### (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUIN 30

Open to Public Inspection

Form 990 (2019)

B /	Check i	C Nome of any sind	ending (	JUN 30, 2020	<u> </u>						
D (	spplica	f C Name of organization		D Employer identif	ication number						
	Add	ress IIID TANGLE TAG									
-	Change change TRIANGLE, INC.										
-	char Initia			04-24869	05						
_	er										
Feturn Number and street (or P.0. box if mail is not delivered to street address)  420 PEARL STREET  City or town, state or province, country, and ZIP or foreign postal code  G Gross receipts \$											
_	10,801,693.										
L	retur	MALDEN, MA 02148		G Gross receipts \$ H(a) Is this a group r							
	Appl tion	I F Name and address of principal officer: ('()] FMAN NF.F.			s? Yes X No						
	pend	""   420 PEARL STREET, MALDEN, MA 02148		H(b) Are all subordinates i							
17	ax-e	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527		ncluded? Yes No						
J١	Nebs	ite: ► WWW.TRIANGLE-INC.ORG	01 321								
		of organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number						
Pa	art I		L Teal	or formation: 1970	M State of legal domicile: MA						
	1	Briefly describe the organization's mission or most significant activities:	IICH CI	IDDODM CUAT	T ENICE AND						
Governance		OPPORTUNITY. (CONTINUED ON SCHEDULE O).	OGII SC	FFORI, CHALL	LENGE AND						
nai	2	Check this box if the organization discontinued its operations or dispose									
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	sed of more	than 25% of its net as							
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)		3	10						
<u>«</u>	5	Number of independent voting members of the governing body (Part VI, line 1b)		4	10						
Activities &	6	Total number of individuals employed in calendar year 2019 (Part V, line 2a)  Total number of volunteers (estimate if necessary)			205						
ξ		Total uppellated business (estimate if necessary)		6	0						
Ao	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 39			0.						
		0		Prior Year	Current Year						
ne	8	Contributions and grants (Part VIII, line 1h)		162,083.	529,898.						
/en	9	Program service revenue (Part VIII, line 2g)		10,190,458.	10,171,516.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,245,011.	0.						
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,919.	53,660.						
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,655,471.	10,755,074.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,280,381.	7,718,828.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
gx	b	Total fundraising expenses (Part IX, column (D), line 25) 585,08	85. I								
ΩÌ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200000	2,783,953.	3,168,657.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,064,334.	10,887,485.						
	19	Revenue less expenses. Subtract line 18 from line 12		2,591,137.	-132,411.						
o Ses											
Sets	20	Total assets (Part X, line 16)	De	ginning of Current Year 5,466,659.	End of Year						
ASS		Total liabilities (Part X, line 26)		608,526.	6,979,761.						
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20	······	4,858,133.	2,111,381.						
	rt II	Signature Block	······	4,000,100.	4,868,380.						
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules									
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iah stateme	ents, and to the best of my	knowledge and belief, it is						
		The property (construction of all morniation of will	ich preparer	nas any knowledge.	1-1						
Sign		Signature of officer		Date	13/						
Here		MICHAEL MASCATUSA, CFO		Date							
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Tr	Date Check	DTIN						
Paid		ERIN COUTURE		5/10/21	PTIN						
Prepa	arer	Firm's name GRANT THORNTON LLP		- to to project							
Use (		Firm's address 75 STATE STREET		Firm's EIN	36-6055558						
		BOSTON , MA 02109									
May	the II			Phone no. 61	7-723-7900						
93200		RS discuss this return with the preparer shown above? (see instructions)			X Yes No						
30200	. 01-20	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2019)						

