# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	or tn	e 201	4 calendar year, or tax year begin	ining 07/01	L, 2014, a	ana enaing		06/	730,20 15			
R o	heck if ap	onlicable:	C Name of organization				D Employer ic	entifica	ation number			
	_		TRIANGLE, INC.									
	Addre chang		Doing Business As				04-248					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	R	oom/suite	E Telephone number					
	Initial	return	420 PEARL STREET				(617) 32	2 – 04	400			
	Term	inated	City or town, state or province, country, a									
	Amer return		MALDEN, MA 02148				<b>G</b> Gross receip	ots \$	9,642,738.			
	Applie pendi	cation ng	F Name and address of principal officer:	MICHAEL RODRIGU	JES		H(a) Is this a gro subordinate		Yes X No			
	<del></del>					H(b) Are all subor	dinates incl	luded? Yes No				
<u> </u>	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 49	47(a)(1) or	527	If "No," atta	.ch a list.	(see instructions)			
J	Websi	te: 🕨	WWW.TRIANGLE-INC.ORG				H(c) Group exen	nption nur	mber <b>&gt;</b>			
K	Form	of organ	nization: X Corporation Trust	Association Other >		L Year of f	ormation: 1970 M	State o	of legal domicile: MA			
P	art I	Sui	mmary									
	1	Briefly	y describe the organization's mission or	r most significant activities: T	ГНROUGH	SUPPOR	T, CHALLENGE	AND	)			
ė		OPP	ORTUNITY, THE ORGANIZATI	ON EMPOWERS PEOPI	LE WITH	I DISABI	LITIES AND					
Governance		THE	IR FAMILIES TO ENJOY RIC	CH, FULFILLING LIV	VES.							
/err	2	Check	k this box ▶ if the organization di	scontinued its operations of	r disposed	of more than	25% of its net asse	ts.				
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3	16.			
	4		per of independent voting members of the					4	16.			
Activities &	5		number of individuals employed in cale					5	258.			
ξΞ			number of volunteers (estimate if necess					6	46.			
Ą			unrelated business revenue from Part VI					7a	0			
			nrelated business taxable income from I					7b	0			
				·			Prior Year		Current Year			
_	8	Contri	ibutions and grants (Part VIII, line 1h)	1,552,3	1,552,376.							
u	9	Progra	am service revenue (Part VIII, line 2g)		COPY	FOR	6,437,1	32.	7,667,093.			
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3. 4. and 7d)	UBLIC INS	PECTION	· · · · · · · · · · · · · · · · · · ·	0	0			
Ř	11		revenue (Part VIII, column (A), lines 5,				568,0	72.	528,860.			
	12		revenue - add lines 8 through 11 (must				8,557,5		9,370,676.			
_	13		s and similar amounts paid (Part IX, colu				· · ·	0	0			
	14		fits paid to or for members (Part IX, colu					0	0			
"	4.5		ies, other compensation, employee bene				5,880,7	47.	6,420,877.			
Expenses	16a		ssional fundraising fees (Part IX, column	0		0						
be	b	Total	fundraising expenses (Part IX, column (I	73. (i.i., i.i.)	4.796.							
ñ	17		expenses (Part IX, column (A), lines 11				2,370,327.		2,576,782.			
			expenses. Add lines 13-17 (must equal				8,251,0		8,997,659.			
	19		nue less expenses. Subtract line 18 from				306,5		373,017.			
es		IXCVCI	Tue 1633 experises. Gubiract line 16 from	THIRE IZ.			Beginning of Current		End of Year			
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				4,379,4		4,719,388.			
Ass Bal	21		liabilities (Part X, line 26)			••••	2,693,7	_	2,660,670.			
a t	22		ssets or fund balances. Subtract line 21	from line 20			1,685,7	_	2,058,718.			
	rt II		gnature Block	HOITIME 20			1700377	7 - 1	270307710.			
			of perjury, I declare that I have examined thi	s return including accompanyir	na schedule:	s and stateme	ents and to the best of	of my kr	nowledge and belief it is			
tru	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all informati	ion of which	preparer has	any knowledge.					
Sig	jn		Signature of officer				Date					
He	re		MICHAEL MASTASCUSA		CFO							
			Type or print name and title		21.0							
			Type preparer's name	Preparer's signature		Date	Chast	i, P	TIN			
Paid	d		ERT J BUTLER JR.	. 5			Check self-employ	J ''' │	200037953			
Pre	parer			T.D					5055558			
Use	Only	_	s name									
Mar	tho!		s address > 75 STATE STREET  ccuss this return with the preparer shown				Phone no.	οτ/-	-723-7900			
				, , ,				<u></u>	X Yes No			
ror	rape	work	Reduction Act Notice, see the separate	E INSTRUCTIONS.					rom <b>33U</b> (2014)			

