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Form	9	9	0	-	P	F
Depart	lmen	t of th	na Tr	eas	urv	

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

OMB No 1545-0052 200a

Int	emal R	evenue Se	vice I	Note: The foundation	on may b	e able to use a copy of th				<u> </u>
For calendar year 2009, or tax year beginning , 2009, and							and endin	g	, 20	
G Check all that apply Initial return			ı	Initial return o	of a former pu	blic charity	·	Final return		
				Amended r	eturn	Addres	ss change		Name change	
			Name of four	ndation					A Employer Ident	ification number
Use the IRS E.G. WATKINS FAMILY FOUND			NDATION			ł				
		oel.	C/O GOOI	DRICH, LLC					31	-1612983
	Other	wise,			number if r	mail is not delivered to street	address)	Room/suit	e B Telephone number (se	e page 10 of the instructions)
	pr	int		•						
		ype.	525 OKER	ECHOBEE BOUL	EVAR)		1000	(5	61) 459-2660
		pecific		state, and ZIP cod					C If exemption applic	ation is
11	nstru	ctions.	,,	0.2.0, 0 2 000	_				pending, check her	▶
			WEST DAT	LM BEACH, FI	3310	11			D 1. Foreign organiza	
_	<u> </u>								2 Foreign organiza 85% test, check	ations meeting the there and attach
'n	~_	• •	of organizat			c)(3) exempt private for			computation	▶ ∟
ㅗ				exempt chantable		Other taxable pri			E If private foundation	n status was terminated
1				assets at end		unting method: X C	ash Acc	rual	under section 507(b)(1)(A), check here . D
	-	•	m Part II, co			ther (specify)				in a 60-month termination
		▶ \$		78,999.		column (d) must be or	T Casri Dasis.) T		under section 507(b)(1)(B), check here .
	art	total o	f amounts in c ot necessanly	nue and Expens columns (b), (c), and requal the amounts re 11 of the instruct	d (d) i in	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contribut	on <u>s, gift</u> s, grants, e	etc , received (attach schi	edule) .	1,600,000.				
	2	Check	ູ Infthe f	oundation is not requ Sch B.	ured to				-	
	3	Interest		temporary cash inves		5,845.		5,845.		ATCH 2
	4		_	st from securities		145,372.	14	5,372.		ATCH 3
	5 a					·				
			al income or (los							
•			,	ale of assets not on li	ne 10	436.				
֟֟֟֟֟֟		Gross s	ales price for all		436.					T
Revenue	7		n line 6a gain net incor	me (from Part IV, lu	ne 2)			436.		
Ž	8		ort-term capita	•						
	9		modifications	•			İ			
		Gross sa	ales less returns wances	: 1		-				
	h		wances • • • ost of goods sold	1						
			-	(attach schedule)						-
	11			schedule)						
	12			ough 11_ · · ·		1, 151, 653	A - 1 10-5	1,6531		
	13			s, directors, trustees,		-/ 3-/3 -	CEIVE)' ••• 		
	14			ries and wages .				18		
ģ						i i Ma'	Y 1.9 2010			
Se	15			byee benefits		I INA	i Kwauii			
Operating and Administrative Expenses				hedule)		 				
Ĭ				ich schedule)		 	DEN, U	T 		
Š		•		es (attach schedule	•			<u> </u>		
ā	17					2 050			·	
IST	18		•	(see page 14 of the instr		2,058.				-
٥	19	-	•	schedule) and depl						
ğ	20									
ğ	21	-		and meetings						
ā	22			ons			ļ			
Ę,	23			ch schedule) ATO		250.				
ā	24	Total o	perating and	administrative exp	enses.					
ם		Add lin	es 13 through	23		2,308.				
ٍ ر	25	Contrib	utions, gifts, g	rants paid		4,496,000.				4,496,000
	26	Total exp	enses and disbu	rsements Add lines 24	and 25	4,498,308.				4,496,000
	27	Subtrac	t line 26 from	line 12						
	а	Excess	f revenue over ex	cpenses and disbursem	ents	-2,746,655.				
	b	Net inv	estment inco	me (if negative, er	ter -0-)		15	1,653.		
				(if negative, enter					-0-	

Form **990-PF** (2009)

