Form 990-PF

EXTENDED TO NOVEMBER 15, 2017 **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www irs gov/form990pf OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number THE GOODMAN FAMILY OPERATING FOUNDATION 61-1816821 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1107 HAZELTINE BLVD 200 952-361-8000 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 55318 CHASKA, MN G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation. Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 287,228,707. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements or charitable purpose (cash basis only) Part | Analysis of Revenue and Expenses (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 284,377,584. 71 . . . Contributions, gifts, grants, etc., received 2 Check In if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 101,123 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 37 61 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 9 10a Gross sales less returns Less Cost of goods sold c Gross profit or (loss) 11 Other income 284,478,707 0 -0. 12 Total. Add lines 1 through 11 0. 0 -0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other profession 17 Interes NOV 2 2 2017 18 Taxes Depreciation and depletion Occupance Travel, conferences, and 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 0. expenses. Add lines 13 through 23 y in M ٥. 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 0. 0 O 4-lb/W 27 Subtract line 26 from line 12: district to 284,478,707.

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

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P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		W/2002	dental and the second
	3	Accounts receivable ► 101,123.			<u> </u>
		Less: allowance for doubtful accounts		101,123.	101,123.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		_	
		disqualified persons			
	7	Other notes and loans receivable $\triangleright 287, 127, 584$.			
		Less: allowance for doubtful accounts ▶ 0.	0.	287,127,584.	287,127,584.
(A)	8	Inventories for sale or use		· ·	
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	l	Investments - corporate bonds			
	l	Investments - land, buildings, and equipment basis	, i		
		Less accumulated depreciation		MANG SELLY WELDON MORROWS - AND SON AS NO. A.	# 2000 1 v.pm
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			30 ()
		Less accumulated depreciation	X PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2002 20.73000	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	287,228,707.	287,228,707.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			· .
Balances	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	287,228,707.	
Š	30	Total net assets or fund balances	0.	287,228,707.	
_	31	Total liabilities and net assets/fund balances	0.	287,228,707.	, 4 '(<u>)</u>
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
Ξ	T	A second of the		·	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		0.
	•	t agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a		1 2	284,478,707.
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 1 3	2,750,000.
-		lines 1, 2, and 3	055 91	ATEMENT 1 3	287,228,707.
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	287,228,707.
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(a) List and des	cribe the kin	ses for lax on Industry d(s) of property sold (e.g. r common stock, 200 shs	, real estate,		(b)	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
_b NO	NE				1			
<u>c</u>					—			
_d					╁			
(e) Gross sales price		epreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) min	
<u>a</u>								
Ь								
_c	_							
_d	 							
Complete only for coasts above		lung (b) and august had	h o 6	40/04/00				
Complete only for assets show	(i)	Adjusted basis as of 12/31/69	(k) E:	cess of col. (1)		((I) Gains (Col. (h) g col. (k), but not less t Losses (from co	than -0-) or
	 			(1), a				
<u>a</u> b								
C								
d								
<u>e</u>	<u> </u>		L					
2 Capital gain net income or (net o	apıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line - ın Part I, line	7 : 7	}	2		
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	I, cólumn (c)	` '	d (6):		}			
Part V Qualification U	Inder Se	ction 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	come	
(For optional use by domestic privat							 -	N/A
						•,		,
If section 4940(d)(2) applies, leave t	this part blar	K.						
Was the foundation liable for the sec If "Yes," the foundation does not qua	ılıfy under se	ction 4940(e). Do not coi	mplėte this pa	rt				Yes No
1 Enter the appropriate amount in			structions be	ore making any e				(4)
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) onchai	ntable-use asse	ts Col. (b)	(d) tribution ratio divided by col. (c))
2015								
<u>2014</u> 2013	- -							
2013		 						
2011								
2 Total of line 1, column (d) 3 Average distribution ratio for the	5-year base	period - divide the total o	on line 2 by 5	or by the number	of ve	ars	2	
the foundation has been in existe			2 by 0,	or by the normber	0. 70.		3	
4 Enter the net value of noncharital	ble-use asse	ts for 2016 from Part X, I	ine 5				4	
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment incor	ne (1% of Pa	urt I, line 27b)					6	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from	n Part XII, lii	ne 4					8	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, che	ck the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax rate.		
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	n 990-PF (2016) THE GOODMAN FAMILY OPERATING FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	(0(e), or 49	51- 48-	1816 see in	821 structio	Page 4		
	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<u> </u>	2 1	44. 8	(B. V. V	3 (3)		
16	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	.,	*					
		" [[4	- Mildle	Alman. I	0.		
U	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here							
	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. (I	b)	**************************************					
	· · · · · ·	u,. ,	2		الأسطان المعاسس بمعيدات	0.		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ŀ	3			0.		
3	Add lines 1 and 2 Subtitle A (cooper) tay (demostre section 4047(a)(4) trusts and tayable foundations only. Others pater (2)	F-	_3			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	}	<u> </u>			0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ŀ	5	£2\$65		- 		
6	Credits/Payments:		1		1.			
	a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6b			4				
	b Exempt foreign organizations - tax withheld at source 6b			i com				
	c Tax paid with application for extension of time to file (Form 8868) 6c 6c			XX XX XX XX				
	d Backup withholding erroneously withheld			a		الانت ما		
7		+	7_			0.		
8	Enter any penalty for underpayment of estimated tax. Check here	_ }	8_			0.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	~	9_					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	D. 4. 4. 4	10					
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Refunded	11_					
ــــــــــــــــــــــــــــــــــــــ	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participa	to or interiors			Ye	s No		
14		ie or intervene i	11		1a	X		
	any political campaign? • Did it spend more than \$100 during the year (other directly or indirectly) for political purposes (see instructions for	r the definition)	2			$\frac{x}{x}$		
D	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	-			1b			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials in the state of the second state o	eriais publisne	a or		l. Tea.	1		
_	distributed by the foundation in connection with the activities				la X	X		
	c Did the foundation file Form 1120-POL for this year?				10	1		
u	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$	0.						
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on for				r II	" [. " "		
6	managers. > \$ 0.	muation						
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2	X		
-					-2	137		
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	icorporation, or			3	X		
A a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a	X		
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b	† <u> </u>		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	•	5	X		
·	If "Yes," attach the statement required by General Instruction T				1	. *		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
·	By language in the governing instrument, or							
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict 	t with the state I	law					
	remain in the governing instrument?				6 X	, a		
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 YI/			7 X			
•	Did alle resilied and a consequence of any alles calling and year. If year, complete t art in, cor loy,	, and ran Ar			P. 187	100		
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)							
•••	MN		_					
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desi	ignate)			23			
_	of each state as required by General Instruction G? If "No," attach explanation	J,			8b X	AL / 8085		
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(3)$	2(ı)(5) for calen	dar					
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	W/-1			9	X		
10		idresses S	TMI	2	10 X			
					rm 990-P	F (2016)		

