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POSTMARK DATE OCT 1 7 2011

Form **990-PF**Department of the Treasury

Return of Private Foundation

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

I reated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No. 1545-0052

Internal Revenue Service For calendar year 2010, or tax year beginning 1/1/2011 , and ending 2/28/2011 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 **GOODWIN FAMILY MEMORIAL TUA** 95-6674233 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see page 10 of the instructions) Wells Fargo Bank N A Trust Tax Dept - PO BOX 63954 MAC A0348-012 (888) 730-4933 City or town, state, and ZIP code C If exemption application is pending, check here SAN FRANCISCO 1 Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation If private foundation status was terminated X Cash Fair market value of all assets at end J Accounting method under section 507(b)(1)(A), check here of year (from Part II, col (c), Other (specify) F If the foundation is in a 60-month termination line 16) ▶ \$ (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here 11,073,088 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income ıncome purposes the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 10,965,015 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 0 4 49 Dividends and interest from securities 0 5 a Gross rents 0 b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 0 b Gross sales price for all assets on line 6a ******** , \$¹ \$ 17.8 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 4. Income modifications \$ ~ 10 a Gross sales less returns and allowances n **b** Less Cost of goods sold c Gross profit or (loss) (attach schedule) Other income (attach schedule) 34,551 34,551 0 12 Total. Add lines 1 through 11 10.999,615 34,551 0 Compensation of officers, directors trustees, et 13 9,428 7,071 2,357 Other employee salaries and wages 14 15 Pension plans, employee benefits 10 Š 16 a Legal fees (attach schedule) 2.115 0 0 2.115 b Accounting fees (attach schiedule) OCT 2 0 2011 0 0 O 0 and Administrative IR c Other professional fees (attach-schedule) 0 0 0 0 Interest UGDEN 17 18 0 0 Taxes (attach schedule) (see page 14 of the instructions n 0 Depreciation (attach schedule) and depletion 0 0 0 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 5.888 Other expenses (attach schedule) 5.888 0 0 Operating Total operating and administrative expenses. Add lines 13 through 23 17,431 12,959 0 4,472 25 Contributions, gifts, grants paid n 0 26 Total expenses and disbursements Add lines 24 and 25 17,431 12,959 0 4.472 Subtract line 26 from line 12 10,982,184 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 21,592 c Adjusted net Income (if negative, enter -0-)

Form 990-PF (2010) GOODWIN FAMILY MEMORIAL TUA 95-6674233						
Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
ra	ш	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing		0		
	2	Savings and temporary cash investments .		470,798	470,798	
	3	Accounts receivable 0		,		
		Less allowance for doubtful accounts	0	0	0	
	4	Pledges receivable ▶ 0	•			
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
	_	instructions)	0	0	0	
	7	Other notes and loans receivable (attach schedule)				
ş		Less allowance for doubtful accounts	0	0	0	
Assets	8	Inventories for sale or use		0		
ĕ	9	Prepaid expenses and deferred charges		0		
	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0	
	t	nvestments—corporate stock (attach schedule)	0	209,250	4,590,000	
	0	Investments—corporate bonds (attach schedule)	. 0	0	0	
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)	0	0	0	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	0	442,001	6,012,290	
	14	Land, buildings, and equipment basis	**	· · · · · · · · · · · · · · · · · · ·		
		Less accumulated depreciation (attach schedule)		0	0	
	15	Other assets (describe	0	0	0	
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	0	1,122,049	11,073,088	
	17	Accounts payable and accrued expenses		0		
Ś	18	Grants payable			,	
Liabilities	19	Deferred revenue		0	, ,	
逗	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
<u>.e</u> .	21	Mortgages and other notes payable (attach schedule)		0	ž	
_	22	Other liabilities (describe MEI REAL ESTATE SERVICES)	0	-52,404	ì	
	23	Total liabilities (add lines 17 through 22)	0	-52,404	1	
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.			,	
ances	24	Unrestricted				
	25	Temporarily restricted				
<u> </u>	26	Permanently restricted			I	
Net Assets or Fund Bal		Foundations that do not follow SFAS 117, check here				
屲		and complete lines 27 through 31.			,	
ō	27	Capital stock, trust principal, or current funds		1,122,049		
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			ļ	
SS	29	Retained earnings, accumulated income, endowment, or other funds				
ĕ	30	Total net assets or fund balances (see page 17 of the			!	
Ē	ا ا	instructions)	0	1,122,049		
~	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	o	_	•	
D-		1,069,645				
	il IIII	Analysis of Changes in Net Assets or Fund Balances		т		
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
•		of-year figure reported on prior year's return)	•	1	0	
_		amount from Part I, line 27a	4	2	10,982,184	
3		increases not included in line 2 (itemize) See Attached Stateme	nt	3	52,027	
4		nes 1, 2, and 3		4	11,034,211	
5		eases not included in line 2 (itemize) See Attached Statement	1 011		9,964,566	
	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	1,069,645	

