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Form 990-PF

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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 5 2015

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

_		lendar year 2014 or tax year beginning	0.6	/20 , 2014 ,	and endin			12/31, 2014
	Name	of foundation				AE	mployer identi	fication number
_		MEG AND BENNETT GOODMAN FAMI					6-531678	
	Numb	er and street (or P O box number if mail is not delivere	ed to street address) Room/suite				,	
							(5)	18) 886-4000
		AYCO, PO BOX 860						
	City o	r town, state or province, country, and ZIP or foreign po	stal code			1		
						C if	exemption appliced and applications of the contraction of the contract	cation is
_		ATOGA SPRINGS, NY 12866-0860					-	
G	Che	ck all that apply. X Initial return	Initial return	of a former p	ublic charif	ty D 1.	Foreign organiza	ations, check here ►
		Final return	Amended ref	turn		2		ations meeting the
_		Address change	Name change				85% test, check computation .	
H	_Che	ck type of organization X Section 501				E	private foundate	on status was terminated
1	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	1	•	b)(1)(A), check here .
ı			ounting method X C	ash Acc	rual	F If	the foundation i	s in a 60-month termination
			ther (specify)			u	nder section 507(b)(1)(B), check here .
_			column (d) must be on cas	sh basis)		l		
E	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	setmont	(a) Ad	usted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	incom			usted net come	purposes
_		column (a) (see instructions))	books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	9,846,491.					
	2	Check ► If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments.						
	4	Dividends and interest from securities	12,522.	1	2,522.	_		ATCH 1
	5a	Gross rents						
	b	Net rental income or (loss)						
ē	6a	Net gain or (loss) from sale of assets not on line 10	3,179,640.					
ē	b	Gross sales price for all 8,768,355.						
Revenue	7	Capital gain net income (from Part IV, line 2)		3,17	9,640.	_		
œ	8	Net short-term capital gain				-13 /		
	9	Income modifications			ストして		レい	ļ <u>.</u>
	10a	Gross sales less returns and allowances		\~F			101	
	b	Less Cost of goods sold .		151	- AUG 2	1 201	5 121	
	С	Gross profit or (loss) (attach schedule)		- A	1100		S	<u> </u>
	11	Other income (attach schedule)		- 1	cent	= 11	厅三	
_	12	Total. Add lines 1 through 11	13,038,653.	3,19	25-1621-1			
' A	13	Compensation of officers, directors, trustees, etc $\ \ .$.	0					
enses	14	Other employee salaries and wages		_				
e	15	Pension plans, employee benefits						
	16 a	Legal fees (attach schedule)						
and Administrative Exp	b	Accounting fees (attach schedule)						
Ě	С	Other professional fees (attach schedule)						
Ę	17	Interest			1 170			
is	18	Taxes (attach schedule) (see instructions)[2].	71,470.		1,470.			
Ē	19	Depreciation (attach schedule) and depletion.						
ᅙ	20	Occupancy						
9	21	Travel, conferences, and meetings						
an	22	Printing and publications						
Operating	23	Other expenses (attach schedule)						
ati	24	Total operating and administrative expenses.						
Je.		Add lines 13 through 23	71,470.		1,470.			ļ
ō	25	Contributions, gifts, grants paid	75,875.				 .	75,875.
_	26	Total expenses and disbursements Add lines 24 and 25	147,345.	<u> </u>	1,470.			75,875.
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	12,891,308.					
	b	Net investment income (if negative, enter -0-)		3,19	0,692.			
	С	Adjusted net income (if negative, enter -0-)			- T			

JSA For Paperwork Reduction Act Notice, see instructions.
4E1410 1 000 1845IQ B54C 7/16/2015 3:36:02 PM