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Pa	rt VII-A Statements Regarding Activities (continued)			
		, ,	Yes	No
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 instructions)	111		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
13		[13		
	Website address ► N/A The books are in care of ► CLINT KNACKE Telephone no. ► 952-3	<u> </u>	$\overline{\Lambda}\Lambda\Lambda$	
14	110 DUCKS are in care of CHINI KNACKE	E 2 1 0	000	
	Located at ► 1107 HAZELTINE BLVD, SUITE 200, CHASKA, MN ZIP+4 ►5	22TO		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<i>,</i> ,,▶	ـــا
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	/ <u>A</u>	-
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		ę	
_	foreign country			
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.	T	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?		200	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ái.		
	(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		ì.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		A.	
	for the benefit or use of a disqualified person)?			M G
				1 A
	(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.)	198) 33
р	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	8.4	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1.483	
	before the first day of the tax year beginning in 2016?	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)).			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No	13- #		
	If "Yes," list the years ▶			4
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		M	\$
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	*B *	AA 1914 X
^	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
٠	The provisions of section 4042(a)(2) are being applied to any of the years listed in 2a, list the years liste.	200	÷.4	
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		,1	
Ja				
	— — — — — — — — — — — — — — — — — — —		3.00 T	
Þ	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		.34	. ^ }
	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ŊŰ.	ĺį
	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,	أغشا		Maril
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b_		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	l	14.0 miles	
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u> </u>
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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)				
Part VII-B Statements Regarding Activities for Which F Sa During the year did the foundation pay or incur any amount to. (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes: (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instructions) organizations relying on a current notice regarding disaster assistance check his c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the content of the condition o	orm 4720 May Be R 4945(e))? To carry on, directly or indirectly and described in section or educational purposes, or form der the exceptions described in ctions)? ere	ectly, ectly, Ye or In Regulations		5b			
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? N/A Yes No Yes No							
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A							
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly					
1 List all officers, directors, trustees, foundation managers and their of	compensation.						
(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) Expense account, other allowances			
SEE STATEMENT 3		0.	0.	0.			
O Commence of the bight and anid amplement (Albert March Inc.)	and all the sets the second			<u> </u>			
Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE							
Total number of other employees paid over \$50,000				0			