	FAMILY MEMORIAL TUA			95	-6674233 Page 3	
Part IV Capital Gains and	Losses for Tax on Inve	estment Incor			·	
	kind(s) of property sold (e.g., real es e, or common stock, 200 shs. MLC 0		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	• •	n or (loss) f) minus (g)	
a 0	0		0		0	
b 0	0		0		0	
c 0	0		0		<u>0</u>	
d 0	0	ļ	0		0	
e 0	0		0		0	
Complete only for assets shown (i) F M V as of 12/31/69	(j) Adjusted basis	(k) Exce	ss of col (ı)	col (k), but no	l (h) gain minus t less than -0-) or	
	as of 12/31/69	}	l (j), if any	Losses (f	rom col (h))	
a 0	0	 	0		0	
b 0	0		0		0	
<u>c</u> 0	0		0		0	
d 0	0		0		<u>0</u> 0	
	(If gain	ı also enter ın Pa	·			
2 Capital gain net income or (r	lf (loss),	, enter -0- in Pa	rt I, line 7	2	0	
3 Net short-term capital gain o						
If gain, also enter in Part I, Iii		13 and 17 of t	he }			
instructions) If (loss), enter				3	0	
Part V Qualification Unde						
(For optional use by domestic pi	rivate foundations subject to	the section 494	10(a) tax on net ir	ivestment income)	
If section 4940(d)(2) applies, lea	eve this part blank					
				46 - 6	□ v □ N-	
Was the foundation liable for the				the base period /	∐ Yes ∐ No	
If "Yes," the foundation does not		• •				
1 Enter the appropriate amou	unt in each column for each	year, see page	18 of the instruct	ions before making		
Base period years	(b)		(c)	Dis	(d) tribution ratio	
Calendar year (or tax year beginning in) Adjusted qualifying distribution	ons Net value	of noncharitable-use a	SSAIS I	divided by col (c))	
2009					0 000000	
2008					0 000000	
2007					0 000000	
2006					0 000000	
2005					0 000000	
0 Tatal at hand 4 and 4 and 5						
2 Total of line 1, column (d)	. M	4. 0		2	0 000000	
3 Average distribution ratio for the number of years the four				3	0 000000	
4 Enter the net value of nonch	arıtable-use assets for 2010) from Part X, lir	ne 5	4	0	
5 Multiply line 4 by line 3				5	0	
6 Enter 1% of net investment i	income (1% of Part I, line 27	′b)		6	0	
7 Add lines 5 and 6				7	0	
8 Enter qualifying distributions	from Part XII line 4			8	0	
If line 8 is equal to or greate the Part VI instructions on part	r than line 7, check the box i	ın Part VI, line 1	b, and complete			

Form 990-PF (2010) GOODWIN FAMILY MEMORIAL TUA 95-6674233 P									
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	inst	ructio	ns)					
1 :	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 〕			• •					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)								
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check								
here ▶ ☐ and enter 1% of Part I, line 27b									
c 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-)	_	422						
3	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		432						
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-		432						
6	Credits/Payments		452	-					
-	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0								
	b Exempt foreign organizations—tax withheld at source 6b								
	c Tax paid with application for extension of time to file (Form 8868) 6c 2,000								
(d Backup withholding erroneously withheld								
7	Total credits and payments Add lines 6a through 6d	2	2,000						
8	Enter any penalty for underpayment of estimated tax. Check here		0						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		,568						
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ► 440 Refunded ► 11	,1	,128						
Pa	rt VII-A Statements Regarding Activities	ļ							
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No					
	participate or intervene in any political campaign?	1a		Х					
•	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	l							
	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								
	C Did the foundation file Form 1120-POL for this year?	1c	- ^*~						
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	, %×	À	X					
	(1) On the foundation > \$ (2) On foundation managers > \$		*	,					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	٠, ،							
	on foundation managers > \$			بڏسي					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х					
	If "Yes," attach a detailed description of the activities	34		3.3					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			, x 					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X					
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	11/4	Х					
5	b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b	N/A						
,	If "Yes," attach the statement required by General Instruction T	5		Х					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either								
Ĭ	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? If "Yes," complete Part II, col (c), and Part XV	7	Х						
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the								
	instructions) ► CA								
١	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?								
10	If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	9		X					
	their names and addresses	10		х					
		, ,,	1	_ ^\					

