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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation TACONIC FOUNDATION INC		A Employer identification number 26-3530306	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 1 HUDSON CITY CENTRE		B Telephone number (see instructions) (518) 537-5200	
City or town, state or province, country, and ZIP or foreign postal code HUDSON, NY 12534		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> A amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 318,226		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	38,333			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	4,646	4,646		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	9,761			
	b Gross sales price for all assets on line 6a _____ 16,955				
	7 Capital gain net income (from Part IV, line 2)		9,761		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	37	37			
12 Total. Add lines 1 through 11	52,777	14,444			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	1,532	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	248	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).				
	24 Total operating and administrative expenses. Add lines 13 through 23	1,780	0		0
	25 Contributions, gifts, grants paid	82,518			82,518
26 Total expenses and disbursements. Add lines 24 and 25	84,298	0		82,518	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-31,521				
b Net investment income (if negative, enter -0-)		14,444			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	35,668	9,439	9,439
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	312,008 <input checked="" type="checkbox"/>	308,787	308,787
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans.			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	347,676	318,226	318,226	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	347,676	318,226	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	347,676	318,226		
31 Total liabilities and net assets/fund balances (see instructions)	347,676	318,226		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	347,676
2	Enter amount from Part I, line 27a	2	-31,521
3	Other increases not included in line 2 (itemize) ▶ _____ <input checked="" type="checkbox"/>	3	2,071
4	Add lines 1, 2, and 3	4	318,226
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	318,226

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired	Date acquired	Date sold
	(b) P—Purchase D—Donation	(c) (mo, day, yr)	(d) (mo, day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	9,761
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		}	3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
 If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	87,502	318,751	0.274515
2013	82,092	268,016	0.306295
2012	94,105	214,792	0.438122
2011	92,398	171,941	0.537382
2010	104,394	133,651	0.781094
2 Total of line 1, column (d).			2 2.337408
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.467482
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4 348,291
5 Multiply line 4 by line 3.			5 162,820
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 144
7 Add lines 5 and 6.			7 162,964
8 Enter qualifying distributions from Part XII, line 4.			8 82,518

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 289.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes a 'Yes' column for some items.

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of RANDALL PHELAN Telephone no (518) 537-7287 Located at ONE HUDSON CITY CENTRE HUDSON NY ZIP+4 12534			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part 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.

1a	During the year did the foundation (either directly or indirectly)	Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b	
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 2015?	1c	No
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 ____, 20 ____, 20 ____, 20 ____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see 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 20 ____, 20 ____, 20 ____, 20 ____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	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 2015?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 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? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 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? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. Yes No 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3 0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	314,085
b	Average of monthly cash balances.	1b	39,510
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	353,595
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	353,595
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5,304
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	348,291
6	Minimum investment return. Enter 5% of line 5.	6	17,415

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	17,415
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	289
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	289
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	17,126
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	17,126
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	17,126

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	82,518
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	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	82,518
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	82,518

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				17,126
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	97,875			
b From 2011.	84,001			
c From 2012.	83,488			
d From 2013.	68,791			
e From 2014.	71,671			
f Total of lines 3a through e.	405,826			
4 Qualifying distributions for 2015 from Part XII, line 4 \blacktriangleright \$ 82,518				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				17,126
e Remaining amount distributed out of corpus	65,392			
5 Excess distributions carryover applied to 2015 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	471,218			
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 assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
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).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	97,875			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	373,343			
10 Analysis of line 9				
a Excess from 2011.	84,001			
b Excess from 2012.	83,488			
c Excess from 2013.	68,791			
d Excess from 2014.	71,671			
e Excess from 2015.	65,392			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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 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					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

See Additional Data Table

b The form in which applications should be submitted and information and materials they should include

See Additional Data Table

c Any submission deadlines

See Additional Data Table

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

See Additional Data Table

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				3a 82,518
b <i>Approved for future payment</i>				
Total				3b 0

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 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?

Table with columns Yes and No for various transaction types (1a(1) through 1c).

a Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash.
(2) Other assets.

b 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.

d If 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 assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee, Date (2016-05-11), Title

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Preparer information table including Print/Type preparer's name (JUDY A CAHEE), Preparer's Signature, Date (2016-05-11), Check if self-employed, PTIN (P00281935), Firm's name (SAXBST LLP), Firm's address (26 COMPUTER DRIVE WEST ALBANY, NY 12205), Firm's EIN (46-4001827), and Phone no ((518) 459-6700).