		Delenes Chasts	Attached schedules and amounts in the	Beginning of year	End	of year
Li —	art II	Dalance Sheets	description column 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	ng		5,624,944	5,624,944.
			cash investments			
1	3	Accounts receivable				
		Less allowance for doub	otful accounts ►			<u> </u>
		Less allowance for doub	otful accounts >			<u> </u>
			officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			<u></u>
			eceivable (attach schedule) 🕨		-	
			otful accounts >			
ţ			•			
Assets			eferred charges			
AS		•	government obligations (attach schedule)			
			stock (attach schedule) ATCH 3		3,632,476	4,142,738.
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis Less accumulated deprecial (attach schedule)	· •			
	12	•	oans		-	
	13	Investments - other (attach	ch schedule)			
	14	Land, buildings, and	>			
		Less accumulated depreciat (attach schedule)	non D		1	
ľ	15					
			completed by all filers - see the			
		instructions Also, see pa	ige 1, item I)	0	9,257,420	9,767,682.
_			ccrued expenses			
						1
Ś	_					1
ij			s, trustees, and other disqualified persons			1
Liabilities			tes payable (attach schedule)			
Ĭ			>)			7
		(7
	23	Total liabilities (add lines	s 17 through 22)	0		o
_		Foundations that follow	ow SFAS 117, check here . > 4 through 26 and lines 30 and 31.			1
Balances			-			ļ
ğ	24					-
Ba	25					-
힏	26					-
or Fu		check here and comp	not follow SFAS 117, ▶ 🗓		0.055.400	
ts	27		apal, or current funds		9,257,420	<u>-</u>
Se	28	Paid-in or capital surplus, or	land, bldg, and equipment fund			-
Ä	29		lated income, endowment, or other funds		0.055.100	4
ş	30		balances (see instructions)	0	9,257,420	<u>-</u>
_	31		net assets/fund balances (see			
			 	0	9,257,420	· <u></u>
			nges in Net Assets or Fund Bala			
1			alances at beginning of year - Part			
			d on prior year's return)			
		er amount from Part I,			2	12,891,308.
3	Othe	er increases not includ	ed in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3	line 2 (itemize) ▶ATCH_4		4	12,891,308.
5	Dec	reases not included in	line 2 (itemize) ►ATCH_4			3,633,888.
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b). (ine 30 6	9,257,420.

Forr	n 990-PF (2014)					Page 3
Pa	rt IV Capital Gains	and Losses for Tax on Inv	restment Income			
	• •	d describe the kind(s) of property sold	, -	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo, day, yr)
<u>1a</u>	SEE PART IV SCHE	DULE		} _		
_b				L		
<u>_c</u>						<u> </u>
_d				<u> </u>		
<u>e</u>					<u> </u>	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	[(h) Gain or (lo	
_		(or allowable)	plus expense of sale	<u> </u>	(e) plus (f) mini	us (g)
<u>a</u>				 		
<u>_b</u>			 	-		
_ <u>c</u>						
<u>d</u>			 	 		
<u>e</u>	Complete only for coasts	showing gain in column (h) and own	ad by the foundation on 12/21/60			
	Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g (k), but not less t	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	001	Losses (from co	
_			- Crair Con (g), in City	 		-``
<u>a</u> b			 	 		
			 	 		
_ <u>c</u>			 			
e				 		
		r 11	f gain, also enter in Part I, line 7	† T		
2	Capital gain net income of	ar (not conital lace)	f (loss), enter -0- in Part I, line 7	2	3,	179,640.
3	Net short-term capital ga	ain or (loss) as defined in sections				
_			structions) If (loss), enter -0- in)	ĺĺ		
	-			3		0
Pa	rt V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
			ne section 4940(a) tax on net invest		me)	
•	,	•	• •			
If s	ection 4940(d)(2) applies,	leave this part blank NO	T AVAILABLE FOR INITIAL	YEAR RI	ETURNS	
			butable amount of any year in the b	ase perio	d?	_ Yes No
If "		not qualify under section 4940(e)				
1		nount in each column for each yea	ar; see the instructions before makir	ng any ent		
	(a) Base penod years	(b)	(c)	ļ	(d) Distribution r	atio
_Ce	llendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2013			ļ		
	2012					
	2011					
	2010		 	 		
	2009		<u> </u>	1 7		
2				2		
3	•	•	de the total on line 2 by 5, or by the			
	number of years the four	ndation has been in existence if le	ss than 5 years	3		
4	Enter the net value of no	ncharitable-use assets for 2014 f	rom Part X, line 5	4		
				_		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
				_		
7	Add lines 5 and 6			7_		
8	Enter qualifying distribution	ons from Part XII, line 4	Dod M. Lun 4b. and appropriate	8		
	If line 8 is equal to or gi	reater than line /, check the box	in Part VI, line 1b, and complete	ınat part	using a 1% ta	x rate See the

