

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

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) 273 HOVER AVE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code GERMANTOWN, NY 125265320		B Telephone number (see instructions) (518) 537-5200	
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"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <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			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 421,190		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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	100,000			
	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	4,599	4,599		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5			
	b Gross sales price for all assets on line 6a	5			
	7 Capital gain net income (from Part IV, line 2)			5	
	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)					
12 Total. Add lines 1 through 11	104,604	4,604			
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)	1,500	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	231	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	9	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	1,740	0		0
	25 Contributions, gifts, grants paid	93,936			93,936
26 Total expenses and disbursements. Add lines 24 and 25	95,676	0		93,936	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	8,928				
b Net investment income (if negative, enter -0-)		4,604			
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	26,134	30,068	30,068
	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)	307,154	391,122	391,122
	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)	333,288	421,190	421,190	
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	333,288	421,190	
	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)	333,288	421,190		
31 Total liabilities and net assets/fund balances (see instructions) .	333,288	421,190		

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	333,288
2 Enter amount from Part I, line 27a	2	8,928
3 Other increases not included in line 2 (itemize) ▶ _____	3	78,974
4 Add lines 1, 2, and 3	4	421,190
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	421,190

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 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 a CAPITAL GAINS DIVIDENDS	P		
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 5			5
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) 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	
a			5
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	5
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))
2016	85,871	322,529	0.266243
2015	82,518	348,291	0.236923
2014	87,502	318,751	0.274515
2013	82,092	268,016	0.306295
2012	94,105	214,792	0.438122

2 Total of line 1, column (d)	2	1.522098
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	0.304420
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	385,169
5 Multiply line 4 by line 3	5	117,253
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	46
7 Add lines 5 and 6	7	117,299
8 Enter qualifying distributions from Part XII, line 4	8	93,936

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 instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 92.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, tax on political expenditures, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care of.

Located at 273 HOVER AVE GERMANTOWN NY ZIP+4 125265320

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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	(e) Expense account, 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	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

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

1	Expenses

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

1	Amount
All other program-related investments See instructions	

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	356,601
b	Average of monthly cash balances.	1b	34,434
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	391,035
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	391,035
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5,866
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	385,169
6	Minimum investment return. Enter 5% of line 5.	6	19,258

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	19,258
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	92
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	92
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	19,166
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	19,166
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	19,166

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	93,936
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	93,936
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	93,936

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				19,166
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	83,488			
b From 2013.	68,791			
c From 2014.	71,671			
d From 2015.	65,392			
e From 2016.	69,836			
f Total of lines 3a through e.	359,178			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>93,936</u>				
a Applied to 2016, 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 2017 distributable amount.				19,166
e Remaining amount distributed out of corpus	74,770			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	433,948			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	83,488			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	350,460			
10 Analysis of line 9				
a Excess from 2013.	68,791			
b Excess from 2014.	71,671			
c Excess from 2015.	65,392			
d Excess from 2016.	69,836			
e Excess from 2017.	74,770			

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 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
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				93,936
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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 273 HOVER AVE GERMANTOWN, NY 12526	DIRECTOR, PRESIDENT 1 00	0	0	0
JOSEPH W PHELAN 273 HOVER AVE GERMANTOWN, NY 12526	DIRECTOR, TREASURER 1 00	0	0	0
MEGAN PHELAN 273 HOVER AVE GERMANTOWN, NY 12526	DIRECTOR 1 00	0	0	0
SUE-ELLEN BETHMANN 273 HOVER AVE GERMANTOWN, NY 12526	DIRECTOR, SECRETARY 1 00	0	0	0
WENDY NACK-LAWLOR 273 HOVER AVE GERMANTOWN, NY 12526	DIRECTOR, VICE PRESIDENT 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
273 HOVER AVE
GERMANTOWN, NY 12526
(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

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

JOSEPH PHELAN
273 HOVER AVE
GERMANTOWN, NY 12526
(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

