## 2949132801401

# 990-PF

Return of Private Foundation

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

Department of the Treasury

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. Open to Public Inspection Internal Revenue Service For calendar year 2017 or tax year beginning and ending A Employer identification number Name of foundation TRIAD FOUNDATION, INC. 30-0108102 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 15 ASCOT PLACE 607-257-1133 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here ITHACA NY 14850 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change 85% test, check here and attach computation Name change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ø section 507(b)(1)(A), check here Cash X Accrual Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) line, 16)  $\triangleright$  \$ 306,617,234 (Part I, column (d) must be on cash basis ) (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal purposes books the amounts in column (a) (see instructions) ) cash basis only) 14,250,000 Contributions, gifts, grants, etc., received (attach schedule) RECIEVED 2 Check ▶ If the foundation is **not** required to attach Sch 3 Interest on savings and temporary cash investments Q NOV 19 5,032,688 4,823,391 Dividends and interest from securities 4 5a Gross rents Revenue Net rental income or (loss) OGDEN 12,716,097 Net gain or (loss) from sale of assets not on line 10 95,396,215 Gross sales price for all assets on line 6a 10,257,718 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) 491,731 Other income (attach schedule) 31,998,785 15,572,840 12 Total. Add lines 1 through 11 Administrative Expenses 516,200 13 143,690 372,511 Compensation of officers, directors, trustees, etc. 934,290 260,070 673,490 14 Other employee salaries and wages 364,960 101,590 236,407 15 Pension plans, employee benefits 46,855 47,916 Legal fees (attach schedule) SEE STMT 95,832 117,300 STMT 2 58,650 28,650 Accounting fees (attach schedule) STMT 3 952,873 1,131,162 Other professional fees (attach schedule) 17 142,971 721,278 18 Taxes (attach schedule) (see instructions) STMT Depreciation (attach schedule) and depletion STMT 29,222 11,271 6,081 1,693 Occupancy 4,312 21 210,003 43,816 137,690 Travel, conferences, and meetings 22 3,900 1,086 2,815 Printing and publications STMT 6 1,267,773 23 124,361 81,536 Other expenses (att sch ) Total operating and administrative expenses 4,076,300 3,211,688 1,584,266 Add lines 13 through 23 25 15,479,179 12,122,877 Contributions, gifts, grants paid 19,555,479 0 Total expenses and disbursements. Add lines 24 and 25 3,211,688 13,707,143 Subtract line 26 from line 12 12,443,306 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 12,361,152 Adjusted net income (if negative, enter -0-)

Form 990-PF (2017)

For Paperwork Reduction Act Notice, see instructions.

Forn	n 990	PPF (2017) TRIAD FOUNDATION, INC.	30-01081	02	Page 2
	art I	Palance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
	art 1	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\Box$	1	Cash – non-interest-bearing	2,048,524	1,178,589	1,178,589
	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			· <del>-</del>
		disqualified persons (attach schedule) (see			
- 1		instructions)			
	7	Other notes and loans receivable (att. schedule)			,
		Less allowance for doubtful accounts ▶ 0	-		
S	8	Inventories for sale or use			·
Assets	9	Prepaid expenses and deferred charges	468,316	352,488	352,488
δŞ.	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			<del></del>
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
	• •	Less accumulated depreciation (attach sch )			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) SEE STATEMENT 7	231,578,765	289,636,157	289,636,157
- 1	14	Land, buildings, and equipment basis   1,614,831	231,370,703	205,030,137	203,030,137
- 1	1-4	Less accumulated depreciation (attach sch ) > STMT 8 290,727	1,353,326	1,324,104	1,200,000
Ι.	15		34,513,959	14,250,000	14,250,000
- 1		,	34,313,939	14,230,000	14,230,000
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	269,962,890	306,741,338	306,617,234
+	17		335,388	310,127	300,017,234
		Accounts payable and accrued expenses	8,539,924	11,901,225	
တ္တ	18	Grants payable	8,339,924	11,901,223	
7	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			•
	21	Mortgages and other notes payable (attach schedule)	206 010	600 860	
-   -	22	Other liabilities (describe SEE STATEMENT 10)	286,010	690,860	
+	23	Total liabilities (add lines 17 through 22)	9,161,322	12,902,212	,
(y)		Foundations that follow SFAS 117, check here			•
힐		and complete lines 24 through 26 and lines 30 and 31.	006 007 600	070 500 106	
<u>a</u>	24	Unrestricted	226,287,609	279,589,126	
ш	25	Temporarily restricted	34,513,959	14,250,000	1
[달	26	Permanently restricted			•
Ē		Foundations that do not follow SFAS 117, check here			,
5	_	and complete lines 27 through 31.			
<b>\$</b>	27	Capital stock, trust principal, or current funds			
SS :	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	29	Retained earnings, accumulated income, endowment, or other funds		<del></del>	
[편	30	Total net assets or fund balances (see instructions)	260,801,568	293,839,126	
~  ;	31	Total liabilities and net assets/fund balances (see			1
<u> </u>		instructions)	269,962,890	306,741,338	<u> </u>
	art I			- <del></del>	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30 (	must agree with		
(	end-c	of-year figure reported on prior year's return)		1	260,801,568
2	Enter	amount from Part I, line 27a		2	12,443,306
3 (	Other	increases not included in line 2 (itemize) <b>SEE STATEMENT 11</b>		3	20,594,252
4	Add I	ines 1, 2, and 3		4	293,839,126
5	Decre	eases not included in line 2 (itemize)		5	
6	<u> Total</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	n (b), line 30	6	293,839,126
		<u> </u>			Form 990-PF (2017)