В	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	ait ii	Dalance Offices	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bean	ing			
	2	Savings and temporary of	ash investments	1,368,322.	0	. 0.
	3	Accounts receivable				
		Less allowance for doub	otful accounts	ļ		
	4					
		Less allowance for doub	otful accounts			
	5			 		
	6		ficers, directors, trustees, and other			
			ch schedule) (see page 16 of the instructions) ceivable (attach schedule)			
	7		otful accounts			
	_					
ş	8		e			
ssets	9		eferred charges			
Ä	10 4		government obligations (attach schedule)			
	Į .		stock (attach schedule)			
	11 ^C	Investments - corporate to investments - land, buildings and equipment basis. Less accumulated deprecial	tion -			
		(attach schedule)				
	12	Investments - mortgage I	oans	5,096,434.	3,778,999	3 770 000
	13 14	Investments - other (attack	ch schedule) AŢĊĦ. 6	· · · · · · · · · · · · · · · · · · ·	3,110,999	3,778,999.
			tion >			
		(attach schedule)	tion			
	15	Other assets (describe	>)			
	16	•	oleted by all filers - see the			
_			ige 1, item I)	6,464,756.	3,778,999	3,778,999.
	17	Accounts payable and ac	crued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Ξ	20	Loans from officers, directors	s, trustees, and other disqualified persons			
Liabilities	21		es payable (attach schedule)			7
⊐	22		>)			7
						7
	23	Total liabilities (add lines	s 17 through 22)			
_			ow SFAS 117, check here		-	7
			4 through 26 and lines 30 and 31.			1
Ś	24	=""		6,464,756.	3,778,999	
ances	1			0,101,7001	3,7,0,333	'
	25					\dashv
ä	26					\dashv
힡		Foundations that do				
乓			olete lines 27 through 31. ▶			
ō	27	Capital stock, trust princip				\dashv
ets	27 28 29 30	· ·	land, bldg , and equipment fund			-
188	29		ated income, endowment, or other funds			4
at /	30		balances (see page 17 of the			
ž		instructions)		6,464,756.	3,778,999	<u>. </u>
	31		assets/fund balances (see page 17			
_				6,464,756.	3,778,999	· <u> </u>
			anges in Net Assets or Fund			
1			ances at beginning of year - Part II, co	olumn (a), line 30 (must a	gree with	
	end-	of-year figure reported	on prior year's return)		1	6,464,756.
		r amount from Part I, Iır			2	-2,746,655.
3	Othe	r increases not include	d in line 2 (itemize) ▶ ATTACH	MENT 7	3	60,898.
		: 4 O 4 O			4	3,778,999.
5	Decr	eases not included in li			5	
			ances at end of year (line 4 minus line	e 5) - Part II, column (b), I	ine 30 6	3,778,999.
					-	Form 990-PE (2009)

(a) List and 2-story b	s and Losses for Tax on Invided describe the kind(s) of property sold (erick warehouse, or common stock, 200 s	g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
la SEE PART IV SCHE	DULE				
<u>b</u>					
<u>c</u>			<u> </u>		<u> </u>
<u>d</u>					
<u>e</u>				L	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а			<u> </u>		
b					
С					
<u>d</u>					
е		<u> </u>			
Complete only for assets sho	wing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
а					
b					
C					
d					
е					
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		436.
Net short-term capital gain	or (loss) as defined in sections 1222	· · ·			
	line 8, column (c) (see pages 13 and				
	ine 8		3		
Part V Qualification Ur	der Section 4940(e) for Reduc	ced Tax on Net Investment Inc	ome		
	ne section 4942 tax on the distribute ot qualify under section 4940(e) Do	able amount of any year in the base	репоd?	🗆	Yes X No
		ee page 18 of the instructions before	makina	any ontrine	
(a)		T	Tinaking i	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2008	2,517,985.	3,041,093.	<u> </u>		0.827987
2007	387,501.	2,002,083.			0.193549
2006	10,000.	506,704.			0.019735
2005	373.	89,822.			0.004153
2004	2,500.	90,989.			0.027476
2 Total of line 1, column (d)			2		1.072900
<u> </u>	or the 5-year base period - divide th				
number of years the found	ation has been in existence if less t	han 5 years	3	_	0.214580
Enter the net value of none	chantable-use assets for 2009 from	Part X, line 5	4	5,	102,570.
			[-
Multiply line 4 by line 3		• • • • • • • • • • • • • • • • • • • •	5	1,	094,909.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		1,517.
Add lines 5 and 6			7	1,	096,426.
B Enter qualifying distribution	ns from Part XII, line 4	in Part VI, line 1b, and complete 1	8	4,	496,000.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the in	structi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,5	17.		
	here X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2					
3	Add lines 1 and 2		_ 1,5	17.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,5	517.		
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations-tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.					
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d			0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			45.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,5	62.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		_			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 . Refunded ▶ 11					
Par	t 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		Yes	No		
	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 page 19	i				
	of the instructions for definition)?	1b_		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?	1c		X		
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation S (2) On foundation managers S			1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	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 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?	4b	<u> </u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X		
	If "Yes," attach the statement required by General Instruction T	į				
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	İ	Ų,			
_	conflict with the state law remain in the governing instrument?	6	X	<u> </u>		
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	Α	-		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► MA,	-				
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	 		
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 on page	_		x		
40	27)? If "Yes,"complete Part XIV	9		┝┷		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			x		
	names and addresses	10	<u> </u>			