	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
	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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		63,8	314.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of ${\cal J}$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		63,8	314.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		<u> </u>	114
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		63,6	314.
6	Credits/Payments 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 70,000.			
a				
b	Example for organizations and withhold at source.			
C	Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld			
d 7	Total credits and payments Add lines 6a through 6d		70,0	000.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,1	L86.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 6,186. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ì
	published or distributed by the foundation in connection with the activities			١
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
•	foundation managers > \$	2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			
2	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			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)]
	NEW YORK	:		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	C.	v	
_	(or designate) of each state as required by General Instruction G ² 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			X
	complete Part XIV	9_		 ^
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40	Х	
	names and addresses . ATCH. 5	10	O DE	

Pa	rt VII-A Statements Regarding Activities (continued)			 -
	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).	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	_ ' '		
12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	, , , , , , , , , , , , , , , , , , , ,	13	х	
13	27 / 7			
14	Website address ► N/A The books are in care of ► THE AYCO COMPANY, LP Telephone no ► 518-886	-400	0	
.4	Located at ▶321 BROADWAY, SARATOGA SPRINGS, NY ZIP+4 ▶ 12866			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	- <i></i> -	. >	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, 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 the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country			
Pai	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.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No]
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No		·	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		i '	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
E	olf 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		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	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))]]
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			
	If "Yes," list the years		1	
t	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		ł	}
	all years listed, answer "No" and attach statement - see instructions)	2b	 -	-
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		}	}
	<u></u>			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
_	•			
t	of If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		i	l
	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	25	1	}
_	foundation had excess business holdings in 2014)	3b	 	X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a		<u> </u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		x
	charitable purpose that had not been removed from jeopardy before the mist day of the tax year beginning in 2014.	<u> </u>		<u> -</u> -

	Statements December Activities			using (continued)	7510700	7 age 0
Pai	t VII-B Statements Regarding Activities	tor which form	4720 May Be Red	uirea (continuea)	- 	
5a	During the year did the foundation pay or incur any amount					
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	']	
	(2) Influence the outcome of any specific public ele	ction (see section 4	4955), or to carry or		()	
	directly or indirectly, any voter registration drive?					
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	'	
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n — —		
	section 4945(d)(4)(A)? (see instructions)			. Yes X No	·	
	(5) Provide for any purpose other than religious, ch	aritable, scientific,	literary, or education:	al =		
	purposes, or for the prevention of cruelty to children	or anima(s?		. Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	· []	
	Regulations section 53 4945 or in a current notice regard	ding disaster assistar	ice (see instructions)?		5b	
	Organizations relying on a current notice regarding disas	ster assistance check	here			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	}	
	because it maintained expenditure responsibility for the g		•		,	
	If "Yes," attach the statement required by Regulations sec				}	}
6a	Did the foundation, during the year, receive any fun	, ,	ectly, to pay premiur	ms		
	on a personal benefit contract?	•			. }	
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	6b	X
	If "Yes" to 6b, file Form 8870	-				
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	x shelter transaction?.	, Yes X No	,	
b					7b	
Pai	t VIII Information About Officers, Director	rs, Trustees, Fou	ındation Manager	s, Highly Paid Emp	loyees,	
1	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions		
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expens	e account
	(a) Name and address	hours perweek devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	
- -						
ATC.	н 6		0	<u> </u>		0
				<u> </u>		
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instruction	ons). If no	one, enter
	NONE.	(b) Title, and average		(d) Contributions to		
(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens other all	
		devoted to position		compensation		
	NONE			<u> </u>		
_ _						
- -						
- -				ļ		
			L 	L		
<u> Fotal</u>	number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u></u>		
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Part VIII	Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)	jers, Highly Paid Employ	rees,
3 Five	highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE	." <u> </u>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
			