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Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	THROUGH SUPPORT, CHALLENGE AND OPPORTUNITY, THE ORGANIZATION EMPOWERS PEOPLE WITH DISABILITIES AND THEIR FAMILIES TO ENJOY RICH, FULFILLING
	LIVES. WE ARE COMMITTED TO HELPING THE WORLD RECOGNIZE THAT WE ARE
	ALL PEOPLE WITH ABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	RESIDENTIAL - PROVIDE COMMUNITY BASED RESIDENCES FOR MENTALLY
	DISABLED INDIVIDUALS.
4b	(Code:) (Expenses \$1,256,739. including grants of \$) (Revenue \$1,487,674)
	EMPLOYMENT SUPPORT - PROVIDE VOCATIONAL EVALUATION, VOCATIONAL
	EXPERIENCE, AND JOB PLACEMENT FOR PEOPLE WITH DISABILITIES.
4c	(Code: ) (Expenses \$ 1,748,739. including grants of \$ ) (Revenue \$ 1,997,214. )
	COMMUNITY WORK SERVICES - PROVIDE EMPLOYMENT TO DISABLED
	INDIVIDUALS THROUGH A SHELTERED WORKSHOP SETTING.
	THE TOTAL DESIGNATION OF THE PROPERTY OF THE P
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1
-	(Expenses \$ $_{268,049}$ including grants of \$ ) (Revenue \$ $_{42,717}$ )
40	Total program service expenses ► 6,863,543.
. •	

JSA 4E1020 1.000 TRIANGLE, INC. 04-2486905

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-art	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			$\alpha \alpha \alpha$	

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TRIANGLE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 37 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.
Chack if Schadula O contains a response or note to any line in this Part VI	77

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4 C L		
Sect	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed \( \bigs_MA \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	Own website X Another's website X Upon request Other (explain in Schedule O)			
40			n a !! - ·	الحما
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interference and statements available to the public during the toy year.	erest	policy	, and
20	financial statements available to the public during the tax year.	o. <b>k</b>		
20	State the name, address, and telephone number of the person who possesses the organization's books and record  MICHAEL MASTASCUSA 420 PEARL STREET MALDEN, MA 02148  781-388-4305	s: <b>&gt;</b>		
JSA	FICHILL FROTHOCOOK 120 LEMAN STREET FRUDER, FM VALTO /01-300-4305	Form	990	(2014)

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII............

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than contract Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) DODEDE MILLED	2 00									
_(1)ROBERT_MILLERPRESIDENT	$\frac{2.00}{1.00}$	X		Х					0	(
(2)JESSICA BLACK	2.00	Λ		Λ					0	
VICE PRESIDENT	1.00	Х		Х					0	(
(3)LISA LOPEZ	2.00	21		21					, ,	
TREASURER	1.00	Х		Х					0	C
(4)PATRICIA AUBE	2.00									
CLERK	1.00	Х		Х				C	0	C
(5)WILLIAM COSTA	.50									
DIRECTOR	.50	Х						C	0	C
(6)REP. PAUL DONATO	.50									
DIRECTOR	.50	Х						С	0	
_(7)JONATHAN_ELIAS	.50									
DIRECTOR	.50	Х						C	0	(
(8)CARA_HESSE	.50									
DIRECTOR	.50	X						С	0	
(9)HERB LANDSMAN	.50								_	_
DIRECTOR	.50	Х						С	0	
(10)MICHAEL MCCURDY	.50									,
DIRECTOR	.50	X						C	0	
(11)RICHARD MEELIA	.50	37								(
DIRECTOR	.50	Х						C	0	
(12)MICHAEL MORAN DIRECTOR	.50	X							0	(
(13)DANIEL PALLOTTA	.50	25							,	
DIRECTOR	.50	X						C	0	C
(14)JOHN M. PEREIRA	.50									
\ · · · /	.50	1	1		1	1	1	1	0	