Form	990-PF (2010) GOODWIN FAMILY MEMORIAL TUA 95-667	4233	Pa	age 3
Part	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		х_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	12		x
42	August 17, 2008? .	13	X	^ -
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		_^_	
14	Website address ► N/A The books are in care of ► WELLS FARGO BANK N A Telephone no ► 888-730-49	 33		
14		<u> </u>		
15	Located at PO BOX 63954 MAC A0348-012 SAN FRANCISCO CA ZIP+4 ▶ 94163 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	-		·
13	and enter the amount of tax-exempt interest received or accrued during the year			ــا
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	•	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country	1		
Pa	rt 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.	Ι'	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)			1
	a disqualified person?			
	(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?			
	(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)?			>
	(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)	,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			2
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here		1	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		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))		ł	,
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			,
	If "Yes," list the years • 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		′	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	-
_	20 20 20 20 20	1	,	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	, ** <u>;</u> ,	ľ.^ ` `	٠,
L	enterprise at any time during the year? Yes X No		"	,
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation	•	l	
	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 2010)	3b	N/A	ŀ
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 '''^	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	1	 	 ^
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	1	x

orn	1 990-PF (2010) GOODWIN FAMILY MEMORI	IAL	ΓUA					95	5-667	4233	P	age 6
Pa	rt VII-B Statements Regarding Activitie	es f	or Which Form	1 47	20 May Be Re	egui	red (continued	1)				
5a	During the year did the foundation pay or incur any	amo	unt to									
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?												
	(2) Influence the outcome of any specific public e	electi	on (see section 49	955),	, or to carry		_	_				1
	on, directly or indirectly, any voter registration	n driv	e?				Yes	X	No			i
	(3) Provide a grant to an individual for travel, stu	đy, o	r other similar purp	pose	es?		Yes	X	No			1
	(4) Provide a grant to an organization other than	a ch	antable, etc., orga	nıza	tion described		_					l.
	in section 509(a)(1), (2), or (3), or section 494	40(d)	(2)? (see page 22	of th	he instructions)		Yes	X	No			1
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o						Yes	x	No			٠ }
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransa	actions fail to quali	fy u	nder the exception	ns de	scribed in					;
	Regulations section 53 4945 or in a current notice	regai	ding disaster assi	stan	ce (see page 22 o	of the	instructions)?	_		5b	N/A	
	Organizations relying on a current notice regarding	dısa	ster assistance ch	eck	here		ı	▶∐			,	ļ
С	If the answer is "Yes" to question 5a(4), does the fo	ound	ation claim exemp	tion	from the				1			[
	tax because it maintained expenditure responsibilit	-	-		N/A		Yes		No	.		1
	If "Yes," attach the statement required by Regulation		•									:
6a	Did the foundation, during the year, receive any fur	nds, (directly or indirectly	y, to	pay				,		ľ	,
	premiums on a personal benefit contract?						Yes	X	No			[']
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870	dıre	ctly or indirectly, o	naı	personal benefit c	ontra	ict?			6b		<u> </u>
	At any time during the tax year, was the foundation		•				Yes	Х	No			
b	If "Yes," did the foundation receive any proceeds o	r hav	e any net income	attrı	butable to the trai	nsact	ion?			7b	N/A	
Р	art VIII Information About Officers,	Dir	ectors, Truste	es,	Foundation	Man	agers, Highly	Paid	d Em	ploy	ees,	
	and Contractors											
1	List all officers, directors, trustees, founda					on (nstru	ction	s).	
	(a) Name and address		Title, and average hours per week evoted to position		c) Compensation f not paid, enter -0-)		(d) Contributions to imployee benefit pla i deferred compensa	ns			se acco owance	
We	lls Fargo Bank, N A	Trus	stee									_
<u>P0</u>	BOX 63954 MAC A0348-012 SAN FRANCIS		4 00		9,428		 _	0				0
									ļ			
			00		<u>0</u>			0	<u> </u>			0
- -								_				_
			00		0			. 0	-			0
			00		ار			^				0
2	Compensation of five highest-paid employ	1000			included on lin		200 200 23	of the	L	uetie	\	
-	If none, enter "NONE."	/ 003	(Other than the	/3 C	included on in	IC 1-	-see page 23 (טו נוופ	เมเรน	ucuo	113).	
			(L) T.H				(d) Contributions	to	1			
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and avera hours per week	-	(c) Compensation	n	employee bene				se acco	
			devoted to position				plans and defer compensation		۱°	ther all	owance	s
NC	NE											
						П						
. 												
						\dashv	-		\vdash			
To	tal number of other employees paid over \$50,0	200	<u> </u>		<u> </u>							
. •					·/ /- · / ·					, QC	n.PF	(2010)
										,,,,, o	J-1	(2010)

Form 990-PF (2010) GOODWIN FAMILY MEMORIAL TUA		95-6674233 Page 7
Part VIII Information About Officers, Directors, Tru	stees, Foundation Managers, Highly Pai	d Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional serv	ices (see page 23 of the instructions). If none, ent	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional ser	vices	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include the number of organizations and other beneficiaries served, conferences convened,		Expenses
1 NONE		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investment	s (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions 3 NONE		
		0
Total. Add lines 1 through 3	>	0
······································		

Form **990-PF** (2010)