 -			
			· · ·
Total numb	per of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A	Summary of Direct Charitable Activities		
	<u> </u>		
	undation's four largest direct charitable activities during the tax year. Include relevant statistical inf ins and other beneficianes served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 PLEA	SE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT		
	ITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT		
	ONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT		
Z ONDE	R INTERNAL REVENUE CODE SECTION 501(C)(3).		
3			
3			
4	 		
Part IX-B	Summary of Program-Related Investments (see instructions)		
	he two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE			
		-	
2			
All other p	rogram-related investments. See instructions		
3 NONE			
Total. Add	lines 1 through 3	.	
			Form 990-PF (201

^D ag	jе	8

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,982,866.
b	Average of monthly cash balances	1b	7,291,412.
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	9,274,278.
	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 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	3	9,274,278.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	139,114.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,135,164.
6	Minimum investment return. Enter 5% of line 5	6	244,022.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ □ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	244,022.
2a	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014 (This does not include the tax from Part VI.). 2b		
	Add lines 2a and 2b	2c	63,814.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	180,208.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	180,208.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	180,208.
Part	XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	75,875.
	Program-related investments - total from Part IX-B	1b	<u>-</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	75,875.
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	75,875.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		
	qualifies for the section 4940(e) reduction of tax in those years.		

ο.	

J Pa	rt XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line7				180,208.
2	Undistributed income, if any, as of the end of 2014		1	I	
а	Enter amount for 2013 only			·	
b	Total for pnor years 20 12 ,20 11 ,20 10			· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2014			,	
а	From 2009			}	
b	From 2010				
С	From 2011				
	From 2012				
е	From 2013		1		
f	Total of lines 3a through e			·	
4	Qualifying distributions for 2014 from Part XII,]		
	line 4 ▶ \$75,875.				
а	Applied to 2013, but not more than line 2a				<u> </u>
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		<u></u>	 .	
С	Treated as distributions out of corpus (Election				
	required - see instructions)	·····		<u></u> -	
d	Applied to 2014 distributable amount				75 , 875.
е	Remaining amount distributed out of corpus				
5					
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	<u> </u>		1		
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	··			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions Undistributed income for 2013 Subtract line		·		-
е	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1 This amount must be				104 333
	distributed in 2015		-		104,333.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		}		
	required - see instructions)	<u> </u>			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	0	}		
40	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
_ <u>e</u>	Excess from 2014		<u>. </u>		

_	n 990-PF (2014)			DMAN FAMILI FOUL		40-5	2310/00 Page IL
				and Part VII-A, questi			NOT APPLICABL
1 a	If the foundation has				iting		
		ig is effective for 2014, ei			▶∟		
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section	4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 20	11	
	I or the minimum investment						
	return from Part X for each year listed						
h	85% of line 2a						
С	Qualifying distributions from Part XII, line 4 for each year listed						
d	Amounts included in line 2c not	<u> </u>					
_	used directly for active conduct					1	
	of exempt activities		· -	-			
е	 Qualifying distributions made directly for active conduct of 	1					
	exempt activities Subtract line	1				ľ	
	2d from line 2c						
3	Complete 3a, b, or c for the alternative test relied upon						
а	"Assets" alternative test - enter						
	(1) Value of all assets			l			
	(2) Value of assets qualifying						·
	under section						
b	4942(j)(3)(B)(i)						
	enter 2/3 of minimum invest-			1			
	ment return shown in Part X,						
	line 6 for each year listed						_
С	"Support" alternative test - enter						
	(1) Total support other than gross investment income						
	(interest, dividends, rents,						
	payments on securities loans (section 512(a)(5)),						
	or royalties)						
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in section 4942						
	(j)(3)(B)(iii)						
	port from an exempt						
	organization					-	
Da	<u> </u>	ntany Information (Complete this na	rt only if the found	ation had	\$5,000	or more in assets
I e		e during the year - s		it only if the lound	ation nau	ψ 3,000 (or more in assect
4	Information Regardin						
	List any managers of	-		ro than 20% of the tota	Looptributio	ne rocowe	ad by the foundation
а				more than \$5,000) (Se		- / 13 /63 3	ed by the foundation
	-		•			(+/(-//	
		AND MARGARET GO					
b	List any managers of					in equally	large portion of the
	ownership of a partner	snip or other entity) of	which the foundation	n has a 10% or greater	interest		
	N/A						
2	Information Regardin	g Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:			
	Check here ► X If t	the foundation only r	makes contributions	to preselected charr	table organi	izations ai	nd does not accep
	unsolicited requests for	or funds If the found:	ation makes gifts, gi	rants, etc (see instruct	ions) to indi	viduals or	organizations unde
		plete items 2a, b, c, and		•			
a	The name, address, a	nd telephone number	or e-mail address of	the person to whom app	olications sho	uld be add	ressed
	, ,	•		•			
	The form in which app	lications should be sub	mitted and informat	on and materials they	should includ	le:	· · · · · · · · · · · · · · · · · · ·
_	io in winon app		und imotinat	and materials incy			
	Amu audamadan da da da				<u>_</u> _		
С	Any submission deadli	nes					
d	Any restrictions or li	mitations on awards,	such as by geogr	aphical areas, charital	ole fields, k	inds of in	istitutions, or other
	factors:						