Par	t VII-A Statements Regarding Activities (continued)						
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X			
12	12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before						
	August 17, 2008?						
13	3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?						
	Website address ►N/A						
14	Website address ► N/A The books are in care of ► GOODRICH, LLC Telephone no ► (561) 4.5	59-20	560_				
	Located at ► ATTACHMENT 8 ZIP+4 ► 33401						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· []			
	and enter the amount of tax-exempt interest received or accrued during the year						
Par	t 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						
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a						
	disqualified person? Yes X No						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No						
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No						
	the benefit of doc of a disqualmed person,						
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if						
	the foundation agreed to make a grant to or to employ the official for a period after						
	termination of government service, if terminating within 90 days) Yes X No						
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	۱.,					
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b					
	Organizations relying on a current notice regarding disaster assistance check here						
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4-		x			
_	were not corrected before the first day of the tax year beginning in 2009?	1c	╁				
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))						
а	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 before 2009?						
	os, rativity for tax your (s) beginning belone 2000						
	If "Yes," list the years And the years (2.40(2)(2))						
D	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)	2b					
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	1					
·							
3a	Did the foundation hold more than a 2% direct or indirect interest in any business						
	enterprise at any time during the year?						
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 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)	3b					
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х			
ь	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 2009?	4b		X			
		- ^-	O DE				

Par	Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)						
5 a	During the year did the foundation pay or incur any amount	to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (se	ee section 4955), or to	carry on.		1		
	directly or indirectly, any voter registration drive?	,	• .	Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or other						
	(4) Provide a grant to an organization other than a charitab				^		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	· · · -		Yes X No			
				res^ No	'		
	(5) Provide for any purpose other than religious, chantable			Yes X No			
	purposes, or for the prevention of cruelty to children or				•	.	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transit						
	Regulations section 53 4945 or in a current notice regard	ing disaster assistanc	e (see page 22 of the	instructions)?	<u>5b</u>		
	Organizations relying on a current notice regarding disaster	assistance check hei	e	▶ 📖			
С	If the answer is "Yes" to question 5a(4), does the foundation	n claim exemption from	m the tax				
	because it maintained expenditure responsibility for the gra	nt?		Yes No	,		
	If "Yes," attach the statement required by Regulations secti			_			
6 a	Did the foundation, during the year, receive any funds, direct	• •	v premiums				
0.0	on a personal benefit contract?	• • • •	•	Yes X No	,		
h	Did the foundation, during the year, pay premiums, directly				6b	l l x	
•	If "Yes" to 6b, file Form 8870	or manecay, on a pers	Sorial Deliett Contract?		· · · 00	- 	
7.	At any time during the tax year, was the foundation a party	to a mechibited toy ob.	ulter transport	Yes X No			
	If yes, did the foundation receive any proceeds or have any	•	•	. Yes X No		$\frac{1}{x}$	
	t VIII Information About Officers, Directors			Highly Paid Emp	7b	<u> </u>	
	and Contractors		•		•		
1	List all officers, directors, trustees, foundation man				ions).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo	e account, owances	
AT	TACHMENT 9		-0-	-0-	_	0-	
							
						· · · · · · · · · · · · · · · · · · ·	
2	Compensation of five highest-paid employees (other	r than those includ	ded on line 1 - see p	age 23 of the instruc	tions).		
	If none, enter "NONE."				,.		
	Ablama and address of such all the Apparent	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	e account,	
(a	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other all	wances	
				compensation			
							
_							
Tota	I number of other employees paid over \$50,000 .					NONE	
					- 00	2.05	

