 1 ! | | |
| section 512(b)(13) ² If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| August 17, 2008? | 12 | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| Website address ► N/A | | | |
| 14 The books are in care of ► ELLIOTT BADZIN Telephone no. ► 651-40 | 5-7 | 612 | |
| Located at ▶1380 CORPORATE CENTER CURVE, SUITE 200, EAGAN, MN ZIP+4 ▶55 | | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | _ | \Box |
| and enter the amount of tax-exempt interest received or accrued during the year | N | /A | _ |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | , | |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 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? Yes X No | | | ļ |
| | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | | | ; |
| | | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| (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)? | | l | |
| (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 | 1 1 | | 4 |
| termination of government service, if terminating within 90 days.) | 1 1 | ļ | i |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 1 | | i |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A | 1b | | |
| Organizations relying on a current notice regarding disaster assistance check here | | | |
| 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 2009? | 1c | | X |
| 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)): | | ٠ | |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1 1 | | : |
| before 2009? Yes X No | 1 1 | | i |
| If "Yes," list the years ▶ , , , , | | | |
| 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 | | i | |
| 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.) N/A | 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. | | | |
| • | | 1 | 1 |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | ! | | i |
| during the year? | ! | | í |
| b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after | 1 1 | | |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | ; |
| | | | |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) N/A | 5. | - | |
| · · · · · · · · · · · · · · · · · · · | 3b | | X |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | - | |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | - v |
| had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | DE (| X |

| 2 | Compensation of five highest-paid employees (other than those in | cluded on line 1). 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, othe allowances |
| _ | NONE | | | | |
| _ | | | | | |
| _ | | | | | |
| _ | | | | | |
| _ | | | | | |
| T | otal number of other employees paid over \$50,000 | | | • | |

Form **990-PF** (2009)

27-1454722

Page 7

| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | 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 statistica number of organizations and other beneficiaries served, conferences convened, research papers product | | Expenses |
| 1 N/A | | |
| 1 11/11 | · | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on line | es 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | , |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | • | 0. |
| | | Form 990-PF (2009) |

Form 990-PF (2009)

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations | s, see instructions.) |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | <u>0.</u> 350,000. |
| b | Average of monthly cash balances | 1b | 350,000. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 350,000. |
| е | 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 | 350,000. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 5,250. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 344,750. |
| 6 | Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD | 6 | 94. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 94. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | e 5 | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 94. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 94. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 94. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 0 |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 0. |
| | Program-related investments - total from Part IX-B | 1b | <u>U •</u> |
| 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: | | |
| | Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | <u> </u> |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 0 |
| _ | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |

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

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Form 990-PF (2009)

FOUNDATION

| Part XIII Undistributed Income (s | ee instructions) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|------|---------------------------|
| | (a) | (b) | (c) | (d) |
| · | Corpus | Years prior to 2008 | 2008 | 2009 |
| Distributable amount for 2009 from Part XI, line 7 | | | | 94. |
| 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: | | | | r I |
| a From 2004 | | | | |
| b From 2005 | | | | 1 |
| c From 2006 | | | | ı |
| d From 2007 | | | | ļ |
| e From 2008 | 0. | | | ı |
| f Total of lines 3a through e | 0. | · · · · · · · · · · · · · · · · · · · | | |
| 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4: ►\$ 0. | | | | , |
| a Applied to 2008, but not more than line 2a | _ | | 0. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | ı |
| d Applied to 2009 distributable amount | • | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| | 0. | | | 0. |
| (If an amount appears in column (d), the same amount | | | | |
| must be shown in column (a)) 6 Enter the net total of each column as | | | | |
| indicated below: | | | | and deliver a |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | \$. | | |
| 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. | | 1 |
| 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 | | | | |
| be distributed in 2010 | | | | 94. |
| 7 Amounts treated as distributions out of | | | | 1 |
| corpus to satisfy requirements imposed by | 0 | | | · |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | 0. | | | |
| not applied on line 5 or line 7 | <u> </u> | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 0. | | | |
| | | | | |
| 10 Analysis of line 9: a Excess from 2005 | | | , | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | | | |
| d Excess from 2008 | | | | |
| e Excess from 2009 | | | | |
| <u></u> | | · | 1 | Form QQD-DF (2000) |

ELLIOTT AND MARLYS BADZIN FAMILY 'Form 990-PF (2009) 27-1454722 FOUNDATION Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2008 (a) 2009 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 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 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) (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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) 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).) SEE STATEMENT 1 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. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here $\triangleright X$ 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 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:

Form **990-PF** (2009)

FOUNDATION

'Form 990-PF (2009)