Page **11**

Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contribution	
a Paid during the year				
ATCH 7		ļ		
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		1		
Total	·			75,875.
b Approved for future payment				
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		1		
		1		
		1		
	1	1		
Total	<u> </u>	<u> </u>	▶ 3b	

JSA 4E1491 1 000

Page **12**

Part XVI	-A Analysis of Income-Produ	icing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-				 -		(000 11)
			-			
				 		
				<u> </u>		
ř —				-		
	and contracts from government agencies					
_	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	12,522.	<u>-</u> -
	al income or (loss) from real estate					<u> </u>
a Debt	-financed property					
	debt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					
	loss) from sales of assets other than inventory			18	3,179,640.	
9 Net inco	ome or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	venue a					
b				_		
С						
d						
e					2 100 160	
	Add columns (b), (d), and (e)				3,192,162.	2 102 162
	dd line 12, columns (b), (d), and (e)				13	3,192,162.
	heet in line 13 instructions to verify calc Relationship of Activities		samplishment of Ex	romnt Burn	2000	
						 -
Line No.	Explain below how each activit					
lacktriangledown	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	g funds for such purpose	s). (See instructions)
N/A	NOT APPLICABLE					
	NOT MITETORISED		-			
	-					
						
	-			•		· · · · · · · · · · · · · · · · · · ·
				-		
			<u> </u>			

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		_	-			
		-				
	-		<u> </u>	-		
			_			
_						

Form 990-PF (2014)	THE	MEG A	AND B	ENNETT	GOODMAN	FAMILY	FOUNDATION	_46-53167 <u>88</u> _	Page 13
Part XVII Information Reg			nsfer	s To and	d Transac	tions an	d Relationships	With Noncharit	able

1				engage in any of the fo					Yes	No
			ode (other than s	section 501(c)(3) organ	nizations) or in s	ection 527, r	elating to political			
	-	ızatıons?								
a				a noncharitable exemp						
								1a(1)		Х
	(2) Ot	her assets						1a(2)		X
b		transactions								
				npt organization				1b(1)		Х
				ble exempt organization				1b(2)		Х
				assets						<u> </u>
										X
										Х
				ip or fundraising solicita						X
				s, other assets, or paid					,	X
d				s," complete the follow						
				es given by the repor						
				ement, show in colum						
(a) Li	пе по	(b) Amount involved	(c) Name of no	oncharitable exempt organizat		scription of transfe	ers, transactions, and shar	ing arra	ingeme	nts
		N/A	_		N/A		_			
			-				· -			
——										
			 							