#### COPY

Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only sub	mit original	(no copies needed)		····· /·····			
All corpora	itions required to file an income tax return oth	ner than For	m 990-T (including 1120-C	filers) partnerships REMICs	and tructo			
must use F	form 7004 to request an extension of time to	file income	tax returns.	more, particiomps, religios	, and trusts			
	Name of everyth organization and the Si							
Type or	Name of exempt organization or other filer, see	instructions.	Tax	payer identification number (TIN	)			
print TRIANGLE, INC.								
File by the due date for humber, street, and room or suite no. If a P.O. box, see instructions.								
filing your 420 PEARL STREET								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	or a foreign ac	dress, see instructions.					
	MALDEN, MA 02148							
Enter the R	Return Code for the return that this applicatio	n is for (file	a separate application for ea	ch return)	01			
Application		Return	Application					
s For		Code	Is For		Return Code			
	or Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-E	The state of the s	02	Form 1041-A		08			
	(individual)	03	Form 4720 (other than inc	ividual)	09			
orm 990-F		04	Form 5227		10			
-01111 990-1	T (sec. 401(a) or 408(a) trust) T (trust other than above)	05	Form 6069		11			
OIIII 330-1		06	Form 8870		12			
The bool	MICHAEL MASTASO ks are in the care of ▶ 420 PEARL STREE	JUSA PU Mat dei	J MA 02140					
	120 12111 01111	ar Menopi	4 PA 02140					
Telephor	ne No. ▶ 781 388-4305	1	Fax No. ▶ 781 322-04	10				
If the org	ganization does not have an office or place of	business ir	the United States, check thi	s hov				
i i i i i i i i i i i i i i i i i i i	for a Group Return, enter the organization's fo	our digit Gro	up Exemption Number (GEN	) If	thie ie			
O1 1110 W110	ine group, check this box	IT IT IS FOR DE	ift of the group, check this h	ox▶ and a	ittach			
i list with th	ne names and TINs of all members the extens	sion is for.						
1 Irequi	est an automatic 6-month extension of time u	ıntil	05/17 , 20 21	, to file the exempt organiza	ition return			
ior the	e organization named above. The extension i	s for the org	anization's return for:					
▶	calendar year 20			•				
X	calendar year 20 or tax year beginning 07/	01 20 10	) and smaller	00/00 00				
·	Jan Journal of The Control of The Co	<u>01</u> , 20 <u>1</u> .	, and ending	<u> </u>				
2 If the t	tax year entered in line 1 is for less than 12 r	nonths, chec	k reason. Initial return	Final return				
{	Change in accounting period							
3a If this	application is for Forms 990-BL, 990-PF, 9	990-T, 4720	, or 6069, enter the tenta	tive tax, less any				
	rundable credits. See instructions.			22 6	0.			
nonret	annlication is for Forme 900 DE 900 T	, 4720, or	6069, enter any refund	able credits and				
b If this	application is for Forms 990-PF, 990-T							
b If this estima	ated tax payments made. Include any prior ye	ar overpaym	ent allowed as a credit.	3b \$	0.			
b If this estima	ated tax payments made. Include any prior ye ce due. Subtract line 3b from line 3a. Include	ar overpaym your paym	ent allowed as a credit. ent with this form, if require	d, by using EFTPS				
b If this estima c Balance (Electr	ated tax payments made. Include any prior ye	ar overpaym your paym uctions.	ent with this form, if require	d, by using EFTPS	0.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

### Form 990 (2019) TRIANGLE, INC. Part IV Checklist of Required Schedules

4	Patha annual di		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 digarization required to complete Schedule B. Schedule of Contributors?	2	Х	
3	and the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	to the digatization of the digatization engage in joppying activities, or have a section 501(h) election in effect			<del> </del>
	during the tax year'? If "Yes," complete Schedule C. Part II	4		x
5		<u> </u>	† · · · · ·	<del> </del>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Port III	5		x
6	and organization maintain any donor advised juries of any similar funds or accounts for which depart have the right to	-	├	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves " complete School of D. Bart L.	6		x
7	and the organization receive of noto a conservation easement, including easements to preserve open space	-		A
	the environment, historic land areas, or historic structures? If "Ves." complete Schoolule D. Bort II			- I
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
	Schedule D. Part III			<b> </b>
9	Schedule D, Part III	_ 8		X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		İ	
	If "Yes " complete Schedule D. Part IV.			
10	If "Yes," complete Schedule D, Part IV	9_		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
				0.80%
а	The first arrange of land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D			
	Part VI	11a	X	
D	bid 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	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	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		х
е	the diganization report an amount for other liabilities in Part X, line 25? If "Yes " complete Schedule D. Bort V	11e	Х	
f	the diganization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Ves " complete Schoolule D. Bort V.	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	' ''-		
	Schedule D, Parts XI and XII	100		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Х	X
14a		13		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes " complete Schedule E. Barta Land IV.			7.7
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
	foreign organization? If "Ves." complete School 15. Florid 11.			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
	or for foreign individuals? If "You " complete School up 5, There than \$5,000 of aggregate grants or other assistance to			
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
.0	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	bit the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes."		T	
00	complete Schedule G, Part III	19		X
2Ua	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		Х
ь	res to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
32003	01-20-20	Form	990 /	

Forn	n 990 (2019) TRIANGLE, INC. 04-248	690F		n 1
Pa	rt IV Checklist of Required Schedules (continued)	0302	,	Page 4
			1,4	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			7.7
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	_22	-	<u>X</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
	last day of the year, that was issued after December 21, 20022, this is			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
b	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
~	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		1	
A	any tax-exempt bonds?	24c		
252	or but organization act as an on behalf or issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
ZJa	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	<u> </u>	X
a	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			$\Box$
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	100	┢	<del>                                     </del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes." complete Schedule I. Port II	26	1	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	<del>                                     </del>	<del> </del>
	creator or rounder, substantial contributor or employee thereof, a grant selection committee member, or to a 25% controlled			İ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III	<u>2</u> 7	1361001012	
	instructions, for applicable filing thresholds, conditions, and exceptions):	181086	(10)	1,00,00
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	iii.	20000	Name i
	"Yes." complete Schedule 1. Part IV			1,,
b	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
	"Yes " complete Schedule L. Port IV.	ľ		
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
-	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ĺ	]
31	contributions? If "Yes," complete Schedule M	30		X
32	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			
20	Schedule N, Part II	32		X
33	bid 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	X	ĺ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
þ	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	x	
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		Х
31	bid 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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note: All Form 990 filers are required to complete Schedule O	38	х	l
Par	Statements Regarding Other IRS Filings and Tax Compliance	J 3 <b>Q</b>	-17	—
	Check if Schedule O contains a response or note to any line in this Part V			
				<u> </u>
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	AGES SANS	Yes	<u>No</u>
b	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable  1a 36  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0	<ul> <li>339,000,000,000</li> </ul>	100	8000
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1000
	(gambling) winnings to prize winners?		v	
932004	01-20-20	1c	X	