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue		age <b>C</b>
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo o comp	(F) mated ount of ther ensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related	t
15) IAN THOMPSON	.50											
DIRECTOR	.50	X						0	0			C
16) JOHN WALLACE	.50											
DIRECTOR	.50	X						0	0			(
17) MICHAEL RODRIGUES	40.00											
CEO	4.00			Х				227,254.	0		9,1	10.
18) MICHAEL MASTASCUSA	40.00											
CFO	4.00			Х				138,430.	0			C
19) THOMAS MARSHALL	40.00											
C00	4.00			Х				141,201.	0			(
20) PAUL I. MURPHY	40.00											
DEVELOPMENT DIRECTOR	4.00					X		126,755.	0			(
21) ANNIE E. MIDDLETON	40.00							100 000				
HR DIRECTOR	4.00					X		102,329.	0			(
22) ANDREW FORTI  RESIDENTIAL DIRECTOR	40.00					\ v		101 076	0			,
RESIDENTIAL DIRECTOR	4.00					X		101,076.	U			(
1b Sub-total							<b>&gt;</b>	0	<u> </u>		0 1	1.0
c Total from continuation sheets to Part VII, S								837,045.	0		9,1	
d Total (add lines 1b and 1c)	limited to t	hose		d al	bov	e) who	o re	837,045. eceived more than			9,1	10.
			-								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y Section B. Independent Contractors										5		Х
Complete this table for your five highest component compensation from the organization. Report of the component of the c												

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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### Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h  2a b c d e	Federated campaigns	279,685.  895,038. 4,772  susiness Code 611710 900099	1,174,723. 7,211,999. 455,094.	7,211,999. 455,094.		
Progr	f g	All other program service revenue L		7,667,093.			
Other Revenue		Investment income (including dividends and other similar amounts)	coceeds (ii) Personal (iii) Other	0 0 0			
Othe	с 9а		78,893.	-37,538.			-37,538.
	c 10a	Less: direct expenses	581,015.	0			
	b c	Less: cost of goods sold	193,169.  Lusiness Code	387,846.	387,846.		
	11a b c	OTHER INCOME		178,552.	178,552.		
	d e 12	Total. Add lines 11a-11d		178,552. 9,370,676.	8,233,491.		-37,538.

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### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	515,995.	515,995.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,992,953.	3,819,012.	746,811.	427,130.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	315,791.	256,576.	18,471.	40,744.
10	Payroll taxes	596,138.	402,844.	118,751.	74,543.
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	276 OF1	200 265	161 616	6 070
	(A) amount, list line 11g expenses on Schedule O.)	376,851.	208,265.	161,616.	6,970.
	Advertising and promotion	487,040.	256,228.	80,489.	150,323.
13	Office expenses	127,644.	66,511.	56,329.	4,804.
14	Information technology	0	00,311.	30,323.	1,001.
15	Royalties	885,049.	795,078.	80,793.	9,178.
16 17	Occupancy	180,485.	174,628.	1,639.	4,218.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	171,020.	1,035.	1,210.
19	Conferences, conventions, and meetings	8,995.	4,426.	4,529.	40.
20	Interest	56,269.	53.	56,216.	
21	Payments to affiliates	0		,	
22	Depreciation, depletion, and amortization	238,471.	201,081.	32,505.	4,885.
23	Insurance	215,978.	162,846.	41,171.	11,961.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b	·				
C	:				
	'				
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	8,997,659.	6,863,543.	1,399,320.	734,796.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
JSA	Tollowing 501 30-2 (A50 350-720)	0			F 000 (0044)