Paid Preparer Use Only

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 SHS MYLAN N V	P	2015-03-03	2015-11-02
2 SHS BAXTER INTERNATIONAL	P	1988-02-04	2015-11-02
2 SHS BAXALTA INC	P	1988-02-04	2015-11-02
150 SHS COVANCE INC	P	2010-08-11	2015-02-20
5 SHS ELI LILLY & CO	P	2010-03-17	2015-11-02
1 SHS MYLAN INC	P	2010-01-05	2015-03-02
5 SHS SANOFI ADR	P	2010-11-16	2015-11-02

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
39		58	-19
69		58	11
63		49	14
16,078		6,661	9,417
401		182	219
58		19	39
247		167	80

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			-19
			11
			14
			9,417
			219
			39
			80

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RANDALL PHELAN ONE HUDSON CITY CENTRE HUDSON, NY 12534	DIRECTOR 1 00	0	0	0
JOSEPH W PHELAN ONE HUDSON CITY CENTRE HUDSON, NY 12534	DIRECTOR 1 00	0	0	0
MEGAN PHELAN ONE HUDSON CITY CENTRE HUDSON, NY 12534	DIRECTOR 1 00	0	0	0
SUE-ELLEN BETHMANN ONE HUDSON CITY CENTRE HUDSON, NY 12534	DIRECTOR 1 00	0	0	0
WENDY NACK-LAWLOR ONE HUDSON CITY CENTRE HUDSON, NY 12534	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed

RANDALL PHELAN
ONE HUDSON CITY CENTRE
HUDSON, NY 12534
(518) 537-5200

b The form in which applications should be submitted and information and materials they should include

THE TACONIC FOUNDATION WILL REQUIRE FROM ALL RECIPIENTS OF \$5,000 OR MORE TO SUBMIT A STATEMENT IN WRITING STATING THE AMOUNT OF SUCH DISBURSEMENT WILL BE USED ONLY IN FURTHERENCE OF THAT ORGANIZATION'S CHARITABLE PURPOSE AND WILL NOT BE USED FOR ANY PURPOSE THAT WOULD JEOPARDIZE THE TAX EXEMPT STATUS OF THAT ORGANIZATION OR THE TACONIC FOUNDATION

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

FOUNDATION WILL ONLY MAKE GRANTS TO QUALIFYING CHARITABLE ORGANIZATIONS DESCRIBED IN IRC SECTION 501 (C)(3), BUT NO GEOGRAPHIC, CHARITABLE FIELDS, OR TYPES OF INSTITUTION RESTRICTIONS

a The name, address, and telephone number of the person to whom applications should be addressed

JOSEPH PHELAN
ONE HUDSON CITY CENTRE
HUDSON, NY 12534
(518) 537-5200

b The form in which applications should be submitted and information and materials they should include

THE TACONIC FOUNDATION WILL REQUIRE FROM ALL RECIPIENTS OF \$5,000 OR MORE TO SUBMIT A STATEMENT IN WRITING STATING THE AMOUNT OF SUCH DISBURSEMENT WILL BE USED ONLY IN FURTHERENCE OF THAT ORGANIZATION'S CHARITABLE PURPOSE AND WILL NOT BE USED FOR ANY PURPOSE THAT WOULD JEOPARDIZE THE TAX EXEMPT STATUS OF THAT ORGANIZATION OR THE TACONIC FOUNDATION

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

FOUNDATION WILL ONLY MAKE GRANTS TO QUALIFYING CHARITABLE ORGANIZATIONS DESCRIBED IN IRC SECTION 501 (C)(3), BUT NO GEOGRAPHIC, CHARITABLE FIELDS, OR TYPES OF INSTITUTION RESTRICTIONS

a The name, address, and telephone number of the person to whom applications should be addressed