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			L	 	<u> </u>					
2a			_	liated with, or related		•		$\neg \dots$	<u></u>	٦
			•	her than section 501(c)	(3)) or in sectio	n 52/7		Ye	es X	_ No
<u>b</u>	If "Yes	s," complete the follo		# > T f						
	_	(a) Name of organizatio	<u> </u>	(b) Type of organi	zation	(c) Description of relations	nip	_	
	_	_ -				·				
										-
										
	Linde	er penalties of penury 1 deck	are that I have examin	ed this return, including accomp	panying schedules and	statements and to	o the best of my knowledge	e and b	elief it	is true
	corre			xpayer) is based on all information				-	rener, n	15 1740
Sign		F Chose		10/11/15			May the IRS			
Here	e			Deta Deta	Title			parer	¬ г	below
	Sig	nátúre of officer or trustee		Date	ritie		(see instructions	5)7 LA	Yes	No
		Print/Type preparer's na		Preparer's signature		Date_ /	, <u> </u>	TIN		·
Paid		J		Elizabeth Va	· Yand	7/29/1			0061	1
	oarer		NTASSEL		HI WASH	1/00//		2010		т
-	Only		E AYCO COME	ANI, LF			Firm's EIN ▶ 33-11	.0/4	۷۷	
JSE	Unity	1	BOX 860	NCC NV	10	966-0960	B10.00	6-10	200	
		I SA	RATOGA SPRI	NGS, NY	12	866-0860	Phone no 518-88	m 990		(0011
							For	m 25		ィンロエムト

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors

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

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

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization THE MEG AND BENNETT GOODMAN FAMILY FOUNDATION 46-5316788 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 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 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

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

contributor, during the year, total contributions of more than \$1,000 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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. Do not 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 _________ ▶ \$_______

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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) (2014)

Employer identification number 46-5316788

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

		The additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BENNETT J. AND MARGARET GOODMAN		Person X Payroll
	C/O THE AYCO CO., P.O. 860	\$579,112.	Noncash X
	SARATOGA SPRINGS, NY 12866-0860		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	BENNETT J. AND MARGARET GOODMAN		Person X
	C/O THE AYCO CO., P.O. 860	\$19,288.	Payroll X
	SARATOGA SPRINGS, NY 12866-0860		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	BENNETT J. AND MARGARET GOODMAN		Person X
	C/O THE AYCO CO., P.O. 860	\$69 <u>,</u> 882.	Payroll X
	SARATOGA SPRINGS, NY 12866-0860		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _	BENNETT J. AND MARGARET GOODMAN		Person X
	C/O THE AYCO CO., P.O. 860	\$2,300,184.	Payroll X
		\$2,300,184.	" 1 7
(a) No.	C/O THE AYCO CO., P.O. 860	\$2,300,184. (c) Total contributions	Noncash X (Complete Part II for
	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b)	(c)	Noncash X (Complete Part II for noncash contributions)
No.	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions) (d) Type of contribution
No.	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP+4 BENNETT J. AND MARGARET GOODMAN	(c) Total contributions	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll
No.	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP+4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860	(c) Total contributions	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for
No 5	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP+4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b)	(c) Total contributions \$506,205.	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
No. 5 - (a) No.	C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP+4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP+4	(c) Total contributions \$506,205.	Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution

Employer identification number 46-5316788

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$390,062.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$872,164.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$364,070.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$1,316,254.	
No.	Name, address, and ZIP + 4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860	Total contributions	Person X Payroll X (Complete Part II for
No	Name, address, and ZIP + 4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b)	\$1,316,254.	Person X Payroll X (Complete Part II for noncash contributions)
10	Name, address, and ZIP + 4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860 (b) Name, address, and ZIP + 4 BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860	\$1,316,254.	Person X Payroll X (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll X (Complete Part II for noncash contribution)

Employer identification number 46-5316788

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 13_	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$490,739.	Person X Payroll X Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
14	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$710,584.	Person X Payroll X Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 15_	BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860	\$ <u>495,327.</u>	Person X Payroll X 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)				