Form 990-PF (2017) TRIAD Part IV Capital Gains	FOUNDATION , INC . and Losses for Tax on Invest		30-0108102		Page 3
(a) List and describe	e the kind(s) of property sold (for example, real estate arehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date acc	
1a SEE WORKSHEET			5 Salation		
b					
С					
d					
<u>e</u>		<u></u>			<u>_</u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale	(	(h) Gain or (loss) (e) plus (f) minus (g))
a					
b					
<u> </u>		<u> </u>			
<u>d</u>	<del></del>	·			
Complete only for assets show	I ving gain in column (h) and owned by the	e foundation on 12	/31/60		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col (k	ains (Col. (h) gain minus (), but not less than -0-) <b>or</b> Losses (from col. (h))
	<del></del>	<del></del>			
b					<u> </u>
c					<del>_</del>
d					
е					
2 Capital gain net income or (ne	t capital loss)  If gain, also enter if (loss), enter -0- iii			2	10,257,718
3 Net short-term capital gain or (	loss) as defined in sections 1222(5) an	d (6)			
If gain, also enter in Part I, line	8, column (c) See instructions If (loss	s), enter -0- ın 🔒			
Part I, line 8				3	
	ection 4942 tax on the distributable amulalify under section 4940(e) Do not co	• •	the base period?		Yes X No
1 Enter the appropriate amount	n each column for each year, see the i	nstructions before m	naking any entries		
(a) Base period years Calendar year (or tax year beginning	(b) In) Adjusted qualifying distribution	ns Net value	(c) e of noncharitable-use asse	ts	(d) Distribution ratio (col (b) divided by col (c))
2016	12,269	,051	226,277,7	795	0.054221
2015	12,887		246,318,2	286	0.052321
2014	12,053		248,571,8		0.048491
2013	11,138		229,955,6		0.048438
2012	11,676	,459	214,971,6	518	0.054316
2 Total of line 1, column (d)				2	0.257787
	ne 5-year base period – divide the total in has been in existence if less than 5 ye		by the	3	0.051557
4 Enter the net value of nonchar	utable-use assets for 2017 from Part X,	line 5		4	274,811,282
5 Multiply line 4 by line 3				5	14,168,445
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)			6	123,612
7 Add lines 5 and 6				7	14,292,057
8 Enter qualifying distributions from If line 8 is equal to or greater to	om Part XII, line 4 nan line 7, check the box in Part VI, line	e 1b, and complete t	that part using a 1%	8 tax rate Se	13,707,143 e the
Part VI instructions					

Form	1990-PF (2017) TRIAD FOUNDATION, INC. 30-0108102		P	age <b>4</b>
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	24	17.	223
-	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
·				
•	Part I, line 12, col (b)			Λ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	- 2/		223
3	Add lines 1 and 2		k / , .	223
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<del></del>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1 / ,	223
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017  6a 1,023,758			
b	Exempt foreign organizations – tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d	1,02	23,	758
8	Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	77	76	535
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 776,535 Refunded ▶ 11			
	art VII-A Statements Regarding Activities			
1a		7 1	Yes	No
ıu	participate or intervene in any political campaign?	1a	103	X
h		Ia		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			v
	Instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			i
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T			<del></del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			i
٠	By language in the governing instrument, or			
		1 1		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v	
_	conflict with the state law remain in the governing instrument?	6	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NY, NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			一、
-	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"			
	complete Part XIV	9		$ \mathbf{x} ^2$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	_	<del></del>
.0	names and addresses  STMT 12	10	X	
	<del></del>	Form 99		(2017)