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If	none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	
of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
1	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total Add lines 1 through 3	
Total. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eign foundation	ins,
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	4,818,758.
b	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	. 1b	361,516.
C	Fair market value of all other assets (see page 24 of the instructions)	. 1c	0.
d		. 1d	5,180,274.
е			
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	. 2	0.
3	Subtract line 2 from line 1d	3	5,180,274.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	. 4	77,704.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	5,102,570.
6	Minimum investment return. Enter 5% of line 5	. 6	255,129.
Par	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this	ate operating	
1	Minimum investment return from Part X, line 6	. 1	255,129.
2 a	Tax on investment income for 2009 from Part VI, line 5	7.	
b		7	
С	Add lines 2a and 2b	2c	1,517.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	253,612.
	Recoveries of amounts treated as qualifying distributions	-	
5	Add lines 3 and 4	5	253,612.
	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	.   7	253,612.
Par	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	. 1a	4,496,000.
b	Program-related investments - total from Part IX-B	. 1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	. 2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	. 3a	0.
b	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	4,496,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	. 5	1,517.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	4,494,483.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years	ether the found	lation

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				253,612.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
b	Total for prior years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
b	From 2005				
C	From 2006				
d	From 2007				
	From 2008 2,369,960.	0 640 400			
f	Total of lines 3a through e	2,640,489.		<del></del>	
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 4,496,000.				
а	Applied to 2008, but not more than line 2a	·			
þ	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)			<del></del>	
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)			<del></del>	253 610
	Applied to 2009 distributable amount	4 242 200	<del></del>		253,612.
	Remaining amount distributed out of corpus	4,242,388.			
5	Excess distributions carryover applied to 2009 (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:				
		6,882,877.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0,002,077.			
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed			· <u>-</u>	
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
_	27 of the instructions			<del></del>	
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	6,882,877.		·	
10	Analysis of line 9				
а	Excess from 2005				
þ	Excess from 2006 0 .				
С	Excess from 2007 270,529.				
	Excess from 2008 2,369,960.				
е	Excess from 2009 4,242,388.				

Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE		
1 a	If the foundation has	received a ruling or d	etermination letter that	at it is a private oper	ating			
	foundation, and the ruling	is effective for 2009, ente	r the date of the ruling		. ▶			
b	Check box to indicate whe	ether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2.0	Enter the league of the od	Tax year	-	Рпоr 3 years		(a) Tatal		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
	I or the minimum investment							
	return from Part X for each year listed							
						<del></del>		
b	85% of line 2a			<del> </del> -	<del> </del>	· <del> </del>		
C	Qualifying distributions from Part							
	XII, line 4 for each year listed					<del> </del>		
đ	Amounts included in line 2c not used directly for active conduct							
	of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the							
_	alternative test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets (2) Value of assets qualifying				<del>  </del>	<del>-</del>		
	under section							
	4942(j)(3)(B)(i)				<del> </del>	<del>                                     </del>		
b	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed							
C	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income (interest, dividends, rents,							
	payments on secunties							
	loans (section 512(a)(5)),			İ				
	or royalties) (2) Support from general							
	public and 5 or more					1		
	exempt organizations as provided in section 4942							
	(j)(3)(B)(iii)				· <del> </del>	-		
	<li>(3) Largest amount of sup- port from an exempt</li>							
	organization							
	(4) Gross investment income			<u> </u>	<u> </u>	<u> </u>		
Pa					ation had \$5,000	or more in assets		
_		during the year - se		istructions.)	<del> </del>			
1	Information Regarding	•						
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	Il contributions receiv	ed by the foundation		
	before the close of any	tax year (but only if the	ley have contributed	more than \$5,000) (S	ee section 507(a)(2) )			
	EDWARD G. V	VATKINS						
b	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or an equally	/ large portion of the		
	ownership of a partner					, and position of the		
	• •			· ·				
	NONE							
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:				
	<u> </u>	•		•• •	4-bl			
	unsolicited requests t	or funds if the found	dation makes diffe	to preselected chair	able organizations a	and does not accept ons) to individuals or		
	organizations under ot	her conditions comple	ete items 2a h c and	grants, etc. (see page 1 d	5 20 Of the monded	ins) to individuals of		
		<u>_</u>	<del></del>					
а	The name, address, an	id telephone number of	the person to whom a	applications should be	addressed:			
			<del></del>		<u> </u>			
b	The form in which appl	ications should be subr	nitted and information	and materials they sho	ould include.			
				· · · · · · · · · · · · · · · · · · ·	<del></del>			
С	Any submission deadlii	nes:						
d	Any restrictions or li	mitations on awards	such as by geogr	aphical areas chanta	ble fields, kinds of	institutions, or other		
	factors:							