Form **990** (2019)

2a Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, 2a 20.5    b It at least one is reported on line 2a, did the organization file all required feebral employment six returns? 20.5    b It at least one is reported on line 2a, did the organization file all required reproprient six returns? 20.5    b It at least one is reported on line 2a, did the organization file all required reproprient six returns? 20.5    b It is least one is reported on line 2a, did the organization file all required to e-file (see instructions) 3.3    bid the organization have unrelated business gross income of \$1,000 or more carring the year? 3.3    b If "Yes," Institute file of form 980 97.7    from 114, Report of Freign Bank and Financial account; 90.4    4a Atary time during the calendar year, did free organization have an interest, in, or a significant or other instancial account; 90.4    4b If "Yes," and the name of the foreign country 9.5    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; 90.4    5a Was the organization party to a prohibited tax choler transaction at any time during the tax year?    5b If "Yes," and the organization that It was or is a party to a prohibited tax choler transaction at any time during the tax year?    5b If "Yes," and the organization that It was or is a party to a prohibited tax choler transaction at any time during the tax year?    6c If "Yes," inclinate the any experive deductible contributions or the statement that such contributions or gifts were not tax deductibles or admirable contributions?    6c If "Yes," inclinate the number of Forms 80827    7c Organizations that were not tax deductibles and calerable contributions?    7c If If "Yes," inclinate the number of Forms 80828 liked during the year of the value of the goods or services provided?    7c Organizations that may receive deductible on the party of the companization file of the party of the companization receive any printing that contri		1990 (2019) TRIANGLE, INC.		04-248	5905	j F	age !
Big   In the calendar year ending with or within the year covered by this return   2a   205   2   3   3   3   3   3   3   3   3   3	9.Meg.	Statements Regarding Other IRS Filings and Tax Compliance (continued)			*****		
Big   In the calendar year ending with or within the year covered by this return   2a   205   2   3   3   3   3   3   3   3   3   3	0-	False than it is a second of the second of t	_			Yes	No
Note: If the sum of lines it and 2 air greater than 250, you may be required to effected employment tax returns?  Note: If the sum of lines it and 2 air greater than 250, you may be required to efficiency for sections.  3a Did the organization have unreleted business gross income of \$1,000 or more during the year?  5b If 1/*es,* instell filed a Form 990-07 for this year? If 1/*e 10 line 80, provide an explanation on Schedule 0  5b If 1/*es,* instell filed a Form 990-07 for this year? If 1/*es 1 line 80, provide an explanation on Schedule 0  5c If 1/*es,* enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c If 1/*es,* enter the name of the foreign country   ▶  5c	za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	İ				
39 Did the organization have united business gross income of \$1,000 or more during the year?  30 If "Yes," has it filled a Form \$90-7 for this year? "No" to the \$1,000 or more during the year?  31 A tany time during the calendary year, dit the organization have an interest in, or a signeture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account of the foreign country.  32 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  34 Was the organization aprily to a prohibited tax sheller transaction?  35 Did any taxable party notify the organization file Form 8888.77  36 Did any taxable party notify the organization file Form 8888.77  37 Did any taxable party notify the organization file Form 8888.77  38 Did were not tax deductible?  38 Did the organization have montal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  39 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  39 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  30 If the organization selle every agreement in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 If the organization selle every agreement in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 If the organization exceive a spirmet in excess of \$75 made party as a contribution on a payor and perfect contract?  30 If the organization exceive any funds, directly or indirectly, to pay preniums of a personal benefit contract?  31 If	h	If at least are a secondar year ending with or within the year covered by this return	2a	20!	5		0000
39 Did the organization have united business gross income of \$1,000 or more during the year?  30 If "Yes," has it filled a Form \$90-7 for this year? "No" to the \$1,000 or more during the year?  31 A tany time during the calendary year, dit the organization have an interest in, or a signeture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account of the foreign country.  32 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  34 Was the organization aprily to a prohibited tax sheller transaction?  35 Did any taxable party notify the organization file Form 8888.77  36 Did any taxable party notify the organization file Form 8888.77  37 Did any taxable party notify the organization file Form 8888.77  38 Did were not tax deductible?  38 Did the organization have montal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  39 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  39 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  30 If the organization selle every agreement in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 If the organization selle every agreement in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 If the organization exceive a spirmet in excess of \$75 made party as a contribution on a payor and perfect contract?  30 If the organization exceive any funds, directly or indirectly, to pay preniums of a personal benefit contract?  31 If	D	hat least one is reported on line 2a, did the organization file all required federal employment tax retuined little and the control of the co	ns?		2b	X	
b If "Yes," has it filled a Form 99.0°T for this year? "No" to file 8b, your own an explanation on 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 accounts?  5 If "Yes," enter the name of the foreign country   West of the 8b park account; securities account, or other financial accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 888617  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that man to tax eductibles a charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax eductibles contributions and party for goods and services provided?  7 organizations that may receive deductible contributions under section 170(b).  8 If "Yes," did the organization receive and party of single parts and party for goods and services provided to the payor?  7 If "Yes," did the organization receive and contribution of care, both any and party for goods and services provided?  7 organization services and enotible of care, both any any any any any any any any any any		return the sum of lines it and za is greater than 250, you may be required to a file (see instruction	s)	*************************			10000
se, less a find a draffing the calendary year, did the organization have an interest in, or a signature or orthor suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  See instructions for filing requirements for FnGEN form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  Sa Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  Sb VX to lin Yea's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  Sb VX to 1f Yea's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  Sb VX to 1f Yea's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  Sb VX to 1f Yea's to line 5a or 5b, did the organization fixed with every solicitation an aparty to a prohibited tax shelter transaction?  Sc VX to 1f Yea's to line 5a or 5b, did the organization fixed with every solicitation an express attement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Sb If Yes, did the organization nesilve applient in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  Sb If Yes, did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88592 as required?  If If Yes, did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8859 as required?  If If Yes, filed the organization received an contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization free form 8899 as required?  Sponsoring o	оа Ь	bid the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account; securities accountry or or their financial accountry) (such as a bank account; securities accountry or or their financial accountry) (such as a bank account; securities accountry or or their financial accountry) (such as a bank account; securities accountry) (such as a bank account; securities accountry) (such as a bank accountry) (s	45	At any time during the pales for this year? If "No" to line 3b, provide an explanation on Schedule	0	***************************************	3b		
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible as charitable contributions?  6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Press, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization selve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization soli, exchange, or otherwise dispose of tengible personal property for which it was required to file Form 8282?  10 If Yess, "inclicate the number of Forms 8282 filed during the year   7d	5a	Was the organization a party to a prohibited to use although the organization approximate and prohibited to use although the control of Foreign Bank and Financial A	ccour	its (FBAR).	in and		
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If "Yes," complete Form 4720, Schedule O.	16	s the organization an educational institution subject to the section 4968 excise tax on net investment.	incom	ie?	16		X
		f "Yes," complete Form 4720, Schedule O.	- 411	***************************************			