JSA 4E1052 1.000

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# Part X Balance Sheet

		Charle if Cahadula Chartaina a rasnanas ar	noto	to any line in this De			
		Check if Schedule O contains a response or	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			282,027.	1	278,735.
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net			115,609.	3	72,609.
	4	Accounts receivable, net	1,100,337.	4	1,193,058.		
	5	Loans and other receivables from current and	r officers, directors,				
		trustees, key employees, and highest co	nsated employees.				
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
(A)		organizations (see instructions). Complete Part II of Sche	0	6	0		
sets	7	Notes and loans receivable, net		0		420,824.	
Assets	8	Inventories for sale or use			109,390.	_	39,918.
	9	Prepaid expenses and deferred charges			124,076.	9	139,079.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			2,635,961.		2,564,159.
	11	Investments - publicly traded securities			0		0
	12	Investments - other securities. See Part IV, line 11			0		0
	13	Investments - program-related. See Part IV, line 11	0		0		
	14	Intangible assets	12,095.	1	11 006		
	15	Other assets. See Part IV, line 11			4,379,495.		11,006. 4,719,388.
_	16	Total assets. Add lines 1 through 15 (must equal		1,109,635.	16 17	1,267,856.	
	17 18	Accounts payable and accrued expenses	1,109,033.		1,207,030.		
	19	Grants payable Deferred revenue	0		0		
	20	Tax-exempt bond liabilities			0	20	0
s	21	Escrow or custodial account liability. Complete Pa	art IV (	of Schedule D	0		0
Liabilities	22	Loans and other payables to current and for			<del>-</del>		
abil		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			1,490,887.	23	1,390,228.
	24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			93,272.		2,586.
	26	Total liabilities. Add lines 17 through 25			2,693,794.	26	2,660,670.
Se		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► X and			
Š	27	Unrestricted net assets			1,500,701.	27	1,871,318.
3ala	28	Temporarily restricted net assets			0	28	2,400.
Þ	29	Permanently restricted net assets			185,000.	29	185,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts (	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated incomment				32	
Net	33	Total net assets or fund balances			1,685,701.	33	2,058,718.
	34	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	4,379,495.	34	4,719,388.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,3	70,6	576.
2						
3	Revenue less expenses. Subtract line 2 from line 1	3				017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	85,7	701.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,0	58,7	718.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	According with a local transverse the Fermi 200 Cook. W Accord. Cooking				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
20	Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?			٠.		Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compared or reviewed by an independent accountant?			2a		
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	OI OI			
	Separate basis Consolidated basis Both consolidated and separate basis					
	<u> </u>			2b	Х	
D	Were the organization's financial statements audited by an independent accountant?					
	separate basis, consolidated basis, or both:	ieu o	II a			
	Separate basis X Consolidated basis Both consolidated and separate basis					
_		warei	iaht			
·	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

TRI	ANGLE	, INC.					04	-2486905
Pa	ti F	Reason for Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	i.
The	organiz	ation is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1	A c	church, convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.)						
3		nospital or a cooperative				n 170(b)	(1)(A)(iii).	
4		nedical research organiz	•	=				(iii). Enter the
		spital's name, city, and s	· ·	,	•		( // // /	
5		organization operated		a college or universit	tv owne	d or ope	erated by a governme	ental unit described in
		ction 170(b)(1)(A)(iv). (C		<b>.</b>	.,			
6		ederal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		organization that norma	_			-		om the general public
•		scribed in <b>section 170(b</b> )	=	· ·		o a go		om the goneral palane
8		community trust describe		· · · · · · · · · · · · · · · · · · ·	Part II )			
9		organization that norma			-		contributions memb	ershin fees, and arnss
•		ceipts from activities rel						
		oport from gross invest		=		-		
	-	quired by the organizatio					·	taxy from businesses
10		organization organized				-	·	
11		organization organized	•		-			rry out the nurnoses of
• •		e or more publicly suppo	•	•				• • • •
		box in lines 11a through	_			-		
		ype I. A supporting orga		• • • • • • • • • • • • • • • • • • • •			•	•
а			-	•			• , , ,	
		he supported organization			elect a II	iajority o	i the directors of trus	tees of the supporting
<b>L</b>		organization. You must c	=			مدا طداست	aunnartad araani-ati	an(a) hu havina
b		Type II. A supporting org						
		control or management of	• • • •	=	me sam	e persor	is that control of mar	lage the supported
_		organization(s). <b>You must</b>	=		.4			
С		ype III functionally inte						ily integrated with,
		s supported organization		-				( -
d		ype III non-functionally			-			
		hat is not functionally into			-		•	an attentiveness
		equirement (see instruct	•	-				U. T 101
е		Check this box if the orga						ı, туре ііі
		unctionally integrated, or			porting o	organizat	tion.	
t ~		the number of supported	-					
9		e the following information of supported organization			GA L. II.		(v) Amount of monetary	(vi) Amount of
	(I) Name	or supported organization	(11) =114	(described on lines 1-9		organization ur governing	support (see	(vi) Amount of other support (see
				above or IRC section	docu	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
					103	110		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	.ı							