Supplementary Information (continued)  3 Grants and Contributions Paid During the Var or Approved for Future Payment  Recipient  Name and address (home or business)  a Paid during the year  ATTACHMENT 10  Total.  Total.  Total.  Total.	Form 990-PF (2009)			31-1612983	Page 11
Recipient was considered by the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	Part XV Supplementary Information (co	ontinued)			
a Pad dung the year ATTACHMENT 10  Total		ng the Year or App			<del></del>
a Pad dung the year ATTACHMENT 10  Total		show any relationship to	status of	Purpose of grant or contribution	Amount
Total		or substantial contributor	recipient	oonsissation .	
Total▶ 3a 4,496,000. b Approved for future payment	a Paid during the year				
Total▶ 3a 4,496,000. b Approved for future payment	ΔΤΤΔCHMENT 10				
b Approved for future payment	ATTACHIBIT 10				
b Approved for future payment					
b Approved for future payment					
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b Approved for future payment				1	
b Approved for future payment				1	
b Approved for future payment	,			1	
b Approved for future payment					
				▶ 3a	4,496,000.
Total	b Approved for future payment				
Total▶ 3h					
Total					
Total▶ 3b					
Total					
Total▶ 3h					
	Total		<del></del>	▶ 3h	

	-A Analysis of Income-Produ	1		I=		(a)
Enter gross	amounts unless otherwise indicated	(a)	ted business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	m service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
а						
b						
c						
d						
е						
f	<del> </del>					
•	es and contracts from government agencies					
	rship dues and assessments			14	5,845.	
	on savings and temporary cash investments ds and interest from securities			14	145,372.	
	tal income or (loss) from real estate			1 1	143/372.	
	bt-financed property					
	t debt-financed property	···				
	al income or (loss) from personal property				_	
	nvestment income					
	(loss) from sales of assets other than inventory			18	436.	
	ome or (loss) from special events					2
	profit or (loss) from sales of inventory					
	evenue a					
L						
c						
d						
е						
12 Subtota	al Add columns (b), (d), and (e)				151,653.	
	Add line 12, columns (b), (d), and (e)				13	151,653.
(See works Part XVI	heet in line 13 instructions on page 28 to Relationship of Activities					
Line No. ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions )	ity for which	ch income is reporte	ed in column	(e) of Part XVI-A con-	
		·				
			NOT APPLICABI	LE		
				<del>_</del>		
	<del> </del>			-		
						<del> </del>
		_				
	<del>                                     </del>	<del></del>				
	<u> </u>					
-		•				
			<del></del> -		· · · · · · · · · · · · · · · · · · ·	

	4 VVIII		Information	Dogardina T	ranefore To	and Tranca	ctions	and Pole	tionehina	With N	onal	narit	able
Par	t XVII		Exempt Orga		ransiers to	allu IIalisa	icuons (	aliu Reid	uuonampa	AAIGI I	Onci	Iaiii	abic
1		he or	ganization directly 501(c) of the C	y or indirectly								Yes	No
а			s? om the reporting fou				,	,	J				
	(1) Ca	ash .									1a(1)		X
			ssets								1a(2)		X
b	Other	transa	ctions								İ		
	(1) Sa	ales of	assets to a noncha	aritable exempt org	ganization						1b(1)		X
	(2) Pu	urchas	es of assets from a	nonchantable exe	empt organization						1b(2)		<u> </u>
	(3) R	ental o	f facilities, equipme	ent, or other assets	s						1b(3)		_X
	(4) R	eımbuı	rsement arrangeme	ents	<b></b>						1b(4)		_X_
	(5) Lo	oans o	r Ioan guarantees								1b(5)		<u>X</u>
	(6) P	erform	ance of services or	membership or fu	indraising solicitati	ions					1b(6)		<u> </u>
		_	icilities, equipment,	_							1c		<u>X</u>
d			wer to any of										
			ne goods, other										
	value	ın a	ny transaction o	r shanng arrang	gement, show ir	n column (d) t	he value	of the go	ods, other a	issets, or	service	es rec	eived
(a) I	ine no	(b)	Amount involved	(c) Name of n	onchantable exempt	torganization	(d) Desc	cription of trans	sfers, transaction	ns, and sharr	o arran	aemen	ts
(a) L	.iiie iio	<del></del>	/A	(e) rtaile or it	onortentable exempt		N/A				-	3	
		ļ			•		<u> </u>						
		<u> </u>											
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		L	·										
		<u> </u>				·							
		<u> </u>											
2a			dation directly or							I	<b>-</b>		7
			(c) of the Code (ot		501(c)(3)) or in se	ection 5277				L	Y €	es 🔼	Я ио
ь	If "Yes		plete the following		(h) Typ	e of organization			(c) Descriptio	n of relationsh	un.		
		(a)	Name of organization		(6) 199	e or organization			(c) Description	TO TOTAL OTTO			
	Under	penalt	es of perjury, I dec	lare that I have ex	amined this return,	including accompa	nying sche	dules and sta	tements, and to	o the best o	my kr	nowled	ge and
	belief,	It is to	ue, correct, and com	npiete Declaration	preparer (other th	nan taxpayer or fid			ormation of wh	non preparer	nas ar	iy Kno\	wieage
			Sand	Maril	Į.		5/13	1//0	TR	USTE	E		
<u>ē</u>	S	ignatur	of officer or trustee	. 0			Date		Title				
Sign Here			<del></del>			Date		Check if		Preparer's in number (Se	dentify	ing	n
5	ح ئ-	Pren	arer's	So lo		_		self-emple	oyed ▶[]	page 30 of th	e instru	ctions)	
ιžί	are Ont	signa				05/	05/2010	0		P000366			
	Paid Preparer's Use Only	Firm	's name (or yours i		27				EIN ▶ 1	3-53815	90		
	د ۵	self-	employed), addres:	s, 🖊 100 📶	GH STREET,	STE 900			1				