TRIANGLE, INC. Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year ..... Yes No 10 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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent ..... 10 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7a persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? \_\_\_\_\_ b Each committee with authority to act on behalf of the governing body? 8a 8b 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 on Schedule O Section 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?

~	and his organization have written policies and procedures governing the activities of such chapters, affiliates,		1	
	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	<del>                                     </del>
b	bescribe in Schedule O the process, if any, used by the organization to review this Form 990	I I a	10.335300	30286
12a	Did the organization have a written conflict of interest policy? If "No " go to line 12		x	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		<del> </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	ļ
13	Did the organization have a william of the time.	12c	X	
14	Did the organization have a written whistieblower policy?	13	X	<u> </u>
	and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	180000	AND SOL	33.53
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official		х	all Nation
b	Other officers or key employees of the executive	15a		37
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	SAKSAN N	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	44444	GELLAND.	Annah Salah
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	Victoria (Victoria)	X
	in joint venture arrangements under popularities before the description			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sect	exempt status with respect to such arrangements?	16b		and and the state of the
	don o. Disclosure			

List the states with which a copy of this Form 990 is required to be filed ightharpoons

8	Section 6104 requires	an organization to make its Fo	orms 1023 (1024 or 1024-A	if applicable) 90	0 and 000 T (Ca	otion 501(-)(0) 1	
	for public inspection.	Indicate how you made these	available Chack all that an		0, and 350-1 (38	cuon au r(c)(a)s only)	available
	Own website	Another's website	William Upon request	· •			
	•	Another a Medalfe	I ∧ I Upon request	IX i Other /au	anderson and October 1	<b>0</b> 1	

19	Describe on Schedule O whether (and if so, how) the organization made its necessity of the property of the pro
	bescribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's MICHAEL MASTASCUSA - 781-388-4305	ooks and records
 420 PEARL STREET, MALDEN, MA 02148	

Form 990 (2019)

### 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 (what he invited to be listed).
- 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."

Check this box if neither the organization nor any related organization componented any current officer at the component of t

- 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.

  See instructions for the order in which to list the persons above.