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

NA
273 HOVER AVE
GERMANTOWN, NY 12526
(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	PC	GENERAL PURPOSE	7,500
ACLAM FOUNDATION 20 MACKINNEN PLACE EAST LYNE, CT 06333	NONE	PC	GENERAL PURPOSE	5,500
AMERICAN CANCER SOCIETY 260 OSBORNE ROAD LOUDONVILLE, NY 12211	NONE	PC	GENERAL PURPOSE	2,250
AMERICAN DIABETES ASSOCIATION 2 PINE WEST PLAZA ALBANY, NY 12208	NONE	PC	GENERAL PURPOSE	250
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET NEW YORK, NY 10005	NONE	PC	GENERAL PURPOSE	485
Total 				93,936
3a				

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>				
AMERICAN RED CROSS 33 EVERETT RD ALBANY, NY 12205	NONE	PC	GENERAL PURPOSE	100
ARMENIAN MISSIONARY ASSOCIATION OF AMERICA 31 WEST CENTURY RD PARAMUS, NJ 07652	NONE	PC	GENERAL PURPOSE	300
ASSOCIATION FOR GNOTOBIOTICS INC 12916 BARSABLAU DRIVE RALEIGH, NC 27613	NONE	PC	GENERAL PURPOSE	5,000
BALANCED INNOVATIVE TEACHING STRATEGIES INC 548 COUNTY ROUTE 13 OLD CHATHAM, CA 12136	NONE	PC	GENERAL PURPOSE	100
BOY SCOUTS OF AMERICA 253 WASHINGTON AVE EXT ALBANY, NY 12205	NONE	PC	GENERAL PURPOSE	800
Total 3a				93,936


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>				
BRIGHAM & WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116	NONE	PC	GENERAL PURPOSE	300
CAMBRIDGE CITY EVENING KIWANIS 16933 W DELAWARE ST CAMBRIDGE CITY, IN 47327	NONE	PC	GENERAL PURPOSE	25
CARDINAL GREENWAYPO BOX 2411 RICHMOND, IN 47375	NONE	PC	GENERAL PURPOSE	500
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	PC	GENERAL PURPOSE	1,500
COARCPO BOX 2 MELLENVILLE, NY 12544	NONE	PC	GENERAL PURPOSE	200
Total ▶ 3a				93,936

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
COLUMBIA CLIPPERS TRAVEL BASEBALL 17 ROD AND GUN CLUB RD VALATIE, NY 12184	NONE	PC	GENERAL PURPOSE	200
COLUMBIA COUNTY CHAMBER OF COMMERCE FOUNDATION 1 N FRONT STREET HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	500
COLUMBIA COUNTY DEPUTY SHARIFFS BENEVOLENT ASSOCIATION 85 INDUSTRIAL TRACT ANX HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	100
COLUMBIA GREENE COMMUNITY FOUNDATION 440 ROUTE 23 HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	1,700
COLUMBIA GREENE HOSPITAL FOUNDATION 71 PROSPECT AVENUE HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	10,000
Total ▶				93,936
3a				

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
COLUMBIA GREENE HUMANE SOCIETY 111 HUMANE SOCIETY ROAD HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	1,050
COLUMBIA LAND CONSERVANCY 49 MAIN ST CHATHAM, NY 12037	NONE	PC	GENERAL PURPOSE	600
COLUMBIA OPPORTUNITIES INC 540 COLUMBIA ST HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	250
COMMUNITY ACTION OF GREENE COUNTY INC 7856 ROUTE 9W CATSKILL, NY 12414	NONE	PC	GENERAL PURPOSE	550
COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION 6 TOWER PLACE ALBANY, NY 12203	NONE	PC	GENERAL PURPOSE	100
Total 				93,936
3a				