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Form	1 990-PF (201		FOUNDATIO				108102			Pa	ge <b>6</b>
_ <u>Pa</u>	art VII-B	Statemen	ts Regarding A	Activities fo	r Which Forr	n 4720 May B	e Required (d	continued)			
5a			ndation pay or inci								
		-	or otherwise attem				<u> </u>	res 🔀 No			
			of any specific pub		e section 4955),	or to carry on,		<u></u>	ſ		
	•		ny voter registration				<del></del>	∕es X No		ł	
		-	ndividual for travel,	-			<u> </u>	∕es 🏋 No		l	
			rganization other ti	han a charitabl	e, etc , organizat	ion described in		_			
			See instructions				<u> </u>	res 🗶 No		İ	
			e other than religio			, or educational			1	•	
		•	evention of cruelty				. —	∕es X No			
b	-		a(1)–(5), did any of			•		4-			
	Regulations	section 53 494	45 or in a current n	otice regarding	ı dısaster assıstaı	nce? See instruction	ons	N/A	5b		
	-		current notice rega	_	•			► ∐ i			
С	If the answer	r is "Yes" to qu	iestion 5a(4), does	the foundation	claim exemption	from the tax	. —			ŀ	
	because it m	aintained exp	enditure responsibi	lity for the grar	nt?		N/A 📗 Y	′es 🗌 No			
			ent required by Reg		` '			ĺ		1	
6a		_	the year, receive a	ny funds, direc	tly or indirectly, to	pay premiums					
	on a persona	al benefit contr	act?				\ <u> </u>	′es X No		ĺ	
b	Did the found	dation, during	the year, pay prem	iums, directly of	or indirectly, on a	personal benefit of	contract?		6b		<u> </u>
	If "Yes" to 6b	, file Form 887	70					( <del></del> )	- 1	1	
	-	•	year, was the found		•			es X No			
			receive any proces					N/A	_7b_		
Pa			About Office	rs, Director	s, Trustees, I	Foundation M	anagers, Hig	hly Paid Emp	oloye	es,	
		and Contra			<del></del>	<del></del>	_ <del></del>				
<u>1 L</u>	ist all officer	s, directors, i	trustees, and four	idatio <u>n m</u> anag	gers and their co	ompensation. Se	einstructions				
						(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exc	ense ac	count
			(a) Name and address			hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		rallowar	
						<del></del>	<u> </u>	compensation	_		
SE	E STATEMEN	T 13									
				<del></del>		<del>                                     </del>			-		
			<del></del>		<del></del>				_		
									<del>  -</del>		
2	Compensati	on of five hig	hest-paid employ	ees (other tha	an those include	ed on line 1 – see	instructions) If	none, enter			
						T		(d) Contributions to	1		
	(a) Na	ame and address o	f each employee paid mo	ore than \$50,000		(b) Title, and average hours per week	(c) Compensation	employee benefit		ense ac	
	<b>(-7</b>			,		devoted to position	(0,000)	plans and deferred compensation	othe	r allowar	nces
— ME	LINDA R. O	AKES	<del>_</del>	ITHACA		EXEC DIRECTO					
	ASCOT PLA			NY 14580			254,500	40,018			0
	FFREY B. T			ITHACA	••	COMM DIRECTO					
	ASCOT PLA			NY 14850			171,700	11,008			0
	HN M. DENT			ITHACA	-	CONTROLLER				<u> </u>	
	ASCOT PLA			NY 14850			133,700	9,454			0
	EPHANIE PA			ITHACA		GRANTS ADMIN					
	ASCOT PLA			NY 14850			102,300	32,387			0
	NDA SWAN			ITHACA							
	ASCOT PLA	CE		NY 14850			55,500	30,755			0
			s paid over \$50,00								3