(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average	l		Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rsoni	is boti	n an	compensation	compensation	amount of
	week	offi	ceran	id e d	irecto	r/trus	tee)	from	from related	other
	(list any	ge				İ	l	the	organizations	compensation
	hours for	l gig				2		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			25		(W-2/1099-MISC)		organization
	organizations	al fre	and t		loyee	E				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) COLEMAN NEE	41.00	Ī			×		<u></u>			
CHIEF EXECUTIVE OFFICER	2.00	1		х				213,431.	0.	695.
(2) MICHAEL MASTASCUSA	41.00					Т				023.
CHIEF FINANCIAL OFFICER	2.00	1		х				172,708.	0.	695.
(3) DREW WARREN	40.00								•	0,55.
CHIEF PROGRAM OFFICER	0.00	İ		x				110,457.	0.	8,081.
(4) JANICE GRASSIA	40.00									0,0011
HR DIRECTOR	0.00					x		100,032.	0.	0.
(5) MICHAEL MCCURDY	2.00							= /		
PRESIDENT	1.00	Х		x				0.	0.	0.
(6) JESSICA BLACK	2.00									
VICE PRESIDENT	1.00	X		х				0.	0.	0.
(7) MICHAEL MORAN	2.00									
TREASURER	1.00	X		Х				0.1	0.	0.
(8) FRANK DIPIETRO	2.00									
CLERK	1.00	Х		X				0.	0.	0.
(9) RICHARD CURTIS	0.50									
DIRECTOR	0.50	X						0.1	0.	0.
(10) MARK D'OLIVEIRA	0.50									
DIRECTOR	0.50	Х		- 1				0.	0.	0.
(11) PAUL DONATO	0.50									
DIRECTOR	0.50	X		ŀ				0.	0.	0.
(12) RACHEL KAPREILIAN	0.50									
DIRECTOR	0.50	х		ı			İ	0.	0.	0.
(13) COLLEEN MORAN	0.50									
DIRECTOR	0.50	$\mathbf{x}$						0.	0.	0.
(14) ROBERT PERRY	0.50									
DIRECTOR	0.50	X						0.	0.	0.
			ŀ							
		$\dashv$		$\dashv$	-		-			
000007 04 00 00										

932007 01-20-20

Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) TRIANGLE, INC.
Part VIII Statement of Revenue

			Check if Schedule O	cont	tains a	response	or note to any li	ne in this Part VIII			
		•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1	i a				1a		70 (45.47) (B. 40.00)	A STATE OF THE SECOND SECOND		
ra		b	Membership dues			1b		1	0.000		
9 5		c	Fundraising events			1c	129,359.	1			
洪	1	d	Related organizations			1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (conti			1e		diamental distribution of the control of the contro			
io i			All other contributions, gifts,					1			
E E			similar amounts not included			1f	400,539.				
語ら		g	Noncash contributions included in			1g \$		Control of the second	residence de la companya de la companya de la companya de la companya de la companya de la companya de la comp		
<u>ပို န</u>			Total. Add lines 1a-1f				<b>&gt;</b>	529,898.	10,150,000,000,000		SOCIETY STATE
						**************************************	Business Code				
ė	2	2 a	CONTRACT REVENUE				611710	9,544,372.	9,544,372.		
ه ڲ		b CLIENT RENTAL INCOME 900099		428,092.	428,092.						
Program Service Revenue		С	OTHER PROGRAM RELATED INCOME			900099	199,052.	199,052.			
eve eve		d						, , , , , , , , , , , , , , , , , , , ,			
50		е									
ď		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f		,			10,171,516.			Car Stellands (Versa)
	3		Investment income (include	ding	dividen	nds, intere	st, and				
			other similar amounts)								
	4		Income from investment of tax-exempt bond pr			roceeds					
	5		Royalties								
						Real	(ii) Personal			TEATRICINE ASSOCIATION	NO CONTRACTOR OF THE
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b				1			
		C	Rental income or (loss)	6с				9.99 (9.03 (0.03)			0.4000 0.4000
			Net rental income or (loss)			····	<b>&gt;</b>				
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				Access to the second
			assets other than inventory	7a				100 100 100 100 100 100 100 100 100 100		The State of the	
ļ		b	Less: cost or other basis								
<u></u>			and sales expenses	7b				2000 0000000000000000000000000000000000			
Ę.			Gain or (loss)	7с							
Other Revenue		d	Net gain or (loss)		•••••	· · · · · · · · · · · · · · · · · · ·	<b>.</b>				
릙	8		Gross income from fundraising						Participation of the second	The state of the s	
Ö			including \$1								
			contributions reported on			1 1			property some offers of	00.000.000.000.000.00	All Class of Green d
Į			Part IV, line 18			8a	100,279.				
			Less: direct expenses				46,619.				
	_		Net income or (loss) from t					53,660.	Property Control Co. 45, 45		53,660.
	9		Gross income from gamin					1.00 (0.00 (0.00 (0.00)	Charles and the second		
		l.	Part IV, line 19			9a					
			Less: direct expenses								NATIONAL PROPERTY.
			Net income or (loss) from (				····· ►		toro Skrappovi tre i vi no evene e e	ACCESS 100 100 100 100 100 100 100 100 100 1	
	IU		Gross sales of inventory, le								
l		_	and allowances		•••••	10a				0.000	100 000 200 200 200
			Less: cost of goods sold					3 (64,65), 37 (53,66), 66, 66, 66		unio sei monsene organismos.	
$\dashv$			Net income or (loss) from s	sales	or inve	entory	Purcinos Ossis				WASTERNACE THAT THE A SOUTH AS A SOUTH
SD	11	а				-	Business Code				
Dec Me		a. b			-						
Miscellaneous Revenue		c.									
Be			All other revenue								
Σ		e .	All other revenue Total, Add lines 11a-11d	*****		L			de constituire de la constituire de la constituire de la constituire de la constituire de la constituire de la		
	12		Total revenue. See instruction			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 755 074	10 454 544		
32009				15		······	<b>&gt;</b>	10,755,074.	10,171,516.	0.	53,660.
02009	0 I-	20"21	u								Form 990 (2019)