Name of organization THE MEG AND BENNETT GOODMAN FAMILY FOUNDATION

Employer identification number 46-5316788

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
1	7,500 SHARES EATON CORP PLC	\$579,112.	06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	16 SHARES PRICELINE GROUP INC	\$ 19,288.	06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	4,466 SHARES SELECT MEDICAL HOLDINGS CORP	\$69,882.	_06/20/2014
(a) No.	(h)	(c)	4.0
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		1	
Part I	Description of noncash property given 36,800 SHARES	(see instructions)	Date received
Part I - 4	Description of noncash property given 36,800 SHARES ISHARES MSCI ALL COUNTRY ASIA	\$2,300,184. (c) FMV (or estimate)	Date received06/20/2014 (d)
(a) No. from Part I	Description of noncash property given 36,800 SHARES ISHARES MSCI ALL COUNTRY ASIA (b) Description of noncash property given	\$2,300,184. (c) FMV (or estimate) (see instructions)	Date received 06/20/2014 (d) Date received

Employer identification number 46-5316788

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
7	10,100 SHARES SYNOPSYS INC	\$390,062.	_06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	7,400 SHARES UNITED TECHNOLOGIES CORP ASSET	\$ 872,164.	06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	2,000 SHARES INTERNATIONAL BUSINESS MACHINES CORP	\$364,070.	_06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_10	14,350 SHARES APPLE INC	\$1,316,254.	_06/20/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_11	4,900 SHARES RECKITT BENCKISER GROUP PLC	\$434,240.	_06/24/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_12	4,900 SHARES ANHEUSER-BUSCH INBEV NV	\$562,618.	_06/24/2014

Employer identification number

46-5316788

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_13	1,650 SHARES ROCHE HOLDINGS AG-GENUSSS	-	
_		\$490,739.	_06/24/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	1,200 SHARES THE SWATCH GROUP AG-B	-	
		\$	_06/24/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	2,500 SHARES LVMH MOET-HENNESSY LOUIS VUI	-	
		\$495,327.	_06/24/2014
(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
		_	
		_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Employer identification number Name of organization THE MEG AND BENNETT GOODMAN FAMILY FOUNDATION 46-5316788 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

ATTACHMENT 1

ATTACHMENT 1

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

	NET	INVESTMENT	INCOME	522. 12,522.	522. 12,522.
REVENUE	AND	EXPENSES	PER BOOKS	12,522	12,522.
					TOTAL
			DESCRIPTION	JP MORGAN 1005	

ATTACHMENT 2

FORM 990PF, PART I - TAXES

NET	INCOME	1,470.	1,470.
REVENUE AND EXPENSES	PER BOOKS	70,000.	71,470.
			TOTALS
	DESCRIPTION	FEDERAL TAX PAID FOREIGN TAX PAID	

ATTACHMENT 3

46-5316788

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

JP MORGAN 1005

ENDING BOOK VALUE

ENDING

3,632,476.

4,142,738.

3,632,476.

4,142,738.

TOTALS

ATTACHMENT 4_

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

DESCRIPTION

AMOUNT

APPRECIATION OF FMV OVER COST BASIS OF STOCK DONATED INTO THE FOUNDATION

3,633,888.

TOTAL

3,633,888.

ATTACHMENT 5

NAME AND ADDRESS

BENNETT J. AND MARGARET GOODMAN C/O THE AYCO CO., P.O. 860 SARATOGA SPRINGS, NY 12866-0860

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACHI	АТТАСНМЕИТ 6
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BENNETT J. GOODMAN C/O AYCO, PO BOX 860 SARATOGA SPRINGS, NY 12866-0860	TRUSTEE - AS NEEDED	0	0	0
MARGARET LOUISE EHRICH GOODMAN C/O AYCO, PO BOX 860 SARATOGA SPRINGS, NY 12866-0860	TRUSTEE - AS NEEDED	0	0	0
	GRAND TOTALS		0	0

FOUNDATION
FAMILY
GOODMAN
BENNETT
AND
MEG
THE

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

ATTACHMENT 7

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CENTRAL PARK CONSERVANCY NEW YORK, NY	NONE	GENERAL CHARITABLE PURPOSES	25,000.
JEWISH MUSEUM NEW YORK, NY	NONE	GENERAL CHARITABLE PURPOSES	15,000.
AMERICAN JEWISH COMMITTEE NEW YORK, NY	NONE	GENERAL CHARITABLE PURPOSES	25,000.
UJA FEDERATION OF NEW YORK NEW YORK, NY	NONE	GENERAL CHARITABLE PURPOSES	875.
PROJECT MORRY ELMSFORD, NY	NONE	GENERAL CHARITABLE PURPOSES	10,000.