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Form 990-PF (2017) TRIAD FOUNDATION	N, INC.	30-0108102	Page 7
	Directors, Trustees, Founda	ation Managers, Highly Paid	l Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for		otions If none onter "NONE"	
(a) Name and address of each person		(b) Type of service	(c) Compensation
WELLS FARGO	WINSTON-SALEM	(b) Type of Service	(c) Compensation
100 N. MAIN STREET	NC 27101	BANK CUST SVO	A33,560
JW BURNS & CO INC	SYRACUSE	BANK COST SVC	23,300
5789 WIDEWATERS PARKWAY	NY 13214	INVESTMENT MO	MT 89,297
TIMESSQUARE CAPITAL MANAGEMENT	NEW YORK		
7 TIMES SQUARE	NY 10036	INVESTMENT MO	MT 76,287
CORNELL POCHILY INVEST ADVISOR	S INCITHACA		
2415 N TRIPHAMMER ROAD	NY 14850	INVEST CONSUI	'파 75,000
BRYAN CAVE LEIGHTON PAISNER	NEW YORK		
120 AVENUE OF THE AMERICAS	NY 10104	LEGAL SERVICE	TS 73,561
Total number of others receiving over \$50,000 for pro	fessional services		<b>2</b>
Part IX-A Summary of Direct Charit	able Activities		
List the foundation's four largest direct charitable activities during the	tax year include relevant statistical information su	ich as the number of	
organizations and other beneficiaries served, conferences convened,	research papers produced, etc		Expenses
1 N/A			
2			
			<del></del> _
3			
4			
Part IX-B Summary of Program-Rel	ated Investments (see instruc	etions)	<del></del>
Describe the two largest program-related investments made by the fo		5410110)	Amount
1 N/A			
· <b>,</b>			
2			
	<del></del>		
All other program-related investments. See instructions			
3			
Total Add lang 1 through 2			
Total. Add lines 1 through 3			Form <b>990-PF</b> (2017)
			rum 220-1 1 (2017)

<u> Forn</u>	1 990-PF (2017) TRIAD FOUNDATION, INC. 30-0108102		Page <b>8</b>
Pá	art X Minimum Investment Return (All domestic foundations must complete this part. For	reigr	n foundations,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	'	
а	Average monthly fair market value of securities	1a	276,955,047
b	Average of monthly cash balances	1b	1,609,178
С	Fair market value of all other assets (see instructions)	1c	432,000
d	Total (add lines 1a, b, and c)	1d	278,996,225
е	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	278,996,225
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		<u> </u>
	instructions)	4	4,184,943
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	274,811,282
6	Minimum investment return. Enter 5% of line 5	6	13,740,564
Pá	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting f	oundations
	and certain foreign organizations check here ▶ and do not complete this part )	Ū	
1	Minimum investment return from Part X, line 6	1	13,740,564
2a	Tax on investment income-for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	247,223
3	Distributable amount before adjustments Subtract line 2c from line 1	3	247,223 13,493,341
4	Recoveries of amounts treated as qualifying distributions	4	5,000
5	Add lines 3 and 4	5	13,498,341
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	13,498,341
D	art XII Qualifying Distributions (see instructions)		
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	13,707,143
b	Program-related investments – total from Part IX-B	1b	
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		-
а	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	13,707,143
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	13,707,143
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	ounda	tion
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2017)

3 Grants and Contributions Paid During t	te real of Approved to	Truture Payment	<del></del>	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	ooranis salon	
a Paid during the year				
SEE ATTACHED				
				12,122,877
	•			
	,			
`				
			1	
	•			/
Total	<del></del>		▶ 3a	12,122,877
b Approved for future payment N/A	····	,	Ja	12,122,0
N/A				
	<del>-</del> ; · · ·	•		•
	1			
Total		<u> </u>	, 3h	