### Form 990 (2019) TRIANGLE, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com,	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
Do 7b,	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	:			100000000000000000000000000000000000000
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	630,178.	630,178.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,976,576.	4,811,163.	780,146.	385,267.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	F00 00F	100 111		
9	Other employee benefits	523,267.	427,410.	61,359.	34,498.
10	Payroll taxes	588,807.	463,220.	80,879.	44,708.
11	Fees for services (nonemployees):				
a	Management	T2 401	15.00	40.00	
	• • • • • • • • • • • • • • • • • • • •	73,491.	17,885.	49,661.	5,945.
	Accounting				
a	Lobbying				
	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	,	470 505	44.500	242 224	
40	column (A) amount, list line 11g expenses on Sch O.)	470,597.	114,526.	318,004.	38,067.
12	Advertising and promotion	412 212	201 (62	100 660	
13	Office expenses	413,312.	301,663.	103,669.	7,980.
14	Information technology	191,792.	101,981.	82,714.	7,097.
15 16	Royalties	1,435,060.	1 161 077	220 446	44 625
17	Occupancy	206,057.	1,161,977.	228,446.	44,637.
18	Travel	400,037.	203,256.	2,576.	225.
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials	24 525	16 152	0 147	005
20	Conferences, conventions, and meetings	24,525.	16,153.	8,147.	225.
21	***************************************				
22	Payments to affiliates	101,056.	66,360.	24 552	1 4 2
23	Insurance	252,767.	182,934.	34,553. 53,540.	143. 16,293.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		102,554.	33,340	10,233.
а					
b					
c					
d					
e	All other expenses				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
25	Total functional expenses. Add lines 1 through 24e	10,887,485.	8,498,706.	1,803,694.	585,085.
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)				
932010	01-20-20		· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2019)

ra	エス	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X		······	
	ı				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,899,632.	1	4,558,208.
	2	Savings and temporary cash investments		***************************************		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	,,,,,,,,,,,		994,010.	4	1,520,441.
	5	Loans and other receivables from any current or	former	officer, director,		0.0	
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualifi				12.500	Section and the second sections of
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		***************************************		8	
⋖	9	Prepaid expenses and deferred charges			49,718.	9	64,905.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,353,864.			Section (Section)
	b	Less: accumulated depreciation		2,517,657.	523,299.	10c	836,207.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 1	1		0.	13	0.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	l line 30	3)	5,466,659.	16	6,979,761.
	17	Accounts payable and accrued expenses	606,579.	17	573,711.		
	18	Grants payable			0.	18	0.
	19	Deferred revenue		***************************************	0.	19	0.
	20	Tax-exempt bond liabilities		*************		20	
	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D		21	
8	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated			0.	24	1,448,520.
	25	Other liabilities (including federal income tax, pay-					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,947.	25	89,150.
	26	Total liabilities. Add lines 17 through 25			608,526.	26	2,111,381.
ای		Organizations that follow FASB ASC 958, chec	k here	► X			
ĕ		and complete lines 27, 28, 32, and 33.				31 (13)	constitution of the constitution of the
툡	27	Net assets without donor restrictions			4,531,031.	27	4,558,606.
ä	28				327,102.	28	309,774.
띩		Organizations that do not follow FASB ASC 95	8, ched	k here 🕨 🔙	5 75 co. Script pro (5) 7 (5)	18.18603	(2) (6) (4) (2) (6) (9) (1) (4)
Net Assets or Fund Balances		and complete lines 29 through 33.					
္မွာ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
₹	31	Retained earnings, endowment, accumulated income				31	
윤	32	Total net assets or fund balances			4,858,133.	32	4,868,380.
	33	Total liabilities and net assets/fund balances			5,466,659.	33	6,979,761.
							Form <b>990</b> (2019)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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 on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

Form 990 (2019)