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	Paid Employees, and Contractors (continued)	agers, riigiliy	
3 Five high	est-paid independent contractors for professional services. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
1	IONE		_
			
	 		
			
Total number	of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A	Summary of Direct Charitable Activities		
List the found	ation's four largest direct charitable activities during the tax year. Include relevant statistical informat	ion such as the	
number of org	anizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
11	I/A		
			
2			
			
з ———			
·			
4			
D 48IV D	12		
	Summary of Program-Related Investments		
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	Amount
11	I/A		
2			
All other prog	ram-related investments. See instructions.		
3			
Total Add In	es 1 through 3	•	0.
- Juli Add III	00 1 111100911 0		Form 990-PF (2016)
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				<u> </u>
2 Undistributed income, if any, as of the end of 2016			<u> </u>	
a Enter amount for 2015 only		Ma (1/4) (1/4) (1/4)	<u>0.</u>	38.00
b Total for prior years:		_		4.15
	5 MC - 17 MMG	0.	5 Table 1 Tabl	
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4. ► \$ 0 •			. lk. ik ii	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	\$ C -700 (1988) - 2770	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	<u> </u>		
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			***
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	<u> </u>		<u> </u>
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		۸ ا		
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2015. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.			(A)	<u> </u>
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2017 7 Amounts treated as distributions out of	<u> </u>			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	o.			
may be required - see instructions)	J .			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
623581 11-23-16	<u>e. / 300 3647 300 1</u>	***** ***** \$ ` } **********************	** *** *******************************	Form 990-PF (2016)

Form 990-PF (2016) THE GOO	DMAN FAMILY	OPERATING	FOUNDATION	61-18	16821 Page 10
Part XIV Private Operating Fo			-A, question 9)	N/A	
1 a If the foundation has received a ruling o			ļ		
foundation, and the ruling is effective fo		-	▶ └		
b Check box to indicate whether the found		ig foundation described ii		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	- "	Prior 3 years	1	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	İ				
each year listed			ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	}				
exempt activities					
e Qualifying distributions made directly				1	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:			ļ	1	
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	<u></u>	<u> </u>	Ì	Ì	
b "Endowment" alternative test - enter					
2/3 of minimum investment 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					
securities loans (section 512(a)(5)), or royalties)			ļ	Į į	
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)				1	
(3) Largest amount of support from				<u> </u>	
an exempt organization					
(4) Gross investment income			<u> </u>	· · · · · ·	
Part XV Supplementary Info	rmation (Complet	e this part only it	the foundation b	ad \$5,000 or mor	e in assets
at any time during the	ne vear-see instri	uctions.)		ιαα φο,σσο στ τποι	J 111 400010
1 Information Regarding Foundation					
a List any managers of the foundation who	•	han 20/, of the total centr	thuttone recovered by the f	aundation hafara the alog	of any tay
year (but only if they have contributed m			ibutions received by the n	oundation before the close	or any tax
NONE	φο,σου, (σοσ ο				
b List any managers of the foundation who	own 10% or more of the	stock of a corporation (or an aqually large portion	a of the ownership of a pa	ctnorebun or
other entity) of which the foundation has			or are equally large portion	I OI die Ownership of a pa	triciality of
NONE	U =				
2 Information Regarding Contribution	on Grant Gift Loan	Sahalarahin eta Dua			
Check here X if the foundation o				at account upoclicated to sur	ata for funda. If
the foundation makes gifts, grants, etc. (
					
a The name, address, and telephone numb	iei or e-mail address of ti	ie person to wnom appilo	alions should be address	eo.	
1. The farmer is the boundary of sold by					
b The form in which applications should be	e submitted and informat	ion and materials they sn			
c Any submission deadlines.					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields, l	kinds of institutions, or o	ther factors:	
623601 11-23-16					Form 990-PF (2016)

▶ _3b

Form 990-PF (2016)

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise undested	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue: a	code	741100111	code	Allouit	
a b	·				
c					
d					
e	1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	101,123.	
4 Dividends and interest from securities	<u></u>				
5 Net rental income or (loss) from real estate:	27 m		(X)		
a Debt-financed property	L				
b Not debt-financed property			L		
6 Net rental income or (loss) from personal		[(
property	<u> </u>				
7 Other investment income	———	ļ	<u> </u>		
8 Gain or (loss) from sales of assets other	1		i i		
than inventory	——				
9 Net income or (loss) from special events	ļ				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			\vdash		
b			\vdash		
			\vdash \dashv		
d	-				
12 Subtotal. Add columns (b), (d), and (e)		0.		101,123.	0.
13 Total. Add line 12, columns (b), (d), and (e)		L	l	13	404 400
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mnlishment of Eve	mnt	Durnoses	
i di i Attib	0 the A000				
Line No. Explain below how each activity for which inco	me is reported	in column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			. <u> </u>
					