TOTAL CONTRIBUTIONS PAID

75,875

ATTACHMENT 7

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THE MEG AND BENNETT GOODMAN FAMILY FOUNDATION 46-5316788
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of		Description				P or D	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	P	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
8,768,355.		PUBLICLY TRAPROPERTY TYPE 5,588,715.	ADED SECURI	CIES - JP MC		D		VARIOUS
TOTAL GAIN(L	oss)		•••••		•••••		3,179,640.	
							,	
							ļ	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension,	complete o	only Part I and check th	nis box	▶ <u>X</u>					
•	u are filing for an Additional (Not Automatic) 3-N			,						
Do not	complete Part II unless you have already been gr	anted an au	tomatic 3-month exten	sion on a previously filed Form 886	3					
a corpo 8868 1 Return	onic filing (e-file). You can electronically file Form pration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of	onal (not au e forms liste nal Benefit	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time You can electronical with the exception of Form 8870, it be sent to the IRS in paper f	ly file Form Information format (see					
	Automatic 3-Month Extension of Time. O									
	oration required to file Form 990-T and requesting									
•	only	~			▶□					
All oth	er corporations (including 1120-C filers), partners	ships, REMIC	Cs, and trusts must use	Form 7004 to request an extension o	of time					
	ncome tax returns			Enter filer's identifying number, se						
	Name of exempt organization or other filer, see instructions Employer identification number (EIN) or									
Type	or									
print	THE MEG AND BENNETT GOODMAN	FAMILY F	OUNDATION	46-5316788						
File by the		xx, see instru	ctions	Social security number (SSN)						
filing you	r C/O AYCO, PO BOX 860									
return So instruction	ns I	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	SARATOGA SPRINGS, NY 12866-0	SARATOGA SPRINGS, NY 12866-0860								
Enter the Return code for the return that this application is for (file a separate application for each return)										
Applic	ntion	Return	Application		Return					
Application Is For			Is For		Code					
	990 or Form 990-EZ	Code 01	Form 990-T (corpora	tion)	07					
Form 9		02	Form 1041-A	1011)	08					
	4720 (individual)	03	Form 4720 (other tha	an individual)	09					
Form 9		04	Form 5227	ar marvadar)	10					
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069		11					
	990-T (trust other than above)	06	Form 8870		12					
Tele If the	phone No ► 518 886-4000 e organization does not have an office or place of the sign of th	f business in our digit Gro	FAX No ▶ n the United States, che pup Exemption Number	ck this box	►					
	ith the names and EINs of all members the exten									
u fo ▶	request an automatic 3-month (6 months for a contil08/15_, 20_15_, to file the or the organization's return for calendar year 20 or X tax year beginning06/	e exempt or	ganization return for the	e organization named above. The e	extension is					
2 If the tax year entered in line 1 is for less than 12 months, check reason. X Initial return Final return Change in accounting period										
n	a 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 \$ 63,000.									
	this application is for Form 990-PF, 990-T									
	stimated tax payments made. Include any prior ye				70,000.					
	alance due. Subtract line 3b from line 3a Include		ent with this form, if re	· · · · · · · · · · · · · · · · · · ·	^					
	Electronic Federal Tax Payment System). See instr . If you are going to make an electronic funds withdraw		nt) with this Form 8868 s	3c \$	or payment					
instruct		iai juneoluel	, , 0 0000, 3	55 , 5.77, 5-65 E5 GHG 1 6HH 6073-E6 H	, paymont					
$\overline{}$	vacy Act and Paperwork Reduction Act Notice, see ins	structions.		Form 8868	(Rev 1-2014)					