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>				
CORNELL COOPERATIVE EXTENSION 479 RTE 66 HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	125
CROHN'S AND COLITIS FOUNDATION OF AMERICA 733 34R AVE NEW YORK, NY 10017	NONE	PC	GENERAL PURPOSE	650
CYSTIC FIBROSIS FOUNDATION 16 WADE ROAD 2 LATHAM, NY 12110	NONE	PC	GENERAL PURPOSE	1,000
FAST BREAK FUND1 MUSTANGE DRIVE COHOES, NY 12047	NONE	PC	GENERAL PURPOSE	800
FOUNDATION FOR BIOMEDICAL RESEARCH 110 VERMONT AVE NW WASHINGTON, DC 20005	NONE	PC	GENERAL PURPOSE	10,000
Total 3a				93,936

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>				
FRIENDS OF CLERMONT 87 CLEMONT AVENUE GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	2,500
GERMANTOWN CENTRAL SCHOOL 123 MAIN ST GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	3,200
GERMANTOWN LIBRARY 31 PALATINE PARK RD GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	1,000
GERMANTOWN STUDENT EDUCATION FOUNDATION PO BOX 533 GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	1,700
GOLAY CENTER 1007 E MAIN ST CAMBRIDGE CITY, IN 47327	NONE	PF	GENERAL PURPOSE	2,000
Total ▶ 3a				93,936

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>				
GREENE COUNTY COUNCIL ON THE ARTS 398 MAIN ST CATSKILL, NY 12414	NONE	PC	GENERAL PURPOSE	25
GREENE COUNTY YOUTH FAIR PO BOX 84 GREENVILLE, NY 12086	NONE	PC	GENERAL PURPOSE	500
GREENVILLE EDUCATIONAL FOUNDATION PO BOX 129 GREENVILLE, NY 12083	NONE	PC	GENERAL PURPOSE	300
HAGERSTOWN LITTLE LEAGUE 15940 TURNPIKE RD HAGERSTOWN, IN 47346	NONE	PC	GENERAL PURPOSE	60
HAWTHORNE VALLEY ASSOCIATION 385 NORTHERN BLVD GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	600
Total 3a 				93,936

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>				
HOMESCHOOL HABITAT 16299 LINDSEY RD MILTON, IN 47357	NONE	PC	GENERAL PURPOSE	285
HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	2,000
HUDSON LITTLE LEAGUE PO BOX 1048 HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	300
HUDSON MOHAWK ROAD RUNNERS CLUB 100 TOLLGATE LANE SCHENECTADY, NY 12303	NONE	PC	GENERAL PURPOSE	576
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	10,000
Total ▶ 3a				93,936

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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>				
ICABOD CRANE CENTRAL SCHOOL PO BOX 820 VALATIE, NY 12184	NONE	PC	GENERAL PURPOSE	1,200
KINDERHOOK RUNNERS INC PO BOX 100 KINDERHOOK, NY 12106	NONE	PC	GENERAL PURPOSE	200
LEAP INC 251 COLE HILL ROAD EAST BERNE, NY 12059	NONE	PC	GENERAL PURPOSE	500
MAKE-A-WISH NENY 3 WASHINGTON SQUARE ALBANY, NY 12205	NONE	PC	GENERAL PURPOSE	1,350
MASSACHUSETTS SOCIETY FOR MEDICAL RESEARCH 73 PRINCETON ST NORTH CLEMSFORD, MA 01863	NONE	PC	GENERAL PURPOSE	1,000
Total ▶ 3a				93,936

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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>				
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN ST NORWALK, CT 06851	NONE	PC	GENERAL PURPOSE	25
NORTHEAST KIDNEY FOUNDATION 501 NEW KARNER RD ALBANY, NY 12205	NONE	PC	GENERAL PURPOSE	350
NORTHERN COLUMBIA LITTLE LEAGUE PO BOX 264 KINDERHOOK, NY 12106	NONE	PC	GENERAL PURPOSE	200
OUT OF THE PITS INC PO BOX 2311 ALBANY, NY 12220	NONE	PC	GENERAL PURPOSE	300
PERFECT TEN AFTER SCHOOL INC 32 WARREN STREET HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	500
Total ▶ 3a				93,936