27-1454722

Page 11

| Part XV Supplementary Informa | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|------------------------|
| Grants and Contributions Paid During t | the Year or Approved for Future I | Payment_ | T | |
| 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 Paid during the year | or substantial contributor | recipient | | |
| a Palu during the year | | | | |
| | | | | |
| NONE | | | i | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | <u> </u> | <u> </u> | (|
| Total b Approved for future payment | 1 | 1 | | |
| Approved for fatare payment | | | | |
| | | | | |
| | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | 1 | | |
| Total | | <u> </u> | ▶ 3b | (|
| 3611 02-02-10 | ······································ | .— | | orm 990-PF (200 |

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2009)

FOUNDATION

| | | | | | <u> </u> |
|----------------------------------------------------------------------------------|--------------------------------------------------|------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Amount | iunction income |
| a | - | | | | |
| b | - | ·- | | | |
| c | - | | | | |
| | - | | | | |
| e | - | | | | |
| g Fees and contracts from government agencies | - | | | | |
| g Fees and contracts from government agencies 2 Membership dues and assessments | | | | · | |
| 3 Interest on savings and temporary cash | | | | | |
| Investments | 1 | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | ۶ | , |
| a Debt-financed property | | | | <u> </u> | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | <u> </u> | | \vdash | | |
| 8 Gain or (loss) from sales of assets other | | | \vdash | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | ╁─┤ | | |
| 10 Gross profit or (loss) from sales of inventory | | | \vdash | | |
| 11 Other revenue: | | | \vdash | | |
| • | | | | | |
| | - | | | | - |
| b | - | | \vdash | - · · · · · · · · · · · · · · · · · · · | |
| d | - | | \vdash | | |
| e | - | | t | | |
| 12 Subtotal. Add columns (b), (d), and (e) | - | 0. | ; | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | <u>. </u> | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Accou | mplishment of Ex | /emn | t Purnoses | |
| | | | | | |
| Line No. Explain below how each activity for which inc | | | contrib | uted importantly to the acco | mplishment of |
| the foundation's exempt purposes (other that | n by providing fund | ds for such purposes). | | | |
| | | | | | |
| | | | | | 1 21 1 12 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| 002004 | | | | | |
| 923621 | | | | | Form 990-PF (2009) |

27-1454722 **FOUNDATION** Form 990-PF (2009) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| | exempt Organizations | | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|
| | Did the organization directly or indirectly engage in any of the follo | wing with any other organization | described in section 501(c) of | Yes No |
| | the Code (other than section 501(c)(3) organizations) or in section | n 527, relating to political organiza | ations? | |
| а | Transfers from the reporting foundation to a noncharitable exempt | t organization of: | | |
| | (1) Cash | | | 1a(1) X |
| | (2) Other assets | | | 1a(2) X |
| h | Other transactions: | | | |
| • | (1) Sales of assets to a noncharitable exempt organization | | | 1b(1) X |
| | (2) Purchases of assets from a noncharitable exempt organization | n | | 1b(2) X |
| | (3) Rental of facilities, equipment, or other assets | • | | 1b(3) X |
| | • • | | | 1b(4) X |
| | (4) Reimbursement arrangements | | | 1b(5) X |
| | (5) Loans or loan guarantees | cations | | 1b(6) X |
| _ | (6) Performance of services or membership or fundraising solicit | | | 1c X |
| | Sharing of facilities, equipment, mailing lists, other assets, or paid | | us show the foir market value of the go | |
| a | If the answer to any of the above is "Yes," complete the following s | | | |
| | or services given by the reporting foundation. If the foundation rec | | in any transaction of sharing arrangem | ent, snow in |
| _ | column (d) the value of the goods, other assets, or services receiv | | [(d) a | |
| I)L | | able exempt organization | (d) Description of transfers, transactions | s, and sharing arrangements |
| | N/2 | A | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | · , · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | · | |
| | | | | |
| | L. H. S d. L d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d d | | tions described | |
| 28 | Is the foundation directly or indirectly affiliated with, or related to, | | uons described | Yes X No |
| | in section 501(c) of the Code (other than section 501(c)(3)) or in | Section 5277 | | Yes X No |
| b | If "Yes," complete the following schedule. | (h) Type of organization | (c) Description of rela | ationchin |
| | (a) Name of organization | (b) Type of organization | (C) Description of Tela | attoriship |
| | N/A | | | ····· |
| | | | | |
| | | | | |
| | | | | |
| _ | | | | |
| 1 | | accompanying schedules and statement d on all information of which preparer h | nts, and to the best of my knowledge and belicas any knowledge | ef, it is true, correct, |
| | and complete been as in preparation in man tax tryer or modellay) is base | | as any mismosge | |
| | X Susc | X 9 -9 -10 Date | Treasure | |
| 3 | Signature of officer or trustee | Date | Title | |
| = | Preparer's 2 1 1/1 | Da | | Preparer's identifying number |
| 2 | signature Inwak / amman | CKR 9 | 9/4//0 self- employed ▶ □ | 100058796 |
| ' : | Firm's name (or yours LURIE BESIKOF LAP | IDUS & COMPANY, | | |
| 1 | The state (or yours 2501 WAYZATA BOUL) | EVARD | | |
| - | address, and ZIP code MINNEAPOLIS, MN | 55405-2197 | Phone no. (6 | 512)377-4404 |
| | TITILITY VIII) IN | | , Thone no. (o | Form 990-PF (2009) |
| | | | • | 200 (2000) |
| | | | | |