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2010 Calendar year (or fiscal year beginning in) **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			·			-
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,309,262.	1,319,433.	1,286,395.	1,552,376.	1,174,723.	6,642,189.
2	Gross receipts from admissions, merchandise	, ,	, ,	, ,	, ,	, , , ,	, , , , , , , , , , , , , , , , , , , ,
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	6,205,935.	5,745,216.	6,308,422.	6,978,705.	8,426,660.	33,664,938.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1,104,594.	1,251,542.	980,890.	90,163.	41,355.	3,468,544.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	8,619,791.	8,316,191.	8,575,707.	8,621,244.	9,642,738.	43,775,671.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	738,089.	27,965.	948,500.	1,173,400.	546,000.	3,433,954.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	738,089.	27,965.	948,500.	1,173,400.	546,000.	3,433,954.
8	Public support (Subtract line 7c from						
	line 6.)						40,341,717.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	8,619,791.	8,316,191.	8,575,707.	8,621,244.	9,642,738.	43,775,671.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)	7,758.		125,887.			133,645.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	8,627,549.	8,316,191.	8,701,594.	8,621,244.	9,642,738.	43,909,316.
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	s a section 501(c	(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	d by line 13, colum	nn (f))		15	91.88%
16	Public support percentage from 2013 Sche	dule A, Part III, lin	e 15			16	99.74%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2014 (lin	ne 10c, column (f	divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part	III, line 17		[	18	.00%
19 a	331/3% support tests - 2014. If the org					e than 331/3 %, ar	nd line
	17 is not more than 331/3%, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly	supported organiz	ation ► X
b	331/3% support tests - 2013. If the orga	nization did not	check a box on li	ne 14 or line 19a	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	s as a publicly	supported organiz	ation 🕨 🔲
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions >

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. A	II Sup	porting	Orga	anizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

  2 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's between the nore supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization's directors or trustees were allocated among the supported organization's providing such benefit carried out the purposes of the supporting organization's late of the supported organization's late of the organization's late of the supported orga	Part I	V Supporting Organizations (continued)			
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Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify those supported organization determined that these activities dustantially all of its activities.  2a  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		supported organizations played in this regard.	3		
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trustees of each of the supported organizations? Provide details in Part VI.					
	а		3.5		
p Dig the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	D		3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. <b>See ir</b>	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Not short term conital gain	1		(optional)
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3			
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	organization (see
instructions).	. 0	,, ,,	,

Schedule A (Form 990 or 990-EZ) 2014

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			
			0-1	A (Form 900 or 900 E7) 2014

Schedule A (Form 990 or 990-EZ) 2014

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### Schedule B (Form 990, 990-EZ,

# **Schedule of Contributors**

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

2014

OMB No. 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service

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

Name of the organization TRIANGLE, INC.		Employer identification number		
		04-2486905		
Organization type (check one	):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion		
	501(c)(3) taxable private foundation			
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See		
General Rule				
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instructiontributions.	_		
Special Rules				
regulations under so 13, 16a, or 16b, and \$5,000 or <b>(2)</b> 2% o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 d that received from any one contributor, during the year, total contributions f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of <b>(1)</b> omplete Parts I and II.		
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that in the year, total contributions of more than \$1,000 exclusively for religious, cland purposes, or the prevention of cruelty to children or animals. Complete Fig. 1.	naritable, scientific,		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
<b>caution.</b> An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 90-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Part I	Contributors (	(see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$500,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$104,167.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$30,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Cor	tributors (see	e instructions).	Use duplicate	copies of Part I	if additional s	pace is needed.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 _		\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9 _		\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 10 _		\$19,684.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 11 _		\$16,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Part I	Contributors (	(see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _		\$15,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(2)	(b)	(-)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No16 (a) No.	Name, address, and ZIP + 4	\$10,000.  (c) Total contributions	Person   X

Part I C	ontributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _		\$5,000.	Person   X     Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		i otal continuutions	i ype or contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)  Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
	(b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b)	\$(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Employer identification number

04-2486905

Part II	Noncash Property	(see instructions)	Use duplicate	copies of Part II if a	dditional space is needed.
епе		(CCC IIICH GCHCIIC)	,. Occ aapnoate	oopioo oi i aitii ii a	dallional opaco io necaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$\$	

Name of organization TRIANGLE, INC.