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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>				
PROJECT LINUS414 WOLVERLEY LANE ALLEN, TX 75002	NONE	PC	GENERAL PURPOSE	300
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	PC	GENERAL PURPOSE	1,200
REID HOSPITAL FOUNDATION 1100 REID PKWY RICHMOND, IN 47374	NONE	PC	GENERAL PURPOSE	500
SALVATION ARMYPO BOX 16310 ALBANY, NY 12212	NONE	PC	GENERAL PURPOSE	100
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	NONE	PC	GENERAL PURPOSE	100
Total ▶ 3a				93,936


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>				
SCHALMONT DOLLARS FOR SCHOLARS 93 WEST CAMPBELL RD SCHENECTADY, NY 12306	NONE	PC	GENERAL PURPOSE	250
SCIENTISTS CENTER FOR ANIMAL WELFARE 2660 NY HWY 20 SUITE 610-615 BEND, OR 97701	NONE	PC	GENERAL PURPOSE	1,000
TACONIC HILLS CENTRAL SCHOOL DISTRICT 73 COUNTY ROUTE 11A CRAYVILLE, NY 12521	NONE	PC	GENERAL PURPOSE	1,000
THE AMERICAN LEGION POST 184 7 FAIRVIEW AVE HUDSON, NY 12534	NONE	PC	GENERAL PURPOSE	250
THE COMMUNITY HOSPICE FOUNDATION INC 47 LIBERTY ST CATSKILL, NY 12414	NONE	PC	GENERAL PURPOSE	100
Total 3a				93,936

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>				
TOWN OF GERMANTOWN 50 PALATINE PARK ROAD GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	3,000
TOWN OF GERMANTOWN CAMP PALATINE 50 PALATINE PARK ROAD GERMANTOWN, NY 12526	NONE	PC	GENERAL PURPOSE	250
TWIN RIVER COUNCIL BSA 253 WASHINGTON AVE EXT ALBANY, NY 12205	NONE	PC	GENERAL PURPOSE	300
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD BLACKSBURG, VA 24061	NONE	PC	GENERAL PURPOSE	150
WATERVLIET CIVIC CHESTPO BOX 164 WATERVLIET, NY 12189	NONE	PC	GENERAL PURPOSE	500
Total ▶ 3a				93,936

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>				
WAVE FARM INC5662 ROUTE 23 ACEA, NY 12405	NONE	PC	GENERAL PURPOSE	100
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT 823 SOUTH ROUND BARN ROAD RICHMOND, IN 47374	NONE	PC	GENERAL PURPOSE	280
WESTERN WAYNE DOLLAR FOR SCHOLARS 215 E PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	NONE	PC	GENERAL PURPOSE	1,000
WESTERN WAYNE ELEMENTARY SCHOOL PTO 891 E DELAWARE ST CAMBRIDGE CITY, IN 47327	NONE	PC	GENERAL PURPOSE	250
YORK COUNTY SPCA 3159 SUSQUEHANNA TRL N YORK, PA 17406	NONE	PC	GENERAL PURPOSE	200
Total 				93,936
3a				

TY 2017 Accounting Fees Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,500	0		0

TY 2017 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	391,122	391,122

TY 2017 Other Expenses Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	9	0		0

TY 2017 Other Increases Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	78,974

**TY 2017 Substantial Contributors
Schedule****Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306**Name****Address**

TACONIC BIOSCIENCES INC

273 HOVER AVE
GERMANTOWN, NY 12526

TY 2017 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	91	0		0
FOREIGN TAX	40	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

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 Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't 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
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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 <hr/> 273 HOVER AVE <hr/> GERMANTOWN, NY 12526	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	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
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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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

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