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#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Nar	ne of t	the organization						Employe	r identification number
si Na	Lv lose	TRIA	NGLE, INC.						4-2486905
32.75.52	ırt 📗	Reason for Public	Charity Status	(All organizations must o	omplete ti	nis part.) S	ee instructions	i,	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	nurches, or association	on of churches describe	d in secti	on 170(b)(	1)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 17	0(6)(1)(A)(i	iii).		
4		A medical research organiz	zation operated in co	njunction with a hospita	describe	in section		l(iii). Enter	the hospital's name
		city, and state:				5554.	ν ο(ω)( ·)(ι·)	(111)1 L.110	ino neopha e name,
5		An organization operated f	or the benefit of a co	llege or university owne	d or opera	ted by a m	overnmental ur	ait describ	ad in
		section 170(b)(1)(A)(iv). (	Complete Part II.)		a or opera	ica by a g	overmilental di	iit describ	ed III
6		A federal, state, or local go		mental unit described in	aaatian 1	70/61/41/4			
7		An organization that norms	ally receives a substa	nental unit described (i)	section 1	/U(D)(1)(A	)(V).	1	
•		An organization that norma section 170(b)(1)(A)(vi). (C	iny receives a subsid	inual part of its support i	rom a gov	ernmentai	unit or from th	e general	public described in
8				(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(	. 41.5				
9		An agricultural research or							
Ū		An agricultural research or	gariization described	In section 1/U(b)(1)(A)	(ix) operat	ed in conji	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
40	X	university:							······································
10	77	An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contributio	ns, membersh	iip fees, ar	nd gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more thai	n 33 1/3% of it	s support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqui	red by the org	anization a	after June 30, 1975.
	_	See section 509(a)(2). (Co							
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	i09(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	L	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.	•				
b		Type II. A supporting org			tion with it	s supporte	ed organization	ı(s), bv hav	vina .
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the sunr	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.	•				
С		Type III functionally inte			in connec	tion with.	and functionall	v integrate	d with
		its supported organization	n(s) (see instructions	). You must complete	Part IV Se	ections A	D and E	y integrate	or with,
d		Type III non-functionally	/ integrated. A supr	orting organization oper	ated in co	nnection u	uith ite eupport	ad arganis	ration/a)
		that is not functionally int	egrated. The organiz	ration generally must sat	iefu a dietr	ibution roc	vitir its support	eu organiz	cation(s)
		requirement (see instruct	ions) You must can	nniete Dart IV. Sactions	A and D	indition ted	quirement and	an attentiv	/eness
е	Γ	Check this box if the orga	nization received a	ripiete Part IV, Sections	A and D,	and Part	v. 		
_	<u> </u>	functionally integrated, or	r Type III non function	willen determination fro	m the IHS	tnat it is a	Type I, Type II	, Type III	
f	Fnte	r the number of supported of		nany integrated supporti	ng organiz	ation.			
		ide the following information		d	************		• • • • • • • • • • • • • • • • • • • •	*************	
7	(i	Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	l (iv) is the orga	anization listed	(v) Amount of	manatani	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your govern	ng document?	support (see ins	•	support (see instructions)
				above (see instructions))	Yes	No	cappoir (oco iii	on donoribj	support (ace matruotions)
Tota	<u> </u>								

Schedule A (Form 990 or 990-EZ) 2019 TRIANGLE, INC. 04-2486905 Page 2

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.)

Se	ction A. Public Support			1114			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(-) 0017	1 1 2010		
	Gifts, grants, contributions, and	<u> </u>	(1) 2010	(c) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	İ					
4	Total. Add lines 1 through 3		***	<del></del>			
5						Valley and a second services of the con-	
	by each person (other than a	at any first design of	pulping the state.	AND SOME CONTRACT.	Service Control of the		
	governmental unit or publicly		9.00.000.000	2.0000000000000000000000000000000000000			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	0.000000		100000000000000000000000000000000000000			
	column (f)				Britis de diversión de de		
_6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	200000000000000000000000000000000000000					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	/-II 0040		
7	Amounts from line 4		(5) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	]					
	and income from similar sources						
9	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	İ					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction				12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	1. fourth or fifth tax	······································	F01(a)(2)	
	Organization, check this hox and ston	hara				301(0)(3)	▶ ┌──
Sec	tion C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2019 (lin	ne 6, column (f) div	ided by line 11, co	olumn (f))		14	0.0
	and authors bescentage from 5018;	Schedule A, Part II	. line 14			46	<u>%</u>
16a	00 1/3% support test - 2019. If the 0	rganization did not	check the box or	line 13, and line 1/	1 ic 33 1/20/ or me	ro obook this have	<u>%</u>
	stop here. The organization qualifies a	is a publicly suppo	rted organization				
b	I die Ol	ryanization diu not	CHECK a DOX ON II	DP 13 OF 16a and B	ina 15 ia 22 1/20/ .		L
	and stop nere. The organization qualif	iies as a publicly su	ipported organiza	tion			
	test	· Zo io. Il lile orga	mzation did not c	Neck a hox on line '	13 16a ar 16h a	ad lina 11 ia 1007 au	
	and it the organization meets the "fact:	s-and-circumstance	es" test, check thi	shovand etop be	ro Evolain in Dad	Millian and Alexander	
	moore are recreating circumstatices, (6	est. The organization	on qualifies as a p	ublicly supported a	rganization		
~	- 1070 - 14013-and-circumstances test	· 2018. If the orga	nization did not cl	heck a box on line :	13 16a 16b or 11	7a and line 15 is 10	
	more, and in the organization meets the	∍ "facts-and-circum	stances" test, che	eck this box and s	ton here. Evoluin	in Part VI how the	
	organization meets the Tacts-and-circu	ımstances" test, Tr	ne organization gu	lalifies as a publicly	supported argani	zation	
18	Private foundation. If the organization	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	
						lule A (Form 990 o	990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 TRIANGLE, INC. Part: III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	oelow, please comp	olete Part II.)				
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 0040	4 > 2040	T
	Gifts, grants, contributions, and	(4) 2010	(0) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	1109682.	944,865.	410 200	1.50 000	500 000	
2	Gross receipts from admissions,	1100002.	344,003.	412,396.	162,083.	529,898.	3158924.
~	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	8232842.	8634509.	9556695.	10335056.	10171516.	46930618.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				ļ		
·	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5	9342524.	9579374.	9969091.	10497139.	10701414.	50089542.
7 ε	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	523,000.	515,000.	93,466.	93,183.	0.	1224649.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						20220
	amount on line 13 for the year						0.
C	Add lines 7a and 7b	523,000.	515,000.	93,466.	93,183.		1224649.
8	Public support. (Subtract line 7c from line 6.)		2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2				48864893.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	9342524.	9579374.	9969091.	10497139.	10701414.	50089542
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		606.	751.			
b	Unrelated business taxable income			///			1,357.
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		606.	751.	****		1,357.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						2,00,0
12	Other income. Do not include gain						
	or loss from the sale of capital	188,165.	91,072.	70 000		400 0==	4=4
13	assets (Explain in Part VI.)	9530689.		79,009.	40405400	100,279.	458,525.
			<u> </u>	10048851.	10497139.	10801693.	50549424.
•	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organizat	tion,
200	tion C. Computation of Publish						<b>&gt;</b>
	tion of computation of Public	Support Perc	entage				
15	Public support percentage for 2019 (lin	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	96.67 %
16	Public support percentage from 2018	Schedule A, Part II	l, line 15			16	95.60 %
sec	tion D. Computation of Inves	tment Income	Percentage	****	*****		20000 /8
17	Investment income percentage for 20	19 (line 10c, colum	n (f), divided by line	e 13. column (fl)		17	.00 %
18	Investment income percentage from 2	018 Schedule A. F			F.		^ ~
19a	33 1/3% support tests - 2019. If the	organization did no	t check the box or	line 14 and line	15 is made that 90	1/00/ 15: 47	.00 %
	more than 33 1/3%, check this box and	d stop here. The c	ranization avalua-	and 14, and infe	to is more than 33	1/3%, and line 17	
ь	33 1/3% support tests - 2019 If the	- crop liete, tile 0	ngamzation qualifie	es as a publicly su	pported organizati	on	► <u>X</u>
~	33 1/3% support tests - 2018. If the cline 18 is not more than 33 1/3%, choose	√yamzanon did ∏0 dathio bayara	rucheck a dox on li 	me 14 or line 19a, ·	and line 16 is more	e than 33 1/3%, an	d
20	line 18 is not more than 33 1/3%, chec	Tulis pox and sto	p nere. The organ	ization qualifies as	s a publicly support	ted organization	▶□
2000	Private foundation. If the organization	ad not check a b	ox on line 14, 19a,	or 19b, check thi	s box and see instr	uctions	<b>&gt;</b>
0202t	09-25-19				Sche	dule A (Form 990	or 990-EZ) 2019