Employer identification number
04-2486905

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

	ntributions of <b>\$1,000 or less</b> for the eduplicate copies of Part III if additi		n once. See instructions.) ► \$		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I	(4,1 3,1 2,1 3,1	(0, 000 0. g	(a, a conspiner of the garden		
-					
_   _					
		(e) Transfer of gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
-					
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		(e) Transfer of gift			
	(-,				
	Transferee's name, address, an	id ZIP + 4	Relationship of transferor to transferee		
-					
-					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
-					
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   -					
_					
	(e) Transfer of gift				
	Transferee's name, address, an	.1.7ID . 4	Relationship of transferor to transferee		

#### SCHEDULE D (Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number TRIANGLE, INC. 04-2486905 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

**\$**\_\_\_\_

▶ \$

TRIANGLE, INC. 04-2486905

Schedule D (Form 990) 2014

Par	t III Organizations Maintainir	ng Collections of	Art, Hist	orical T	reasur	es,	or Oth	er Similar Ass	sets (con	tinued	<u>)                                    </u>
_			.1		ı					,	
3	Using the organization's acquisition		other recor	ds, checi	k any c	of the	follow	ing that are a si	gnificant u	se of	its
	collection items (check all that app	ly):		٦.							
a	Public exhibition		d		or exch						
b	Scholarly research		e	Other							_
C	Preservation for future gene									. 5	
4	Provide a description of the organ	nization's collections	s and expla	ain how t	they fu	rther	the org	ganization's exem	npt purpos	e in Pa	art
_	XIII.										
5	During the year, did the organization									П.	
	assets to be sold to raise funds rath										No_
Par	t IV Escrow and Custodial Ar	•	•	ne organ	ization	ans	werea	"Yes" to Form 9	190, Part I	v, iine	9,
	or reported an amount or	1 FOITH 990, Part 2	√, iine ∠1.								
1.	le the organization on egent truste	a austadian ar ath	or intormod	ion, for o	ontribu	tiono	or other	r acceta not			
ıa	Is the organization an agent, truste			-					Yes		No
<b>L</b>	included on Form 990, Part X?  If "Yes," explain the arrangement in								res	'	NO
b	ii res, explain the arrangement ii	ii Part Aili and coili	piete trie ioi	lowing tat	Jie.			Amount			—
•	Paginning halanga					4.0		Amount			—
c d	Beginning balance										—
e	Additions during the year										—
f	Distributions during the year Ending balance					1e 1f					—
	Did the organization include an am						etodial	account liability?	Yes		No
	If "Yes," explain the arrangement in									<b>H</b> '	10
	t V Endowment Funds. Com										—
ı aı	Lindowinient i dilds. Com	(a) Current year	(b) Prio				s back	(d) Three years back		vears ba	ck
1a	Beginning of year balance	185,000.	18	5,000.			,000.	(4)	(0) : 54:	, oa. o za	
	Contributions	200,000.		-,			,000.	50,000	_		—
	Net investment earnings, gains,						,	30,000	-		—
_	and losses										
d	Grants or scholarships										—
	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										—
g	End of year balance	185,000.	18	5,000.		185	,000.	50,000			—
2	Provide the estimated percentage							-			—
а	Board designated or quasi-endown	•	%	(		(//					
b	Permanent endowment ▶ 100.0										
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, ar	<i>'</i>	00%.								
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are hel	d and	d admir	istered for the			
	organization by:		· ·						7	es N	lo
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations										X
b	If "Yes" to 3a(ii), are the related or	ganizations listed as	required on	Schedule	e R?				3b		
4	Describe in Part XIII the intended u				_				-	I	_
Par	t VI Land, Buildings, and Equi	ipment.	=								_
	Complete if the organiza  Description of property										
	Description of property		r other basis stment)	<b>(b)</b> Cost o	or other ba ther)	asis		eumulated eciation	(d) Book value	ae	
1 a	Land			6	512,45	51.			61	2,45	1.
b	Buildings										
С	Leasehold improvements			4,1	.57,65	53.	2,4	76,375.	1,68	1,27	8.
d	Equipment			1,4	167,03	37.	1,1	96,607.	27	0,43	0.
е	Other										
Tota	I. Add lines 1a through 1e. (Column		n 990. Part	X. columi	າ (B). lir	ne 10	(c).)	<b>•</b>	2,56	4,15	9.

