

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.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

| | | | |
|---|--|---|--|
| 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 | | 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) ▶ \$ <u>428,341</u> | | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i> | |
| | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| 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> | | (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 | 5,211 | 5,211 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) _____ | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a _____ | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | 0 | |
| | 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 | 105,211 | 5,211 | | | |
| 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) | 1,600 | 0 | | 0 |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | 240 | 0 | | 0 |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 8 | 0 | | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,848 | 0 | | 0 |
| | 25 Contributions, gifts, grants paid | 81,397 | | | 81,397 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 83,245 | 0 | | 81,397 | |
| 27 Subtract line 26 from line 12 | | | | | |
| a Excess of revenue over expenses and disbursements | 21,966 | | | | |
| b Net investment income (if negative, enter -0-) | | 5,211 | | | |
| 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 | 30,068 | 52,032 | 52,032 |
| | 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) | 391,122 | 376,309 | 376,309 |
| | 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) | 421,190 | 428,341 | 428,341 | |
| 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 | 421,190 | 428,341 | |
| | 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) | 421,190 | 428,341 | | |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 421,190 | 428,341 | | |

| 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 | 421,190 |
| 2 Enter amount from Part I, line 27a | | 2 | 21,966 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | | 3 | 0 |
| 4 Add lines 1, 2, and 3 | | 4 | 443,156 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | | 5 | 14,815 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | | 6 | 428,341 |

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) |
|---|---|---------------------------------------|-----------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |

| (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 | | | |
| 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 | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

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

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)) |
|--|--|--|---|
| 2017 | 93,936 | 385,169 | 0.243883 |
| 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 |

| | | |
|---|---|----------|
| 2 Total of line 1, column (d) | 2 | 1.327859 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.265572 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 440,459 |
| 5 Multiply line 4 by line 3 | 5 | 116,974 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 52 |
| 7 Add lines 5 and 6 | 7 | 117,026 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 81,397 |

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 calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Includes sub-table for 2018 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' checkboxes. Questions cover political campaign influence, political expenditures, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

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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 foreign countries.

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 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 | 407,976 |
| b | Average of monthly cash balances. | 1b | 39,190 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 447,166 |
| 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 | 447,166 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 6,707 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 440,459 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 22,023 |

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 | 22,023 |
| 2a | Tax on investment income for 2018 from Part VI, line 5. | 2a | 104 |
| b | Income tax for 2018 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 104 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 21,919 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 21,919 |
| 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 | 21,919 |

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 | 81,397 |
| 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 | 81,397 |
| 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 | 81,397 |

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 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 21,919 |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only. | | | 0 | |
| b Total for prior years 20___, 20___, 20___ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | |
| a From 2013. | 68,791 | | | |
| b From 2014. | 71,671 | | | |
| c From 2015. | 65,392 | | | |
| d From 2016. | 69,836 | | | |
| e From 2017. | 74,770 | | | |
| f Total of lines 3a through e. | 350,460 | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>81,397</u> | | | | |
| a Applied to 2017, 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 2018 distributable amount. | | | | 21,919 |
| e Remaining amount distributed out of corpus | 59,478 | | | |
| 5 Excess distributions carryover applied to 2018 (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 | 409,938 | | | |
| 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 2017 Subtract line 4a from line 2a Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 | | | | 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 2013 not applied on line 5 or line 7 (see instructions). | 68,791 | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 341,147 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014. | 71,671 | | | |
| b Excess from 2015. | 65,392 | | | |
| c Excess from 2016. | 69,836 | | | |
| d Excess from 2017. | 74,770 | | | |
| e Excess from 2018. | 59,478 | | | |

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 2018, 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) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | | ▶ 3b |

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 |
|---|---|--|--|---|
| WENDY NACK-LAWLOR 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, VICE PRESIDENT 1 00 | 0 | 0 | 0 |
| SUE-ELLEN BETHMANN 273 HOVER AVE GERMANTOWN, NY 12526 | DIRECTOR, SECRETARY 1 00 | 0 | 0 | 0 |
| RANDALL PHELAN 273 HOVER AVE GERMANTOWN, NY 12526 | 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
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 |
| ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVE ALBANY, NY 12210 | NONE | PC | GENERAL PURPOSE | 1,000 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE CHICAGO, IL 60601 | NONE | PC | GENERAL PURPOSE | 35 |
| AMERICAN CANCER SOCIETY 260 OSBORNE ROAD LOUDONVILLE, NY 12211 | NONE | PC | GENERAL PURPOSE | 3,525 |
| AMERICAN DIABETES ASSOCIATION 2 PINE WEST PLAZA ALBANY, NY 12208 | NONE | PC | GENERAL PURPOSE | 250 |
| Total ▶ 3a | | | | 81,397 |