02110

Form **990-PF** (2009)

Phone no 617-422-0700

and ZIP code

BOSTON, MA

### Schedule B

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

Department of the Treasury

### **Schedule of Contributors**

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

OMB No 1545-0047

11		
Name of the organization		Employer identification number
E.G. WATKINS FAMILY	Y FOUNDATION	31-1612983
Organization type (check or	ne)	31 1012303
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 priv	rate foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(instructions.	covered by the General Rule or a Special Rule.  7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule. See
General Rule		
<del>-</del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year one contributor. Complete Parts I and II	r, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 and 170(b)(1)(A)(vi), and received from any one contributor, during 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.	
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive contributions of more than \$1,000 for use exclusively for religionses, or the prevention of cruelty to children or animals. Complete P	ous, charitable, scientific, literary, or
the year, contribut aggregate to more year for an <i>exclus</i> , applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	at these contributions did not ns that were received during the e parts unless the <b>General Rule</b> tc, contributions of \$5,000 or more
Caution. An organization the	it is not covered by the General Rule and/or the Special Rules does	

Name of organization E.G. WATKINS FAMILY FOUNDATION C/O GOODRICH, LLC

Page____ of ____ of Part i 31~1612983

### Part I Contributors (see instructions)

I GILT	Contributors (See Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	C BLACK HILLS TRUST, FIRST NATIONAL BANK  IN SIOUX FALLS, 100 S. PHILLIPS AVENUE  SIOUX FALLS, SD 57117-5186	\$800,000.	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
2	K BLACK HILLS TRUST, FIRST NATIONAL BANK  IN SIOUX FALLS, 100 S. PHILLIPS AVENUE  SIOUX FALLS, SD 57117-5186	\$800,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

ATTACHMENT 2

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

NET INVESTMENT INCOME	5,845.	5,845.
REVENUE AND EXPENSES PER BOOKS	5,845.	5,845.
		TOTAL
DESCRIPTION	STATE STREET BANK	

ATTACHMENT 3

SECURITIES
FROM
INTEREST
AND
- DIVIDENDS
PART I
M 990PF,
FORM

REVENUE	XPENSES INVESTMENT	PER BOOKS INCOME	145,372. 145,372.
		DESCRIPTION	DIVIDEND INCOME

145,372.

145,372.

TOTAL

12357G 600K 5/7/2010

FORM 990PF, PART I - TAXES

REVENUE AND

DESCRIPTION

AND EXPENSES PER BOOKS

FEDERAL EXCISE TAX

2,058.

TOTALS

2,058.

DESCRIPTION
STATE FILING FEE

31-1612983

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

250.

TOTALS

250.

PAGE 25

E.G. WATKINS FAMILY FOUNDATION

- OTHER INVESTMENTS PART II FORM 990PF,

DESCRIPTION

EQUITIES & MUTUAL FUNDS

ဖ	
ATTACHMENT	

31-1612983

BOOK VALUE ENDING

ENDING FMV

3,778,999.

3,778,999.

3,778,999.

3,778,999.

TOTALS

3:07:02 PM V 09-6.1

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN/LOSS EQUITIES&MUTUAL

60,898.

TOTAL

60,898.