Page 2

Page 3

TRIANGLE, INC. Schedule D (Form 990) 2014

Part VII	Complete if the organization answered	d "Yes" to Form 990	. Part IV. line 11b. See Form 990.	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(D)				
( <u>E</u> )				
<u>(G)</u> (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
I alt VIII	Complete if the organization answered	d "Yes" to Form 990	. Part IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
	(a) Bosomphon of invocations	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	•	
Part X	Other Liabilities. Complete if the organization answered line 25.			n 990, Part X,
1.	(a) Description of liability	(b) Book valu	ıe	
	ral income taxes			
	NT SECURITY DEPOSITS	2,	586.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4)	-	506	
ı otal. (Colun	mn (b) must equal Form 990, Part X, col. (B) line 25.)	2,	586.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Х

TRIANGLE, INC. 04 - 2486905Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments **b** Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines **4a** and **4b** Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments Other losses 2c d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2014 TRIANGLE, INC. 04-2486905 Page **5** 

### Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

THE FUNDS ARE STIPULATED BY THE DONOR TO BE USED TO FULLFILL TRIANGLE'S MISSION AND TO SUPPORT INDIVIDUALS' PURSUIT OF MEANINGFUL COMMUNITY PARTICIPATION, INCLUDING EMPLOYMENT.

ASC 740

TRIANGLE, INC. AND AFFILIATES ARE NOT-FOR-PROFIT ORGANIZATIONS AS

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED

(THE CODE), AND ARE GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO

SECTION 501(A) OF THE CODE. THE ORGANIZATION IS RESPONSIBLE FOR THE

MAINTENANCE OF ITS TAX-EXEMPT STATUS; IDENTIFYING AND REPORTING UNRELATED

INCOME; DETERMINING ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR

WHICH IT HAS NEXUS; AND IDENTIFYING AND EVALUATING OTHER MATTERS THAT MAY

BE CONSIDERED TAX POSITIONS. THE ORGANIZATION IS REQUIRED TO ASSESS

UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT THERE WERE NO SUCH

POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

#### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number TRIANGLE, INC. 04-2486905 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TRIANGLE, INC. 04-2486905

Schedule G (Form 990 or 990-EZ) 2014

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		grood redesplo greater than we,or	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT (event type)	GALA (event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	98,630.	222,410.		321,040
Re	2	Loca: Contributions	82,718.	196,967.		279,685
		Less: Contributions Gross income (line 1 minus	02,710.	190,907.		279,003
	3	line 2)	15,912.	25,443.		41,355
		2)	10,712.	20,1131		11,555
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	17,280.	31,500.		48,780
Direct Expenses	7	Food and beverages	7,302.	1,228.		8,530
Direc	8	Entertainment	3,925.	4,597.		8,522
	9	Other direct expenses	4,550.	8,511.		13,061
	4.0	Direct company Add Free A	4 (harrish O')   (-1)		_	70 002
	10	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	tnrough 9 in column (d)	)		78,893 -37,538
Pa						
Гα	I U I	than \$15,000 on Form 990-E		es to Form 990, Par	t iv, line 19, or repo	rtea more
		\$10,000 0 0		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
~	1	Gross revenue				
ses	2	Cash prizes				
ens	_					
Αχ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9		nter the state(s) in which the organizat				
		the organization licensed to conduct g				Yes No
r	, II _	"No," explain:				
10 -		ere any of the organization's gaming I	licenses revoked suspe	ended or terminated durin	ng the tax year?	Yes No
		"Voo." ovoloin:	iicerises revoked, suspe		is the tax year:	. L les L NO
	_					

Sched	lule G (Form 990 or 990-EZ) 2014
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	