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 | 300 |
| ANIMALKIND INC PO BOX 902 HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 550 |
| ARMENIAN MISSIONARY ASSOCIATION OF AMERICA 31 WEST CENTURY RD PARAMUS, NJ 07652 | NONE | PC | GENERAL PURPOSE | 300 |
| Total | | | | 81,397 |

▶ 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> | | | | |
| BOY SCOUTS OF AMERICA 253 WASHINGTON AVE EXT ALBANY, NY 12205 | NONE | PC | GENERAL PURPOSE | 700 |
| BRIGHAM & WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116 | NONE | PC | GENERAL PURPOSE | 300 |
| CAMBRIDGE CITY AREA CHAMBER OF COMMERCE PO BOX 206 CAMBRIDGE CITY, IN 47327 | NONE | PC | GENERAL PURPOSE | 1,000 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| CAMBRIDGE CITY YOUTH LEAGUE PO BOX 122 CAMBRIDGE CITY, IN 47327 | NONE | PC | GENERAL PURPOSE | 150 |
| CAMP PLATINEPALATINE RD GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 300 |
| CARDINAL GREENWAYPO BOX 2411 RICHMOND, IN 47375 | NONE | PC | GENERAL PURPOSE | 500 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| CAZENIVIA COLLEGE 22 SLLIVAN ST CAZENOVIA, NY 13035 | NONE | PC | GENERAL PURPOSE | 25 |
| CHILDREN'S CANCR RESEARCH FUND 7301 OHMS LANE MELLENVILLE, MN 55439 | NONE | PC | GENERAL PURPOSE | 367 |
| CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 | NONE | PC | GENERAL PURPOSE | 2,000 |
| Total | | | | 81,397 |

▶ 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> | | | | |
| CITY OF HUDSON - DEPT OF FIRE 520 WARREN ST HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 300 |
| COARC630 RT 217 MELLENVILLE, NY 12544 | NONE | PC | GENERAL PURPOSE | 200 |
| COLUMBIA COUNTY DEPUTY SHARIFFS BENEVOLENT ASSOCIATION 85 INDUSTRIAL TRACT ANX HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 100 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| COLUMBIA GREENE COMMUNITY FOUNDATION 440 ROUTE 23 HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 1,100 |
| COLUMBIA GREENE HOSPITAL FOUNDATION 71 PROSPECT AVENUE HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 10,000 |
| COLUMBIA GREENE HUMANE SOCIETY 111 HUMANE SOCIETY ROAD HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 1,000 |
| Total ▶ 3a | | | | 81,397 |

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 | 250 |
| CROHN'S AND COLITIS FOUNDATION OF AMERICA 733 34R AVE NEW YORK, NY 10017 | NONE | PC | GENERAL PURPOSE | 200 |
| EPILEPSY FOUNDATION OF NORTHEASTER NY 3 WASHINGTON SQUARE ALBANY, NY 12205 | NONE | PC | GENERAL PURPOSE | 500 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| FAMILY RESOURCE CENTER OF COLUMBIA COUNTY PO BOX 319 CHATHAM, NY 12037 | NONE | PC | GENERAL PURPOSE | 750 |
| FAST BREAK FUND1 MUSTANGE DRIVE COHOES, NY 12047 | NONE | PC | GENERAL PURPOSE | 900 |
| FOUNDATION FOR BIOMEDICAL RESEARCH 110 VERMONT AVE NW WASHINGTON, DC 20005 | NONE | PC | GENERAL PURPOSE | 10,000 |
| Total ▶ 3a | | | | 81,397 |

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 AFTER-SCHOOL PROGRAM 123 MAIN ST GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 400 |
| GERMANTOWN CENTRAL SCHOOL 123 MAIN ST GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 4,200 |
| Total ▶ 3a | | | | 81,397 |

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 LIONS CLUB PO BOX 351 GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 500 |
| GERMANTOWN PTSA 123 MAIN ST GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 3,000 |
| GERMANTOWN STUDENT EDUCATION FOUNDATION PO BOX 533 GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 2,400 |
| Total | | | | 81,397 |

▶ 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> | | | | |
| GOLAY COMMUNITY CENTER 1007 EAST MAIN ST CAMBRIDGE CITY, IN 47327 | NONE | PC | GENERAL PURPOSE | 1,100 |
| GREENE COUNTY AG SOCIETY PO BOX 84 GREENVILLE, NY 12083 | NONE | PC | GENERAL PURPOSE | 500 |
| HAWTHORNE VALLEY ASSOCIATION 385 NORTHERN BLVD GERMANTOWN, NY 12526 | NONE | PC | GENERAL PURPOSE | 750 |
| Total ▶ 3a | | | | 81,397 |