NA
ONE HUDSON CITY CENTRE
HUDSON, NY 12534
(518) 537-5200

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AALAS FOUNDATION 9190 CRESTWYN HILLS DRIVE MEMPHIS, TN 38125	NONE	PUBLIC CHARITY	GENERAL PURPOSE	7,500
ACLAM FOUNDATION 20 MACKINNEN PLACE EAST LYNE, CT 06333	NONE	PUBLIC CHARITY	GENERAL PURPOSE	4,000
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	NONE	PUBLIC CHARITY	GENERAL PURPOSE	5,000
AMERICAN CANCER SOCIETY 260 OSBORNE ROAD LOUDONVILLE, NY 12211	NONE	PUBLIC CHARITY	GENERAL PURPOSE	3,441
AMERICAN DIABETES ASSOCIATION 2 PINE WEST PLAZA ALBANY, NY 12208	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET NEW YORK, NY 10005	NONE	PUBLIC CHARITY	GENERAL PURPOSE	240
ANIMALKIND INC 721 WARREN STREET HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	100
ARMENIAN MISSIONARY ASSOCIATION OF AMERICA 31 WEST CENTURY ROAD PARAMUS, NJ 07652	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
BALANCED INNOVATIVE TEACHING STRATEGIES INC 548 COUNTY ROUTE 13 OLD CHATHAM, CA 12136	NONE	PUBLIC CHARITY	GENERAL PURPOSE	150
BOY SCOUT OF AMERICA 253 WASHINGTON AVE EXT ALBANY, NY 12205	NONE	PUBLIC CHARITY	GENERAL PURPOSE	900
BOYS & GIRLS CLUB OF WAYNE COUNTY 1717 S L STREET RICHMOND, IN 47375	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
CAPITAL DISTRICT ROYALS 50 MANN BLVD CLIFTON PARK, NY 12065	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
CASA PACIFICA CENTER FOR CHILDREN AND FAMILIES 1722 S LEWIS RD CAMARILLO, CA 93012	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
CEO 2331 FIFTH AVE TROY, NY 12180	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
Total				3a 82,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,500
COLUMBIA COUNTY CHAMBER OF COMMERCE FOUNDATION 1 N FRONT STREET HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
COLUMBIA COUNTY COMMUNITY CANCER WALK 10 VAN TASSEK ROAD GHENT, NY 12075	NONE	PUBLIC CHARITY	GENERAL PURPOSE	200
COLUMBIA COUNTY COMMUNITY FOUNDATION 4400 ROUTE 23 HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	2,205
COLUMBIA COUNTY DEPUTY SHARIFFS BENEVOLENT ASSOCIATION 85 INDUSTRIAL TRACT ANX HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	400
COLUMBIA GREENE HUMANE SOCIETY 125 HUMANE SOCIETY ROAD HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,035
COLUMBIA GREENE HOSPITAL FOUNDATION 71 PROSPECT AVENUE HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	10,000
COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION 6 TOWER PLACE ALBANY, NY 12203	NONE	PUBLIC CHARITY	GENERAL PURPOSE	100
CYSTIC FIBROSIS FOUNDATION 16 WADE ROAD 2 LATHAM, NY 12110	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,500
EPILEPSY FOUNDATION OF NORTHEASTER NY 2 WASHINGTON SQUARE ALBANY, NY 12205	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
FAITH BIBLE CHAPEL PO BOX 750 MILLERTON, NY 12546	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
FAMILY RESOURCE CENTER OF COLUMBIA COUNTY 1 PARK ROW CHATHAM, NY 12037	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
FAST BREAK FUND 1 MUSTANGE DRIVE COHOES, NY 12047	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
FOUNDATION FOR BIOMEDICAL RESEARCH 818 CONNECTICUT AVE NW SUITE 900 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
FRIENDS OF CLERMONT 87 CLEMONT AVENUE GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	2,500
Total				82,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GERMANTOWN CENTRAL SCHOOL 123 MAIN ST GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,495
GERMANTOWN HOSE COMPANY #1 PO BOX 331 GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	750
GERMANTOWN LIONS CLUB 210 MAIN STREET GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
GERMANTOWN PTSA 123 MAIN ST GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	3,000
GERMANTOWN STUDENT EDUCATION FOUNDATION PO BOX 533 GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,300
GOLAY CENTER 1007 E MAIN ST CAMBRIDGE CITY, IN 47327	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,100
GREENE COUNTY AG SOCIETY PO BOX 198 EAST DURHAM, NY 12423	NONE	PUBLIC CHARITY	GENERAL PURPOSE	150
GREENVILLE EDUCATIONAL FOUNDATION PO BOX 129 GREENVILLE, NY 12083	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
HABITAT FOR HUMANITY OF VENTURA COUNTY 121 S RICE AVE OXNARD, CA 93030	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
HAGERSTOWN LITTLE LEAGUE 15940 TURNPIKE RD HAGERSTOWN, IN 47346	NONE	PUBLIC CHARITY	GENERAL PURPOSE	60
HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,950
HUDSON LITTLE LEAGUE PO BOX 1048 HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	600
HUDSON MOHAWK ROAD RUNNERS CLUB PO BOX 12304 SCHENECTADY, NY 12303	NONE	PUBLIC CHARITY	GENERAL PURPOSE	352
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	10,000
HUDSON RIVER BOAT RESTORATION AND SAILING SOCIETY INC 191 RT 23B STOP 13 HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	100
Total				82,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KINDERHOOK RUNNERS INC PO BOX 100 KINDERHOOK, NY 12106	NONE	PUBLIC CHARITY	GENERAL PURPOSE	200
KOMEN GREATER NYC PO BOX 9223 GPO NEW YORK, NY 10087	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
LEAP INC 251 COLE HILL ROAD EAST BERNE, NY 12059	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4072 ALBANY, NY 12205	NONE	PUBLIC CHARITY	GENERAL PURPOSE	100
MAKE-A-WISH FOUNDATION 1 MUSTANG DR HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	850
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAINE AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	PUBLIC CHARITY	GENERAL PURPOSE	325
NEW CASTLE HIGH SCHOOL 801 PARKVIEW DRIVE NEW CASTLE, IN 47362	NONE	PUBLIC CHARITY	GENERAL PURPOSE	350
NY FIREFIGHTERS BURN CENTER FOUNDATION 21 ASCH LOOP BRONX, NY 10475	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
NORTHERN COLUMBIA LITTLE LEAGUE PO BOX 264 KINDERHOOK, NY 12106	NONE	PUBLIC CHARITY	GENERAL PURPOSE	200
PERFECT TEN AFTER SCHOOL INC 32 WARREN STREET HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
PROJECT LINUS 414 WOLVERLEY LANE ALLEN, TX 75002	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
RED HOOK SOCCER CLUB INC PO BOX 404 RED HOOK, NY 12571	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
REID HOSPITAL FOUNDATION 1100 REID PKWY RICHMOND, IN 47374	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
SANTA TO THE SEA 3701 ORANGE DRIVE OXNARD, CA 93036	NONE	PUBLIC CHARITY	GENERAL PURPOSE	550
Total				82,518