	GOODWIN FAMILY MEMORIAL TUA	95-667	
Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundati	ons,
	see page 24 of the instructions)	1481	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	3	
	purposes	K SI	
а	Average monthly fair market value of securities	1a	10,554,105
ь	Average of monthly cash balances .	1b	455,711
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,009,816
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,009,816
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	165,147
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,844,669
6	Minimum investment return. Enter 5% of line 5	6	87,649
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	
-	foundations and certain foreign organizations check here $ ightharpoonup$ and do not complete this par	· -	
1	Minimum investment return from Part X, line 6	1	87,649
2a	Tax on investment income for 2010 from Part VI, line 5	432	
b	Income tax for 2010 (This does not include the tax from Part VI)	0	
С	Add lines 2a and 2b	2c	432
3	Distributable amount before adjustments Subtract line 2c from line 1	3	87,217
4	Recoveries of amounts treated as qualifying distributions	4	•
5	Add lines 3 and 4	5	87,217
6	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	87,217
Dav	Overlift time District values (one need 25 of the materials)		
Par	t 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	4,472
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.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	500	
а	Suitability test (prior IRS approval required)	3a	
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	4,472
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,472
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	,
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2010)

GOODWIN FAMILY MEMORIAL TUA

Form 990-PF (2010)

Part	XIII Undistributed Income	(see page 26 of the	ne instructions)			
1	Distributable amount for 2010 from		(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
	line 7					87,217
2	Undistributed income, if any, as of t	the end of 2010				
а	Enter amount for 2009 only				0	
b	Total for prior years 20, 20	. 20		0		
3	Excess distributions carryover, if an					
а	1	DNE				
b		DNE				
c		DNE				
d		ONE .		•		
e		ONE .				
f	Total of lines 3a through e	71 1 L				
4	Qualifying distributions for 2010 from	m Part				
7		1,472				
_	Applied to 2009, but not more than				l 0	
	• •			-	<u> </u>	
U	Applied to undistributed income of p	· · ·		_		,
	(Election required—see page 26 of	· .		0	: -	
C	Treated as distributions out of corpu	` I				
	required—see page 26 of the instru	' h	0			
ď	Applied to 2010 distributable amour					4,472
e	Remaining amount distributed out o	' h	0			
5	Excess distributions carryover appli	ř	0			0
	(If an amount appears in column (d, same amount must be shown in col				}	
6	Enter the net total of each columnindicated below:	n as	4 7	£**\$, *,
а	Corpus Add lines 3f, 4c, and 4e Si	ubtract line 5	0		4	
		ř	· Y384 ·		,	. 1
	line 4b from line 2b		•	0		
С	Enter the amount of prior years' und	distributed				
_	income for which a notice of deficie				1	
	been issued, or on which the section	· ·				
	tax has been previously assessed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ч	Subtract line 6c from line 6b Taxab	ماد	,			
_	amount—see page 27 of the instruc			٥		
е	Undistributed income for 2009 Sub	ř			<u> </u>	
·		· · · · ·				
	4a from line 2a Taxable amount—s	see page 27 or the			_	
f	Instructions Undistributed income for 2010 Sub				0	
'						
	lines 4d and 5 from line 1. This amo	ount must				
7	be distributed in 2011					82,745
7	Amounts treated as distributions ou					
	corpus to satisfy requirements impo			,		
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				!
_	the instructions)					
8	Excess distributions carryover from					
	not applied on line 5 or line 7 (see p	page 27 of the				
	instructions)]	0			
9	Excess distributions carryover to	o 2011.]		
	Subtract lines 7 and 8 from line 6a		0			
10	Analysis of line 9					
а	Excess from 2006	0				
b	Excess from 2007	. 0				
C	Excess from 2008	0				
d	Excess from 2009	O				
e	Excess from 2010	<u> </u>				

95-6674233

Page 9

Forn	1 990-PF (2010) GOODWIN FAMILY MEMOR	RIAL TUA			95-6674				
Pa	Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) N/A								
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, entitle			.					
b	Check box to indicate whether the foundation is a	рпvate operating fou	indation described i	n section	4942(j)(3) or	4942(j)(5)			
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years					
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
	year listed	0		· · · · · · · · · · · · · · · · · · ·		0			
b	85% of line 2a	0	0	0	0	0			
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0			
d	Amounts included in line 2c not used directly for active conduct of exempt activities	J				0			
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0			
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter								
	(1) Value of all assets					0			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					0			
	Part X, line 6 for each year listed	0		·		0			
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)					0			
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0			
	(3) Largest amount of support from an exempt organization					0			
	(4) Gross investment income					0			
1	rt XV Supplementary Information (Cor assets at any time during the ye Information Regarding Foundation Manag	ar—see page 2 ers:	8 of the instruc	tions.)					
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have			•	the foundation				
NO	NE								
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the				
NO									
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, and	contributions to preakes gifts, grants, et	selected chantable	organizations and de		cions			
а	The name, address, and telephone number of the	person to whom app	plications should be	addressed					
b	The form in which applications should be submitte	d and information ar	nd materials they sh	ould include					
c	Any submission deadlines								
d	Any restrictions or limitations on awards, such as t factors	by geographical area	as, charitable fields,	kinds of institutions,	or other				