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 HALL327 WARREN ST HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 2,500 |
| HUDSON CITY SCHOOL DISTRICT 215 HARRY HOWARD AVENUE HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 1,200 |
| Total | | | | 81,397 |

▶ **3a**

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

| Recipient Name and address (home or business) | 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 |
|--|--|--------------------------------------|-------------------------------------|---------------|
| a <i>Paid during the year</i> | | | | |
| 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 | 575 |
| ICABOD CRANE CENTRAL SCHOOL PO BOX 820 VALATIE, NY 12184 | NONE | PC | GENERAL PURPOSE | 1,200 |
| Total | | | | 81,397 |



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> | | | | |
| KINDERHOOK RUNNERS INC PO BOX 100 KINDERHOOK, NY 12106 | NONE | PC | GENERAL PURPOSE | 200 |
| MAKE-A-WISH NENY 3 WASHINGTON SQUARE ALBANY, NY 12205 | NONE | PC | GENERAL PURPOSE | 1,250 |
| NY FIREFIGHTERS BURN CENTER FOUNDATION 21 ASCH LOP BRONX, NY 10475 | NONE | PC | GENERAL PURPOSE | 250 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| PERFECT TEN32 WARREN STREET HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 500 |
| PGSS ALUMNI ASSOCIATION 161 WEST HILLS DR WILLIAMSPORT, PA 17701 | NONE | PC | GENERAL PURPOSE | 100 |
| PINE HILL PARTNERSHIP INC 3424 QUARTERLINE RD CENTER RUTLAND, VT 05736 | NONE | PC | GENERAL PURPOSE | 75 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| 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 | 500 |
| Total ▶ 3a | | | | 81,397 |

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 BEND, OR 97701 | NONE | PC | GENERAL PURPOSE | 1,000 |
| SEAN'S RUN96 MELTZ RD GHENT, NY 12075 | NONE | PC | GENERAL PURPOSE | 1,000 |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL TEAM SPONSOR AND FENCE SIGH 18 MAMPHIS, TN 38101 | NONE | PC | GENERAL PURPOSE | 25 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| ST JUDE RADIOTHON 73 COUNTY ROUTE 11A CRAYVILLE, NY 12521 | NONE | PC | GENERAL PURPOSE | 100 |
| THE OLANA PARTMERSHIPPO BOX 199 HUDSON, NY 12534 | NONE | PC | GENERAL PURPOSE | 2,000 |
| VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD BLACKSBURG, VA 24061 | NONE | PC | GENERAL PURPOSE | 120 |
| Total ▶ 3a | | | | 81,397 |

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> | | | | |
| WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT 823 SOUTH ROUND BARN ROAD RICHMOND, IN 47374 | NONE | PC | GENERAL PURPOSE | 115 |
| WESTERN WAYNE DOILLAR FOR SCHOLARS 215 EAST PARKWAY DRIVE CAMBRIDGE CITY, IN 47327 | NONE | PC | GENERAL PURPOSE | 1,250 |
| WINNAKEE LAND TRUSTPO BOX 610 RHINEBECK, NY 12572 | NONE | PC | GENERAL PURPOSE | 200 |
| Total ▶ 3a | | | | 81,397 |

TY 2018 Accounting Fees Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 1,600 | 0 | | 0 |

TY 2018 Investments Corporate Stock Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|----------------------|-------------------------------|--------------------------------------|
| CORPORATE STOCK | 376,309 | 376,309 |

TY 2018 Other Decreases Schedule**Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306

| Description | Amount |
|--------------------------------|---------------|
| UNREALIZED GAIN ON INVESTMENTS | 14,815 |

TY 2018 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 | 8 | 0 | | 0 |

**TY 2018 Substantial Contributors
Schedule****Name:** TACONIC FOUNDATION INC**EIN:** 26-3530306**Name****Address**

TACONIC BIOSCIENCES INC

273 HOVER AVE
GERMANTOWN, NY 12526

TY 2018 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 | 92 | 0 | | 0 |
| FOREIGN TAX | 48 | 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
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

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 |
|---|---|

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 273 HOVER AVE GERMANTOWN, NY 12526 | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |

| | |
|---|---|
| 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 |
|------------------------|---------------------|-----------------|-------------------------------------|
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/> | <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/> | <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/> | <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

| | |
|---------------------------------------|--|
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
| <hr/> <hr/> | <hr/> <hr/> |