31-1612983

ATTACHMENT 8

### FORM 990PF, PART VII-A, LINE 14 - LOCATION OF BOOKS

525 OKEECHOBEE BOULEVARD, SUITE 1000, WEST PALM BEACH, FL

ത

E.G. WATKINS FAMILY FOUNDATION

31-1612983

ATTACHMENT 9

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

STANLEY L. CLARK

TRUSTEE

C/O GOODRICH, LLC, 525 OKEECHOBEE

SUITE 1000

WEST PALM BEACH, FL 33401

JOSEPH MARZILLI

TRUSTEE

C/O GOODRICH, LLC, 525 OKEECHOBEE

SUITE 1000

WEST PALM BEACH, FL 33401

EDWARD G. WATKINS

TRUSTEE

C/O GOODRICH, LLC, 525 OKEECHOBEE

WEST PALM BEACH, FL 33401 SUITE 1000

DOUGLAS DUBIEL

TRUSTEE

C/O GOODRICH, LLC, 525 OKEECHOBEE

SUITE 1000

WEST PALM BEACH, FL 33401

C/O GOODRICH, LLC, 525 OKEECHOBEE JENNIFER WYNNE

TRUSTEE

SUITE 1000

WEST PALM BEACH, FL 33401

GRAND TOTALS

3:07:02 PM V 09-6.1 12357G 600K 5/7/2010

PAGE 28

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

		ATTAC	ATTACHMENT 10
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BRIGHAM & WOMEN'S HOSPITAL	NONE	MEDICAL	1,600,000
75 FRANCIS ST	501(C)(3) CHARITY		
BOSTON, MA 02115			
GREEN MOUNTAIN HORSE ASSOCIATION	NONE	EDUCATION	5,000
PO BOX 8	501(C)(3) CHARITY		
SOUTH WOODSTOCK, VT 05071			
HENRY HEYWOOD HOSPITAL	NONE	MEDICAL	1,500,000.
242 GREEN ST.	501(C)(3) CHARITY		
GARDNER, MA 01440			
NANTHEKET HISTORICAL ASSOCIATION	GNON	HISTORICAL DEFERBUATION	000
P.O BOX 1016	501(C)(3) CHARITY		
NANTUCKET, MA 02554			
CITY OF GARDNER	NONE	EDUCATION	30,000
SUPERINTENDENT OF SCHOOL OFFICE	170(C)(1) GOV'T UNIT		
70 WATERFORD ST			
GARDNER, MA 01440			
STUART MUSHLIN MD MEDICAL EDUCATIONAL FUND	NONE	MEDICAL EDUCATION	.000,090
BRIGHAM & WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE, 5TH FLOOR	501(C)(3) CHARITY		
BOSTON, MA 02116			

ATTACHMENT 10 (CONT'D)

AMOUNT	1,238,000	2,000.	5,000.	5,000.	1,000
PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION	WILDLIFE PRESERVATION	ENVIRONMENTAL PRESERVATION	MEDICAL	MEDICAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE 501(C)(3) CHARITY	NONE 501(C)(3) CHARITY	NONE 501(C)(3) CHARITY	NONE 501(C)(3) CHARITY	NONE 501(C)(3) CHARITY
RECIPIENT NAME AND ADDRESS	CUSHING ACADEMY 39 SCHOOL STREET P O. BOX 8000 ASHBURNHAM, MA 01430-8000	DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	EARTHWATCH INSTITUTE 3 CLOCK TOWER PLACE, SUITE 100 BOX 75 MAYNARD, MA 01754	REMOTE AREA MEDICAL FOUNDATION 1834 BEECH STREET KNOXVILLE, TN 37920	YALE UNIVERSITY SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06520

PAGE 30 ATTACHMENT 10

4,496,000

TOTAL CONTRIBUTIONS PAID

PENALTY COMPUTATION DETAIL - FORM 2220			
DATE PD UNDERPAYMENT BEG. DATE END DATE	DAYS	olo	PENALTY
QUARTER 1, RATE PERIOD 1 (05/15/2009 - 05/15/2010)	<del></del>		
379. 05/15/2009 05/15/2010 TOTAL TO FORM 2220, LINE 22, COLUMN A	365	4	15. 15.
QUARTER 2, RATE PERIOD 1 (06/15/2009 - 05/15/2010)	=		
379. 06/15/2009 05/15/2010 TOTAL TO FORM 2220, LINE 22, COLUMN B	334	4	14. 14.
QUARTER 3, RATE PERIOD 1 (09/15/2009 -05/15/2010 )  379. 09/15/2009 05/15/2010	== 242	4	10.
TOTAL TO FORM 2220, LINE 22, COLUMN C  QUARTER 4, RATE PERIOD 1 (12/15/2009 - 05/15/2010)		-	10.
380. 12/15/2009 05/15/2010 TOTAL TO FORM 2220, LINE 22, COLUMN D	== 151	4	6. 6.
TOTAL UNDERPAYMENT PENALTY			<u>45.</u>