Enter gross amounts unless otherwise indicated

Excluded by section 512, 513, or 514

Unrelated business income

=11	ter gross am	ounts unless otherwise indicated	Unrelated	d business income	Excluded	by section 512, 513, or 514	(e)
1	Program co	nuce revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
'	-	rvice revenue	<del> </del>			-	<del></del>
			-				
				_ <del>_</del>			<del></del>
	<u></u>	<u>-</u>	-				
				<del></del> -			
		nd contracts from government agencies	- <del>  </del>				
_	-	o dues and assessments					<del></del>
	•	savings and temporary cash investments					
		and interest from securities		<del></del>	14	4,823,391	<del> </del>
		ncome or (loss) from real estate			13	4,023,391	<u></u> .
Э		anced property	900099	-143,023		143,023	
		ariced property t-financed property	900099	143,023		143,023	<del></del>
_		ncome or (loss) from personal property		<del></del> ·			
		tment income		<del></del>			<del></del>
	_	s) from sales of assets other than inventory	_	····	18	10,257,718	0
		•		<del></del>	10	10,237,718	
		or (loss) from special events					
	Other reven	or (loss) from sales of inventory					<del> </del>
	_	STATEMENT 14		0		491,731	<del></del>
			·			491,731	<del></del>
			-	<del></del>			<del></del>
	-		·				
		dd columns (b), (d), and (e)	-	-143,023		15,715,863	0
		line 12, columns (b), (d), and (e)		143,023		13,713,803	15,572,840
		t in line 1 <u>3 instructions</u> to verify calculations )				13	13,372,040
	Part XVI-B		Accomplish	ment of Evennt	Purn		
	Line No.	Explain below how each activity for which inco					
	Lille No.  ▼	accomplishment of the foundation's exempt pu					
	N/A	accomplishment of the loandation's exempt pe	irposes (other th	an by providing rands	3 101 300	ii puiposes) (oce iiisi	iructions /
	1/11		<del></del>				
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17749000 TRIAD FOUNDATION, INC **-***8102 FYE 12/31/2017	Federal	Statements	-	11/7/2018 11 37 AM Page 1
	Form 990-PF, Part I	, Line 11 - Other Inc	come	
Description		Revenue per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME FROM PASS THRU OTHER INCOME -NORTHERN TRUST THREE BRIDGES SEG PORT SUB F		\$ 156,826 163,249 171,656	\$ 156,826 163,249 171,656	\$
TOTAL		\$	\$ 491,731	\$0
State	ement 1 - Form 990-P	F, Part I, Line 16a -	Legal Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 95,832	\$ 47,916	\$	\$ 46,855
TOTAL	\$ 95,832	\$ 47,916	\$ . 0	\$ 46,855
Statem	ent 2 - Form 990-PF, F	Part I, Line 16b - Acc	counting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 117,300	\$ 58,650	\$	\$ 28,650
	\$ 117,300	\$ 58,650	\$ 0	\$ 28,650

1-2

17749000 TRIAD FOUNDATION, INC 30-0108102 FYE: 12/31/2017	FOUNDATION	, INC	Federal Statements	atements		11	11/7/2018 3:44 PM Page 2
	St	Statement 3 - Form	1 990-PF,	Part I, Line 16c - Other Professional Fees	Professional Fo	ses	
Det	Description		Total	Net Investment	Adju N	Adjusted Net	Charitable Purpose
INVESTMENT FEES TOTAL	60		952,873 952,873	\$ 1,131,162 \$ 1,131,162	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0
		Statement 4	nt 4 - Form 990-PF	F, Part I, Line 18	3 - Taxes	:	
Des	Description		Total	Net Investment	Adju	, Adjusted Net	Charitable Purpose
EXCISE TAX FOREIGN TAXES		   	721,278	\$ 142.971	\ •	\   	
TOTAL		\ <sub>\sigma</sub>	721,278		ω. 	0	0
		Statement 5	- Form 990-PF,	Part I, Line 19 - Depreciation	)epreciation		
	Description	ion					
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
BUILDING 1/01/03 \$	634,643	\$ 209,711	STRAIGHT LINE	39	16,273	\$ 6,276	S
ECILLING ADDITION 1/01/13 —— TOTAL \$——	1,152,591	51,796 \$ 261,507	STRAIGHT LINE	0 4	12,949	4,995	0
						·	3-5

17749000 TRIAD FOUNDATION, INC. 30-0108102 FYE: 12/31/2017	Federal Statements	atements		11/7/2018 3:44 PM Page 3
Statement 6 - Form	1 990-PF,	Part I, Line 23 - Other Expenses	Sesued	
	Total	Net Investment	Adjusted Net	Charitable Purpose
\$		\$	\$	\$
	2,694	750		2,377
COMPUTER EXPENSE	41,415	11,528		28,038
NIAL	1,7/3	493 386		1,279
	14,064	3,915		10,149
	2, /15 14.808	756		1,960
	19, 290	5,370		11,663
	20,413	5,682		14,731
	1,851 3,953	1,100		, 1,335 2,808
FROM PASS THRU		- L		
»"	124,361	\$ 1,267,773	\$	\$ 81,536
Statement 7 -	- Form 990-PF, Part II,	II, Line 13 - Other Investments	estments	
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
FUNDS	\$ 98,632,481 25,090,074	\$ 155,920,945 28,877,377	, , , , ,	\$ 155,920,945
	160,217	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>.</b> + . +
INVESTS MEASURED AT NET ASSET VALUE CASH AND CASH EQUIVALENTS	89,612,026 5,565,399	97, 618, 846 7, 077, 772	MARKET MARKET	97,618,846 7,077,772
	\$ 231,578,765	\$ 289,636,157		636,
			/	
				2-9