_					
					
					
-					
					
					
					

16) THE GOODMAN FAMILY OPERATING FOUNDATION 61-1816821 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees dif the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show column (d) the value of the goods, other assets, or services received.									X X X X X X X X
(a) L		(b) Amount involved			e exempt organization	(d) Description	on of transfers, transactions, a	ind sharing arrangemen	nts
<u> / </u>	-	(a)outt meoirou	(3) 1441110 01	N/A	o on on pri or gainzation	(a) Description	on on a generous, paneautions, a	Sharing artangorina	
				N/A		_ 			
	-+		 			- -			
			 -			- 			
			L			_ 			
			<u> </u>						
2a	is the four	ndation directly or indirect	tv affiliated with or r	elated to one	or more tax-exempt organi	zations described			
		501(c) of the Code (other				2410110 400011004		Yes X	No
		omplete the following sche		(0)) 01 111 0000	1011 021				
	11 100, 00	(a) Name of organic			(b) Type of organization	T	(c) Description of relati	onship	
	_	N/A			(2) .7F3 5. 5. guinzanon	 	(5) 555 ipasii oi rolati		
		II/A				 			
						 			
_						 			
						 			
	Under	populties of portion 1 deal 4	hat I have evamined the	roturn unabidi	accompanying schedules and st	ntemonts and to the fi	eet of my knowl-dee		
Sig He	n and be	elief, it is que, correct, and com			taxpayer) is based on all informa	tion of which preparer		May the IRS discuss to return with the preparation below (see install). X Yes	er .
	Sign	nature of efficer or trustee			Date	Title			
		Print/Type preparer's nai	me	Preparer's si	-	Date	Check If PT	IN	
D-:	الم			Scha	in Redden]]	self- employed		
Pai		SARAH REDDI				11/14/17		00898534	
	parer	Firm's name DELO	OITTE TAX	LLP			Firm's EIN ►86-	1065772	
Use	e Only								
		Firm's address ► 50	SOUTH SI	KTH STI	REET		1		
		MII	NNEAPOLIS	, MIN 5!	5402		Phone no. 612-	397-4000	
								Form 990-PF	(2016)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number Name of the organization THE GOODMAN FAMILY OPERATING FOUNDATION 61-1816821 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

TUE G	OODMAN FAMILY OPERATING FOUNDATION		-1910971
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN B. GOODMAN CHARITABLE LEAD ANNUITY TRUST 1107 HAZELTINE BOULEVARD, SUITE 200 CHASKA, MN 55318	\$ <u>284,377,584.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Complete Part II for noncash contributions.)
623452 10-18	-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE GOODMAN FAMILY OPERATING FOUNDATION

61-1816821

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		- - - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		- - - \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		- - - - - - - -					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					

Page	4
rauc	_

Name of org	ganization	- 	Employer identification number			
THE GO	OODMAN FAMILY OPERATING	FOUNDATION	61-1816821			
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	ibutions to organizations described in columns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 R		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
}	(e) Transfer of gift					
-	Transferee's name, address, ar	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
}	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
1		ì				

THE	GOODMAN	FAMILY	OPERATING	FOUNDATION

61	-1	8	1	6	R	2	1
	_	•	_	v	v	44	-

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BAL	LANCES STATEMENT 1
DESCRIPTION	AMOUNT
TRANSFER FROM GOODMAN FAMILY OPERATING FOUNDATION	2,750,000.
TOTAL TO FORM 990-PF, PART III, LINE 3	2,750,000.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 2
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

ESTATE OF JOHN B. GOODMAN

1107 HAZELTINE BOULEVARD, SUITE 200 CHASKA, MN 55318

	LIST OF OFFICERS, I		STAT.	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JAMES WEICHERT 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	DIRECTOR 1.50	0.	0.	0
SHANE GOODMAN 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	CHAIRMAN OF TH	HE BOARD/DIRI 0.	ECTOR 0.	0
T. JAY SALMEN 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	VICE PRESIDENT 1.50	r/SECRETARY/I 0.	DIRECTOR 0.	0
CRAIG EDINGER 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	DIRECTOR 3.00	0.	0.	0
CLINT KNACKE 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	DIRECTOR/TREAS	SURER 0.	0.	0
MARK WILSON 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	DIRECTOR/PRESI 1.50	DENT 0.	0.	0
MARK REILING 1107 HAZELTINE BLVD, SUITE 200 CHASKA, MN 55318	DIRECTOR 1.50	0.	0.	0
FOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	