	GOODWIN FAMILY MEMORIA	L TUA		95-66	74233 Page 11
_	rt XV Supplementary Information (contin	ued)			
3	Grants and Contributions Paid During to	he Year or Approved	for Future P	ayment	
	Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a NO	Paid during the year NE				
	· · -	1			
					-
		+			
	Total	<u> </u>			
b	Total Approved for future payment	1	· · · · ·	<u> </u>	0
NOI	NE				
			İ		
			ŀ		
	Total			▶ 3b	0

0

▶ 3b

Fon	m 990-PF	(2010) GOC	DWIN I	FAMILY MEMORIAL TUA	95-6674233	Page	e 1
Pa	rt XVII	Informatio Exempt Or	_	rding Transfers To and Transactions and I tions	Relationships With Noncharitable		
1	ın sect			or indirectly engage in any of the following with any (other than section 501(c)(3) organizations) or in s	1004.09136.0	Yes	No.
а	a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets						
b	 b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 						X
	(4) Re (5) Lo	eimbursement a eans or loan gua	arrangei arantee		1b(3) 1b(4) 1b(5) 1b(6)		X X X
c d	Sharin If the a value of	ig of facilities, e answer to any c of the goods, of	equipme of the ab ther ass	nt, mailing lists, other assets, or paid employees ove is "Yes," complete the following schedule. Collets, or services given by the reporting foundation laring arrangement, show in column. (d) the value.	lumn (b) should always show the fair mailf the foundation received less than fair m	rket narket	Х
(a)	Line no	(b) Amount inv) Description of transfers, transactions, and sharing a	rrangem	ents
			0	Not Applicable			
		1					

(4) 2.1.0 1.0	(b) / who are mitoriou	(e) Hame	or nononanable exempt organization	1 (4) 50.	scription of transicis,	dansactions, and snaming arrangements
	0	Not Applicab	le	i		
	0					
	0					
	0					
	0					
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	0				· ·	
	0					
	0					
describ	ped in section 501(c) on "complete the following,"	of the Code (o	ated with, or related to, one or other than section 501(c)(3)) or	r in section	527?	Yes X No
	(a) Name of organization		(b) Type of organization	<u> </u>	(c)	Description of relationship
			<u></u>		<u>. </u>	
Sign Und	der penalties of perjury, I dec ef, it is true, correct, and cor	dare that I have ed nplete Declaration	xamined this return, including accompa in of preparer (other than taxpayer or fi	anying schedu duciary) is bas	les and statements, a sed on all information	and to the best of my knowledge and of which preparer has any knowledge
Here	John 1 Sulentie					
I D.	<u> </u>			10/12/	<u>2011 V</u>	P AND TAX DIRECTOR
	Signature of officer or truste			Date	₽ Tit	lle
Doid	Print/Type preparer's n	ame	Preparer's signature		Date	PTIN
Paid	Donald I Da		1 September 1		40440/0044	Check X if
Prepare	Complete and the Dec		1 0		10/12/2011	self-employed P00364310
Use Only	V		eCoopers, LLP			Firm's EIN ► 13-4008324
	rimis address ► 60	UGRANIST	REET PITTSBURGH PA 15:	219-2777		Phone no 412-355-6000

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

Schedule of Contributors

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization **Employer identification number GOODWIN FAMILY MEMORIAL TUA** 95-6674233 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and п 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

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

applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

. .

. . .

during the year

. .**▶** \$_____

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Part
Name of organization	Employer identification number
GOODWIN FAMILY MEMORIAL TUA	95-6674233

Part i	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	3rd Party Manager - MEI Real Estate Services 8928/8946 Santa Monica Blvd West Hollywood CA 90069 Foreign State or Province Foreign Country	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Goodwin Family Memorial TUA Wells Fargo Bank Long Beach CA 90801 Foreign State or Province Foreign Country	\$ 10,545,406	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Goodwin Family Memorial TUA Wells Fargo Bank Long Beach CA 90801 Foreign State or Province Foreign Country	\$ 411,271	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	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
5	Foreign State or Province Foreign Country	\$0	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
6	Foreign State or Province Foreign Country	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number 95-6674233

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Assets of Trust Account See attached statement	\$ 10,545,406	1/1/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Schedule B (F	form 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Part III
Name of org				Employer identification number
	FAMILY MEMORIAL TUA			95-6674233
Part III	Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the ye For organizations completing Part III, enter contributions of \$1,000 or less for the year	ar. Complete the total of e	columns (a) through (e) xclusively religious, cha	and the following line entry ritable, etc.,
(a) No.				
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	1	(e) T	ransfer of gift	
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
	For Prov Country	••••••	•	
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held

		(e) T	ransfer of gift	
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
		•••••		•••••
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
			•••••	
		(e) T	ransfer of gift	•
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
		• • • • • • • • • • • • • • • • • • • •		
	For Prov Country			
(a) No.	For Prov Country		l	
from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
		/-> -		
		(e) I	ransfer of gift	