17749000 TRIAD FOUNDATION, INC. 30-0108102 FYE: 12/31/2017	Federal Statements	ments	,	11/7/2018 3:44 PM Page 4
Statement 8 - For	Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	l - Land, Building, a	nd Equipment	
Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
BUILDING LAND TOTAL	\$ 891,086 462,240 \$ 1,353,326	\$ 1,152,591 462,240 \$ 1,614,831	\$ 290,727	\$ 1,200,000
				-
				ω

## 17749000 TRIAD FOUNDATION, INC.

## **Federal Statements**

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FYE: 12/31/2017

30-0108102

#### Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

	Description	 Beginning of Year		End of Year	_	Fair Market Value
BENEFICIAL	INTEREST IN TRUST	\$ 34,513,959	\$		\$	
BENEFICIAL	INT IN TR RECEIVABLE	 	_	14,250,000	_	14,250,000
TOTAL		\$ 34,513,959	\$	14,250,000	\$	14,250,000

#### Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description		Beginning of Year	End of Year	
DEFERRED EXCISE TAX PAYABLE	\$	286,010	\$	690,860
TOTAL	\$	286,010	\$	690,860

#### Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount		
UNREALIZED GAIN ON INVESTMENTS CHANGE IN VALUE OF BENEFICIAL TRUST	\$	20,249,819 344,433	
TOTAL	\$	20,594,252	

Page 6 11/7/2018 3:44 PM 0 0 0 0 0 0 Expenses 46 46 2,364 33,557 31,759 21 Benefits City, State, Zip Statement 13 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Statement 12 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors 178,900 107,300 Compensation 76,700 51,100 51,100 51,100 ITHACA NY 14850 Federal Statements Average 20.00 16.00 Hours 28.00 12.00 12.00 12.00 Etc. SECY/PRG DIR TREAS/PRG DI DIR/PRG OFF DIR/PRG OFF DIR/PRG OFF PRES/CHAIR Address DOROTHY D. PARK REVOCABLE TRUST 15 ASCOT PLACE 17749000 TRIAD FOUNDATION, INC. Name and Address Name ELIZABETH P. FOWLER 15 ASCOT PLACE ITHACA NY 14850 ROY H. PARK, JR. ROY H. PARK, III 15 ASCOT PLACE ITHACA NY 14850 NOBLE T. FOWLER 15 ASCOT PLACE ITHACA NY 14850 LAURA S. PARK 15 ASCOT PLACE ITHACA NY 14850 15 ASCOT PLACE ITHACA NY 14850 TETLOW PARK 15 ASCOT PLACE ITHACA NY 14850 FYE: 12/31/2017 30-0108102

Federal Statements

\*\*-\*\*\*8102 FYE: 12/31/2017 11/7/2018 11:37 AM Page 7

### Statement 14 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
OTHER INCOME FROM PASS	THRU \$		14 \$	156,826	s
OTHER INCOME -NORTHERN				•	•
THREE BRIDGES SEG PORT	SUB		14	163,249	
	-		14	171,656	
TOTAL	\$ \$	······································	- \$_	491,731	\$ 0

Schedule B

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

#### **Schedule of Contributors**

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

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization Employer identification number TRIAD FOUNDATION, INC 30-0108102 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

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

	(Form 990, 990-EZ, or 990-PF) (2017)			E 1 OF 1 Page 2		
	organization D FOUNDATION, INC			pployer identification number 0-0108102		
Part I	Contributors (see instr	uctions) 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	DOROTHY D. PARK 15 ASCOT PLACE ITHACA	REVOCABLE TRUST NY 14850	\$ <b>14</b> ,250,000	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a)	No. 2 - 11	(b)	(c)	(d)		
No.	Name, addr	ess, and ZIP + 4	Total contributions	Type of contribution		
		·	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a)		(b)	(c)	(d)		
No.	Name, addr	ess, and ZIP + 4	Total contributions	Type of contribution		
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a)		(b)	(c)	(d)		
No.	Name, addr	ess, and ZIP + 4	Total contributions .	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	Name addr	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	nume, audi	oog alla bit • 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	Name. addr	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

PAGE 1 OF 1 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number TRIAD FOUNDATION, INC. 30-0108102 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) BEN INTEREST IN IRREV TRUST 1 12/31/17 14,250,000 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) \$ (a) No (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$