Lurie Besikof Lapidus & Company, LLP Certified Public Accountants (612) 377-4404 2501 Wayzata Blvd., Mpls, MN 55405 #41-0721734 #8392580

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

ELLIOTT AND MARLYS BADZIN FAMILY FOUNDATION

Employer identification number

27-1454722

| 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 | | | | | |
| | 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 Rule. See instructions | | | | | |
| General Rule | | | | | | |
| • | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one plete Parts I and II | | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and 17(| I (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections D(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% or (1) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| aggregate contri | 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 | | | | | | |
| but it must answer "No" o | 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), 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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |
| LHA For Privacy Act an | d Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009) EZ, or 990-PF. | | | | | |

Name of organization
ELLIOTT AND MARLYS BADZIN FAMILY
FOUNDATION

Employer identification number

| FOUND | ATION | 2 | 7-1454722 | |
|-------------|----------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|--|
| Part I | Contributors (see instructions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| 1 | ELLIOTT & MARLYS BADZIN 1380 CORPORATE CENTER CURVE, SUITE 200 EAGAN, MN 55121 | \$350,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Oncash (Complete Part II if there is a noncash contribution.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) | |
| 923452 02-0 | H-10 | ociiedaie e (Foli | n 990, 990-EZ, or 990-PF) (2009) | |

27-1454722

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT

NAME OF MANAGER

ELLIOTT BADZIN MARLYS BADZIN



Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

File a separate application for each return.

| | re filing for an Automatic 3-Month Extension, complete only Part I and check this box | | ▶ | X | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|----------|--|
| • | re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | | 0000 | | |
| Do not co | omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi | led For | m 8868. | | |
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | |
| A corpora | tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com | plete | | | |
| Part I only | · | | | | |
| All other o | orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar | exten | sion of time | | |
| to file inco | me tax returns. | | | | |
| noted bel (not autor you must | c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file oy/efile and click on e-file for Charities & Nonprofits | cally If nsolida | (1) you want the add ated Form 990-T. Inst | ditional | |
| Type or | Name of Exempt Organization | | Employer identification number | | |
| print | ELLIOTT AND MARLYS BADZIN FAMILY | | | | |
| | FOUNDATION | 27-1454722 | | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. box, see instructions | | | | |
| filing your return See | 1380 CORPORATE CENTER CURVE, NO. 200 | | | | |
| instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAGAN, MN 55121 | | | | |
| Check ty | pe of return to be filed (file a separate application for each return): | | | | |
| For | n 990 Form 990-T (corporation) Form 47 | 20 | | | |
| For | m 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 | 227 | | | |
| For | m 990-EZ Form 990-T (trust other than above) Form 60 | 069 | | | |
| X For | m 990-PF Form 1041-A Form 88 | 370 | | | |
| | ELLIOTT BADZIN books are in the care of ► 1380 CORPORATE CENTER CURVE, SUITE 200 one No. ► 651-405-7612 FAX No. ► | | | 5121 | |
| If the cIf this i | organization does not have an office or place of business in the United States, check this box sfor a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box and attach a list with the names and EINs of all | is is fo | r the whole group, ch | | |
| ● If the o | organization does not have an office or place of business in the United States, check this box | ls Is for memb | r the whole group, chers the extension wil | | |
| ● If the co ● If this i box ▶ [| organization does not have an office or place of business in the United States, check this box | ls Is for memb | r the whole group, chers the extension wil | | |
| ● If the co ● If this i box ▶ [| erganization does not have an office or place of business in the United States, check this box | ls Is for memb | r the whole group, chers the extension wil | | |
| ● If the co ● If this i box ▶ [| erganization does not have an office or place of business in the United States, check this box so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | ls Is for memb | r the whole group, chers the extension wil | | |
| ● If the c ● If this i box ▶ [1 rec is fc ▶ [| erganization does not have an office or place of business in the United States, check this box | is is for | r the whole group, chers the extension wil | l cover. | |
| ● If the c ● If this i box ▶ [1 I rec □ is fo ▶ [2 If the 3a If the | arganization does not have an office or place of business in the United States, check this box so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s Is for memb | r the whole group, chers the extension will The extension Change in accounting | l cover. | |
| ● If the c ● If this i box ▶ [1 | organization does not have an office or place of business in the United States, check this box solves for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the solvest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a corporation's return for: calendar year or or and ending DEC30_, 2009, and ending DEC 10 file tax year is for less than 12 months, check reason: X Initial return Final return | is is for | the whole group, chers the extension wile | l cover. | |
| ● If the c ● If this i box ▶ [1 | organization does not have an office or place of business in the United States, check this box solves for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s Is for memb | the whole group, chers the extension will The extension Change in accounting | g period | |
| ● If the c ● If this i box ▶ [1 | arganization does not have an office or place of business in the United States, check this box so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s Is for memb | r the whole group, chers the extension will The extension Change in accounting | g period | |
| ● If the c ● If this i box ▶ [1 | organization does not have an office or place of business in the United States, check this box so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s Is for memb | the whole group, chers the extension will The extension Change in accounting | g period | |
| ● If the c ● If this i box ▶ [1 | arganization does not have an office or place of business in the United States, check this box so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s Is for memb | the whole group, chers the extension will The extension Change in accounting | l cover. | |