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCIENTISTS CENTER FOR ANIMAL WELFARE 2660 NY HWY 20 SUITE 610-615 BREND,OR 97701	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
SEAN'S RUN 96 METX ROAD GHENT, NY 12075	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC CHARITY	GENERAL PURPOSE	100
SUSAN G KOMEN NORTHEASTER NY PO BOX 13535 ALBANY, NY 12212	NONE	PUBLIC CHARITY	GENERAL PURPOSE	300
THE BRAD KAMINSKY FOUNDATION 20227 CATLETT PLACE ASHBURN, VA 20147	NONE	PUBLIC CHARITY	GENERAL PURPOSE	25
THE OLANA PARTNERSHIP PO BOX 199 HUDSON, NY 12534	NONE	PUBLIC CHARITY	GENERAL PURPOSE	2,000
TOWN OF GERMANTOWN CAMP PALATINE 50 PALATINE PARK ROAD GERMANTOWN, NY 12526	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
VENTURA COUNTY OFFICE EDUCATION 5189 VERDUGO WAY CAMARILLO, CA 93012	NONE	PUBLIC CHARITY	GENERAL PURPOSE	500
WAYNE COUNTY 4-H 2778 N TREATY LINE ROAD ALBANY, NY 12206	NONE	PUBLIC CHARITY	GENERAL PURPOSE	50
WAYNE COUNTY FOUNDATION 33 SOUTH 7TH STREET RICHMOND, IN 47374	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT 823 SOUTH ROUND BARN ROAD RICHMOND, IN 47374	NONE	PUBLIC CHARITY	GENERAL PURPOSE	140
WESTERN WAYNE DOLLAR FOR SCHOLARS 215 E PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	NONE	PUBLIC CHARITY	GENERAL PURPOSE	1,000
WILDLIFE AND ENVIRONMENTAL CONSERVATION INC PO BOX 2359 MOORPARK, CA 93020	NONE	PUBLIC CHARITY	GENERAL PURPOSE	400
XERODERMA PIGMENTOSUM SOCIETY INC 437 SNYDERTOWN ROAD CRARYVILLE, NY 12521	NONE	PUBLIC CHARITY	GENERAL PURPOSE	250
Total			3a	82,518

TY 2015 Accounting Fees Schedule

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,532	0		0

TY 2015 Investments Corporate Stock Schedule

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	308,787	308,787

TY 2015 Other Income Schedule

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CASH/LIEU	37	37	37

TY 2015 Other Increases Schedule

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	2,071

**TY 2015 Substantial Contributors
Schedule**

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Name	Address
TACONIC BIOSCIENCES INC	1 HUDSON CITY CENTRE HUDSON, NY 12534

TY 2015 Taxes Schedule

Name: TACONIC FOUNDATION INC

EIN: 26-3530306

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	100	0		0
FEDERAL TAX	107	0		0
FOREIGN TAX	41	0		0

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

Schedule of Contributors

OMB No 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

Name of the organization
TACONIC FOUNDATION INC

Employer identification number
26-3530306

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 other 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 33¹/₃% 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.
- 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. 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. . . . ▶ \$ _____

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

Name of organization TACONIC FOUNDATION INC	Employer identification number 26-3530306
---	---

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
1	TACONIC BIOSCIENCES INC ONE HUDSON CITY CENTRE HUDSON, NY 12534	\$ 38,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization
TACONIC FOUNDATION INC

Employer identification number
26-3530306

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
	_____	_____ \$	_____

Name of organization
TACONIC FOUNDATION INC

Employer identification number
26-3530306

Part III 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 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
_____	_____
_____	_____
--	_____

(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
_____	_____
_____	_____
--	_____