### SCHEDULE D (Form 1041)

Department of the Treasury

**Capital Gains and Losses** 

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

OMB No 1545-0092

2009

Interna	Revenue Service Schedule D (F	-omi 1041) (also	10f F0ffit 522 <i>f</i>	or Form 990-1, if ap	opiicable).		
Name	of estate or trust E.G. WATKINS FAM	ILY FOUNDAT	ION		Employer identif	icatio	n number
	/O GOODRICH, LLC				31-16129	83	
	Form 5227 filers need to complete only P		<del></del>	<del> </del>			
Par	Short-Term Capital Gains and L	osses - Assets	s Held One Y	ear or Less	1.1.5		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a			:			_	
			-				
						-	
	· · · · · · · · · · · · · · · · · · ·						
b	Enter the short-term gain or (loss), if any, fr	om Schedule D-1	, line 1b			1b	
2	Short-term capital gain or (loss) from Forms	s 4684, 6252, 678	31, and 8824			2	
3	Net short-term gain or (loss) from partnersh	ips, S corporation	ns, and other e	states or trusts .		3	
4	Short-term capital loss carryover Enter the Carryover Worksheet			•		4	(
5	Net short-term gain or (loss). Combine lin	es 1a through 4 i	n column (f) E	nter here and on line	13,		
Par	column (3) on the back	e - Assets Held I	More Than One	· · · · · · · · · · · · · · · · · · ·		5	
ı ar	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )		(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					, indiadatorio)		Subsua (c) iisiii (a)
							-
			<u> </u>			-	
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-1,	line 6b			6b	
7	Long-term capital gain or (loss) from Forms	2439, 4684, 625	2, 6781, and 8	824		7	
8	Net long-term gain or (loss) from partnershi	ps, S corporation	s, and other es	tates or trusts		8	
9	Capital gain distributions					9	436.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	amount, if any, fr	om line 14 of th	ne 2008 Capital Loss		11	(
12	Net long-term gain or (loss). Combine line	s 6a through 11	n column (f) =	nter here and on line	149		<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

column (3) on the back .

Schedule D (Form 1041) 2009

436.

,	•				
	dule D (Form 1041) 2009		<del></del>	T - 1	Page 2
Pa	Summary of Parts I and II	4	(1) Beneficiaries	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this pa		(see page 5)	or trust's	(1)
13	• • • • • • • • • • • • • • • • • • • •	13			
14	Net long-term gain or (loss):				426
a		14a			436.
	• (***	14b			
15	• · · · · · · · · · · · · · · · · · · ·	14c 15			436.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form		l 「, Part I, line 4a) If line:	s 14a and 15, column (2	
	art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Par				
Pai	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pai	rt I, lır	ne 4c, if a trust) , the <b>s</b>	maller of:	
a	The loss on line 15, column (3) or b \$3,000  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	<i>:</i> :	- 00 (a- F 000 T	16 (	1-1-11-0-11-1
Carr	yove: Worksheeton page 7 of the instructions to figure your capital loss carryover	ı, ım	e 22 (or Form 990-1,	iine 34), is a ioss, comp 	iete the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rates				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colum			mount is entered in F	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more t				
	tion: Skip this part and complete the worksheet on page 8 of the instructio ither line 14b, col (2) or line 14c, col (2) is more than zero, or	ns it			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 14a and 15 are	gain	s, or qualified divid	ends are included in	n income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
eithe	er line 14b, col. (2) or line 14c, col. (2) is more than zero.				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19		<b>_</b>		
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	• •	23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	• •	• •   27		
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.				
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?	• •	· · <del>                                  </del>		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 2	22	27		
	<del>_</del>				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)		<i></i>	30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate				
	(see the Schedule G instructions in the instructions for Form 1041)			31	

33

32

Add lines 30 and 31

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

E.G. WATKINS FAMILY FOUNDATION

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME  Kind of Property  Description  Date so								
Kind of Property		Description			or Date D acquired	Date sold		
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of FMV over	Gain	<del></del>	
price less expenses of sale	allowed/ allowable	other	l as of	as of 12/31/69	FMV over adj basis	or (loss)		
xperises of sale	anowable	basis	12/31/69	1 12/31/09	_ auj pasis	(1022)		
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS		436.		
TAL GAIN (LO	oss)					436.		
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