Transferee's name, address, and ZIP + 4

For Proy _ Country

Relationship of transferor to transferee



Period Covered: February 1, 2011 - February 28, 2011

Account Number 716126

ASSET DETAIL

Asser Description Cash & Equivalents	Qианттт	PRICE	MARKET VALUE AS OF 02/28/11	Cost Basis	Unrealized Gain/Loss	ESTIMATED Annual Income	CURRENT YIELD
MONEY MARKET WELLS FARGO ADVANTAGE CALIFORNIA MUNICIPAL MONEY MARKET INSTITUTIONAL	50,908.430		\$50,908 43	\$50,908.43	\$0.00	\$31.90	0.06%
#3163 WELLS FARGO ADVANTAGE CALIFORNIA MUNICIPAL MONEY MARKET INSTITUTIONAL #3163	419,889.490		419,889.49	419,889.49	00.0	263.15	90.0
Asset neid in invested income Portiolio Total Money Market			\$470,797.92	\$470,797.92	\$0.00	\$295.05	0.06%
Total Cash & Equivalents			\$470,797.92	\$470,797.92	\$0.00	\$295.05	0.06 %
Asser Description Equities	QUANTITY	PRICE	MARKET VALUE AS OF 02/28/11	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED Annual Income	CURRENT
OTHEK DOMESTIC LAUNDRY SERVICE INC SYMROI: D25696117	22,500 000	\$204.000	\$4,590,000 00	\$209,250.00	\$4,380,750.00	\$0.00	0.00%
Total Other			\$4,590,000.00	\$209,250.00	\$4,380,750.00	\$0.00	%00.0
Total Equities			\$4,590,000.00	\$209,250.00	\$4,380,750.00	\$0.00	0.00%



Period Covered: February 1, 2011 - February 28, 2011

Account Number 716126

ASSET DETAIL (continued)

Asset Description Real Assets	QUANTITY	Price	VALUE CARRIED AS OF 02/28/11	Cost Basis	Unreauzed Gain/Loss	ESTIMATED Annual Income	CURRENT VIELD
REAL PROPERTY 8928-38/8946-48 SANTA MONICA WEST HOLLYWOOD CA 90069 Commercial MULTIPLE COUNTIES MULTIPLE TAX PRCLS ASSET MANAGER: DARRYL BIRKBECK PHONE#: 213-688-2975	1 000	\$5,980,000.000	\$5,980,000.00	\$442,000.00	\$5,538,000.00	\$347,000.00	5.80%
Valued as of 05/16/08 Total Real Property			\$5,980,000.00	\$442,000.00	\$5,538,000.00	\$347,000.00	5.80%
JATHEN JED PARTY MGR OPERATING RESERVES HELD BY MEI REAL ESTATE SERVICES FOR 8928-46 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069 REX01960 ASSET MANAGER. DARRYL BIRKBECK PHONE#: 213-688-2975	1 000	\$32,290 040	\$32,290 04	\$1.00	\$32,289 04	00 0\$	%00.0
Valued as of 01/31/11 Total Other			\$32,290.04	\$1.00	\$32,289.04	\$0.00	0.00%
Total Real Assets			\$6,012,290.04	\$442,001.00	\$5,570,289.04	\$347,000.00	5.77%
TOTAL ASSETS			ACCOUNT VALUE AS OF 02/28/11 \$11,073,087.96	Cost Basis \$1,122,048.92	Unreauzed Gain/Loss \$9,951,039.04	ESTIMATED ANNUAL ÍNCOME \$347,295.05	

6 of 12

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	STITEM	FARGO	

Account Number 716126

Period Covered: February 1, 2011 - February 28, 2011

LIABILITY DETAIL

LIABILITY DESCRIPTION	BALANCE AS OF 02/28/11	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME
SEC DEP. MEI REAL ESTATE SERVICES 8928-46 SANTA MONICA BLVD. WEST HOLLYWOOD, CA 90069 VARIOUS TENANTS REX01960	- \$52,403.94	- \$52,403.94	\$0.00	\$0.00
TOTAL LIABILITIES	- \$52,403.94	- \$52,403.94	\$0.00	\$0.00
	ACCOUNT VALUE AS OF 02/28/11	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED Annual Income
TOTALACCOUNTVALUE	\$11,020,684.02	\$1,069,644.98	\$9,951,039.04	\$347,295.05