923831

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

| Form | 8858 (Rev 4-2009) | | | | Page 2 | | | |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----------------------------------------|--|--|--|
| - If y | you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check | k this box | . | | X | | | |
| | . Only complete Part II if you have already been granted an automatic 3-month extension on a previou | | | • | | | | |
| • If y | you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | | | | |
| Pa | Additional (Not Automatic) 3-Month Extension of Time. Only file the origin | al (no co | pies neede | eď). | | | | |
| Type print | ELLIOTT AND MARLYS BADZIN FAMILY | | Employer identification number 27-1454722 | | | | | |
| File by | FOUNDATION | | · | | | | | |
| extend due de filing ti | led Number, street, and room or suite no. If a P.O. box, see instructions. | | For IRS us | se only | ************************************** | | | |
| return Instruc | See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | |
| Chec | ck type of return to be filed (File a separate application for each return): | | | | | | | |
| | Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 104 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 | | Form 5. Form 6 | | Form 8870 | | | |
| STO | P! Do not complete Part II if you were not already granted an automatic 3-month extension on a | previous | ly filed Fo | rm 8868. | | | | |
| | ELLIOTT BADZIN | | | | • | | | |
| • Th | ne books are in the care of > 1380 CORPORATE CENTER CURVE, SUITE | 200 - | - EAG | AN, MN | 55121 | | | |
| Τε | elephone No ► 651–405–7612 FAX No. ► | | | | | | | |
| | the organization does not have an office or place of business in the United States, check this box | | | ▶ | | | | |
| • If | this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | If this | is for the | whole group, | check this | | | |
| box | ▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EIN | vs of all n | nembers th | ne extension | ıs for. | | | |
| 4 | I request an additional 3-month extension of time until NOVEMBER 15, 2010. | | | | | | | |
| 5 | | nding $\underline{f I}$ | DEC 31 | l, 2009 | <u> </u> | | | |
| 6 | | If this tax year is for less than 12 months, check reason: X Initial return Final return Change in accounting period | | | | | | |
| 7 | State in detail why you need the extension | | | | | | | |
| | TAXPAYER IS WAITING FOR ADDTIONAL INFORMATION NECE | SSARY | Y TO E | ILE A | | | | |
| | COMPLETE AND ACCURATE RETURN. | | | | | | | |
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | | |
| | nonrefundable credits. See instructions. | | 8a \$ | | 0. | | | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate | ed k | | | | | | |
| | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | | |
| pr | previously with Form 8868. | | 8b \$ | | 0. | | | |
| С | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo | osit | | | | | | |
| | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru | uctions. | 8c \$ | | 0. | | | |
| | Signature and Verification | | | | | | | |
| Unde | r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a | and to the | best of my i | knowledge and | belief, | | | |
| st is tr | rue, correct, and complete, and that I am authorized to prepare this form. Ature A Janey Commann Contile Contile Continue Contin | | Date > | 8/11/1 | 9 | | | |
| | | | | Form 8868 | (Rev. 4-2009) | | | |

923832 05-26-09