Schedule G (Form 990 or 990-EZ) 2014

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TRIANGLE, INC. 04-2486905 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	2		
_	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		7.7
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	in Part III	0		Λ
•	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TRIANGLE, INC. 04-2486905

Schedule J (Form 990) 2014

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation					in column (B) reported as deferred in prior Form 990
MICHAEL RODRIGUES	(i)	227,254.	(	0	C	9,110.	236,364.	0
1 CEO	(ii)	0	(	0	C	0	0	0
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
_ 9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

TRIANGLE, INC. 04-2486905

Schedule J (Form 990) 2014

### Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number TRIANGLE, INC. 04-2486905

FORM 990 REVIEW PROCESS

VOTE ON THE ISSUE.

FORM 990, PART VI, LINE 11B

THE RETURN WAS PREPARED BY TAX ADVISORS FROM A NATIONAL ACCOUNTING FIRM WITH INFORMATION PROVIDED BY MANAGEMENT. THE CFO REVIEWS THE FORM 990 WITH THE MEMBERS OF THE FINANCE COMMITTEE. ONCE ALL COMMENTS HAVE BEEN ADDRESSED, THE FORM 990 IS FILED.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE

ANNUALLY INTEREST THAT COULD GIVE RISE TO CONFLICT. IF SUCH CONFLICT

ARISES, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE WILL NOT BE ALLOWED TO

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A THE CEO MEETS WITH THE BOARD OF DIRECTORS FOR

AN ANNUAL PERFORMANCE AND SALARY REVIEW. THE BOARD USES APPROPRIATE AND

COMPARABLE COMPENSATION INFORMATION IN THIS EVALUATION. THE EVALUATION

AND RELATED COMPENSATION IS VOTED ON BY THE COMMITTEE. THE BOARD

PRESIDENT SENDS A LETTER REGARDING THE INCREASE TO THE CEO AND HUMAN

RESOURCES. THIS PROCESS AND THE RESULTS ARE DOCUMENTED BY THE HUMAN

RESOURCES DEPARTMENT.

Name of the organization

TRIANGLE, INC.

Employer identification number

04-2486905

GRANTS

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST. IN ADDITION, THE FORM 990

IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS ATTORNEY GENERAL'S

WEBSITE.

ATTACHMENT	1
TADEMOTO	DEVENTE
EXPENSES	REVENUE

42,717.

DESCRIPTION

BUSINESS ENTERPRISES

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

TOTALS

268,049. 42,717.

268,049.

04-2486905 TRIANGLE, INC.

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

TRIANGLE, INC. 04-2486905

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) FLOW ENTERPRISES, LLC 42-2214317 200 TRAPELO ROAD WALTHAM, MA 02452 TRAINING MA -6.166231,397. TRIANGLE INC (2) (3) (4) (5) (6)

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.

Name, address, ar	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?	
							Yes	No
(1) EMPLOY & ABILITY	04-2738769							
420 PEARL STREET	MALDEN, MA 02148	EMPLY DISABLD	MA	501(C)(3)	09	TRIANGLE INC	X	
(2) IMPACT, INC.	04-3282285							
420 PEARL STREET	MALDEN, MA 02148	SELF DEFENSE	MA	501(C)(3)	09	TRIANGLE INC	X	
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	<b>(k)</b> Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
<u>(1)</u>							Yes No
(2)							
(3)							
(4) (5)							
(6)							
(7)							

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TRIANGLE, INC. 04-2486905

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Part	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Υ	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	_oans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	Х
h	Purchase of assets from related organization(s)				1h	Х
i	Exchange of assets with related organization(s)				1i	Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х
0	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	Х
q	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				-	X
s	Other transfer of cash or property from related organization(s)					X
_2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cover	ered relationships and transa	action thre	sholds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of detern int involv	
(1)	EMPLOY & ABILITY	R	238,637.	ACTUAL	ı	
(2)	IMPACT, INC.	S	94,974.	ACTUAL	ı	
(3)						
(4)						
(5)						

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### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) (b) ame, address, and EIN of entity Primary activity		(b) (c) (d) Primary activity Legal domicile (state or foreign country) unrelated, excluded from tax under		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				sections 512-514)		No			Yes	No	(1 01111 1000)	Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(2)															
(0)															
(10)															
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

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#### Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).