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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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Name of organization

Irwin A. and Robert D. Goodman Foundation, Inc.

Employer identification number

39-6056619

**Part I** Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|--------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Robert D. Goodman Trust Estate<br>PO Box 44966<br>Madison, WI 53744-4966 | \$ 732,171                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                          | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

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