WELLS FARGO

Account Statement For: GOODWIN FAMILY MEMORIAL TUA

Period Covered: December 1, 2010 - December 31, 2010

Account Number 716126

ASSET DETAIL

Asset Description	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	Cost Basis	Umrealized Gain/Loss	ESTIMATED ANNUAL INCOME	CURRENT VIELD
MONEY MARKET WELLS FARGO ADVANTAGE CALIFORNIA MUNICIPAL MONEY MARKET INSTITUTIONAL #3163	55,013 730		\$55,013.73	\$55,013.73	\$0.00	\$76.12	0.14%
WELLS FARGO ADVANTAGE CALIFORNIA MUNICIPAL MONEY MARKET INSTITUTIONAL #3163 Asset held in Invested Income Portfolio	356,257 390		356,257.39	356,257 39	0.00	492.96	0.14
Total Money Market			\$411,271.12	\$411,271.12	\$0.00	\$569.08	0.14%
Total CASH & EQUIVALENTS			\$411,271.12	\$411,271.12	\$0.00	\$569.08	0.14%
Asset Description	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT
DOMESTIC LAUNDRY SERVICE INC SYMBOL: D256996117	22,500 000	\$204.000	\$4,590,000 00	\$209,250.00	\$4,380,750.00	\$0.00	%00.0
Total Other			\$4,590,000.00	\$209,250.00	\$4,380,750.00	\$0.00	%00.0
Total EQUITIES			\$4,590,000.00	\$209,250.00	\$4,380,750.00	\$0.00	%00.0



Period Covered: December 1, 2010 - December 31, 2010

Account Number 716126

ASSET DETAIL (continued)

Asset Description	QUANTITY	PRICE	VALUE CARRIED AS OF 12/31/10	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED Annual Income	CURRENT YIELD
REAL PROPERTY 8928-38/8946-48 SANTA MONICA WEST HOLLYWOOD CA 90069	1.000	\$5,980,000.000	\$5,980,000 00	\$442,000 00	\$5,538,000.00	\$347,000.00	5.80%
Commercial MULTIPLE COUNTIES MULTIPLE TAX PRCLS ASSET MANAGER. DARRYL BIRKBECK PHONE#: 213-688-2975 Valued as of 05/16/08							
Total Real Property			\$5,980,000.00	\$442,000.00	\$5,538,000.00	\$347,000.00	5.80%
OTHER							
3RD PARTY MGR OPERATING RESERVES HELD BY MEI REAL ESTATE SERVICES FOR 8928-46 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90069 RFX01960	1.000	\$27,809.820	\$27,809.82	\$1.00	\$27,808.82	\$0.00	%00.0
ASSET MANAGER DARRYL BIRKBECK PHONE#: 213-688-2975 Valued as of 11/30/10							
Total Other			\$27,809.82	\$1.00	\$27,808.82	\$0.00	0.00%
Total REAL ASSETS			\$6,007,809.82	\$442,001.00	\$5,565,808.82	\$347,000.00	5.78%
			Account Value as of 12/31/10	Cost Basis	Unreauzed Gain/Loss	ESTIMATED ANNUAL ÎNCOME	
TOTAL ASSETS			\$11,009,080.94	\$1,062,522.12	\$9,946,558.82	\$347,569.08	

Accol	1005		
	ST. TEVAN	FARGO	

Account Number 716126

Period Covered: December 1, 2010 - December 31, 2010

LIABILITY DETAIL					
LIABILITY DESCRIPTION	BALANCE AS OF 12/31/10	Cost Basis	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	
SEC DEP: MEI REAL ESTATE SERVICES 8928-46 SANTA MONICA BLVD. WEST HOLLYWOOD. CA 90069	- \$52,403 94	- \$52,403 94	\$0.00	00 0\$	
VARIOUS TENANTS. REX01960					
TOTAL LIABILITIES	- \$52,403.94	- \$52,403.94	\$0.00	\$0.00	
	ACCOUNT VALUE	a 850	UNREALIZED	ESTIMATED	
TOTALACCOUNTVALUE	\$10,956,677.00	\$1,010,118.18	\$9,946,558.82		

Line 11 (990-PF) - Other Income

0							_						
		Adjusted	Net Income										
34,551		Net Investment	Income	34,551	0	0	0	0	0	0	0	0	0
34,551	Revenue	and Expenses	per Books	34,551									
			Description	Rental Income									
				1	2	3	4	2	9	7	8	6	10

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Line 16a (990-PF) - Legal Fees

Name of Organization or Expenses per Person Providing Service Books 1.115 Income 2,115			2,115	0	0	2,115
Name of Organization or Expenses per Net Investment Person Providing Service Books Income LEGAL FEES 2,115						Disbursements
Name of Organization or Expenses per Net Investment Person Providing Service Books Income LEGAL FEES 2,115			Revenue and			tor Charitable
LEGAL FEES 2,115			Expenses per	Net Investment	Adjusted Net	Purposes
LEGAL FEES 2,115		Person Providing Service	Books	Income	Income	(Cash Basis Only)
2 3 4 5 6 6 7 7 7 8 8	-		2,115			2,115
3 4 5 6 6 7 7 8 8 9	7					
5 6 7 7 8 8	က					
5 6 7 8 8 9	4					
8 8 9	5					
8 8 9	9					
8 6	7					
6	8					
	6					
	10					

Line 23 (990-PF) - Other Expenses

		5,888	5,888	0	
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
_	Description	per Books	Income	Income	Purposes
_	Amortization See attached statement	0	0	0	
7	Rental MGMT Fees	2,080	2,080		
က	Other Misc Rental Exps	3,808	3,808		
4					
5					
9					
7					
8					
9					
10					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			0	209,250)	4,590,000
		Num Shares/	Num Shares/ Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	eg of Year	End of Year
1	CORPORATE STOCK			209,250		4,590,000
2						
3						
4						
2						
9						
7						
8						
6						
10						

Part II, Line 13 (990-PF) - Investments - Other

			0		6,012,290
		Basis of	Book Value	Book Value	FMV
	Item or Category	Valuation	Beg of Year	End of Year	End of Year
1	OTHER INVESTMENTS			442,001	6,012,290
2					
3					
4					
2					
9					
7					
8					
6					
10					

Part II, Line 22 (990-PF) - Other Liabilities

MEI REAL ESTATE SERVICES Description Ending Ending 2 Balance -52,404 4 -52,404 -52,404 5 -52,404 -52,404 6 -52,404 -52,404 7 -52,404 -52,404 8 -52,404 -52,404 9 -52,404 -52,404 9 -52,404 -52,404 10 -52,404 -52,404 2 -52,404 -52,404 3 -52,404 -52,404 4 -52,404 -52,404 5 -52,404 -52,404 6 -52,404 -52,404 7 -52,404 -52,404 8 -52,404 -52,404 9 -52,404 -52,404 10 -52,404 -52,404 10 -52,404 -52,404 10 -52,404 -52,404 10 -52,404 -52,404 10 -52,404			0	-52,404
MEI REAL ESTATE SERVICES MEI REAL ESTATE SERVICES Balance			Beginning	Ending
MEI REAL ESTATE SERVICES		Description	Balance	Balance
2 4 4 5 5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	-	MEI REAL ESTATE SERVICES		-52,404
3 5 6 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2			
5 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3			
5 6 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	4			
8 8 9 10	2			
8 9 9 10	9			
9 9 10	7			
9 10	8			
10	6			
	10			

Part III (990-PF) - Changes in Net Assets or Fund Balances

Rental Income Posted in 2011, taxable on the Final Trust Return in 2010	1	52,007
Rounding		20
Total	3	52,027
Line 5 - Decreases not included in Part III, Line 2		
France FMM/ over Control Annual Control to	•	0.040.55
Excess FMV over Cost of Assets Contributed	1	
Excess FMV over Cost of Assets Contributed Rental Expenses Posted in 2011, taxable on the Final Trust Return in 2010	1 _	9,946,559 18,007

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

9,428	Compensation	9,428									
	Average Hours	4									
	Title	TRUSTEE									
	Foreign Country										
	Zip Code	CA 94163									
	State	CA									
	Cıty	SAN FRANCISCO									
	Street	PO BOX 63954 MAC A0348-012 SAN FRANCISCO									
	Check "X" if Business	×									
	Name	Wells Fargo Bank, N A					:				
		-	2	3	4	5	9	7	8	6	10

Form 8868

(Rev January 2011)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of Internal Revenu		▶ File a	separate a	application for each return.			
If you are	e filing for an	Additional (Not Automatic)	3-Month I	lete only Part I and check this box Extension, complete only Part II d an automatic 3-month extension of	(on page 2 of	this form)	×
a corporation 8868 to require Return for T	on required to uest an exter ransfers Ass	o file Form 990-T), or an addition Insign of time to file any of the football	onal (not a forms liste I Benefit C	of you need a 3-month automatic executomatic) 3-month extension of time d in Part I or Part II with the except contracts, which must be sent to the visit www.irs.gov/efile and click of	ne You can el iion of Form 8 e IRS in pape	lectronically file For 870, Information r format (see	rm
Part I A corporation Part I only				ly submit original (no copies nee omatic 6-month extension—check t		omplete	
All other co	ncome tax re	eturns	rships, RE	MICs, and trusts must use Form 70	004 to reques	t an extension of	
Type or print	GOODWIN	FAMILY MEMORIAL TUA	hay and i		Employer id 95-6674233	entification number	-
due date for filing your return See instructions	ting your eturn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Enter the Return code for the return that this application is for (file a separate application for each return)							
Applicatio Is For	n		Return Code	Application Is For	= • • • •		turn ode
Form 990			01	Form 990-T (corporation)		C)7
Form 990-I			02	Form 1041-A		C	08
Form 990-I			03	Form 4720			9
Form 990-I			04	Form 5227			10
		a) or 408(a) trust)	05	Form 6069			11
Form 990-	(trust other	than above)	06	Form 8870		11	12
Telepho	ne No ▶	care of ► WELLS FARGO (888) 730-4	933	FAX No ▶			
				ss in the United States, check this			▶ ∟
				Group Exemption Number (GEN)		If this is	
	e group, che			part of the group, check this box		▶ and attac	ch a
		EINs of all members the extens					
until	10 the organiza			n required to file Form 990-T) exterganization return for the organization		ove The extension	1
· <u></u>			011	, and ending	2/28/201	1	

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 3a 2,000 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 2,000

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Change in accounting period

If the tax year entered in line 1 is for less than 12 months, check reason

X Initial return Final return