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 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 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).
- 3a 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 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b 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.)

	Yes	No
1		
2		
3b 3c		8 899
4a	100 mm	2 7 5 5 VI 10 2 10 2 3
4b		
<u>4c</u>		
5a		rest d
<u>5b</u>		
5c		
6		
7		
8		
9a 9b	(5.12)	99, 20, 9
2014/1957/02	55 SS 224 A	
10a 10b		W. Br.
90 or 99	0-FZ)	2019

Pa	rt V Supporting Organizations (continued)	04-2486905	5 P	age 5
365892	cupporting Organizations (continued)			
11	Has the organization appointed a gift or contribution from any of the fitting of	9520900000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  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?	dalas da dassas a vivas a		
h	A family member of a person described in (a) above?	11a		├─
	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.	11b		├
Sec	tion B. Type I Supporting Organizations	11c		<u> </u>
				Г.,
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		(0)/(0)/	10000
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		MARKERS
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		200200
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		TOS WAR	AUS/A
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		00000	10.02
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		9202666
Sec	tion D. All Type III Supporting Organizations			<b>.</b>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		0.00	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			10.00
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	CAPICAL CONTROL	226241692241494
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		0.00	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		QL G	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations			
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
b	The organization satisfied the Activities Test. Complete line 2 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	46560456554561 (A	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		0.00	
	those supported organizations and explain to the support of the first visit of the support of th			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			Arabani.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	AL.	Libertila.	\$4444
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		(3) (3) XI
	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? <i>Provide details in</i> <b>Part VI.</b>	0-		
b	Did 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 Part VI the role played by the organization in this regard.	3b		2224050
		J SD		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

2

3

4

5

Enter 85% of line 1.

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

instructions).

Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions),

Minimum asset amount for prior year (from Section B, line 8, Column A)

Section D - Distributions	
Amounts paid to supported organizations to accomplish exempt purposes	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported	
organizations, in excess of income from activity	
Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	
Distributions to attentive supported organizations to which the organization is responsive	
(provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
	1

10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2019			
	From 2014			271
	From 2015		SERVICE SERVICE AND ADDRESS OF	Despite Colonia Constant on the constant of the
C	From 2016	AND THE CONTRACTOR OF THE PROPERTY OF THE PARTY.	STEEN AND ADDRESS OF THE STEEN AND ADDRESS OF	
d	From 2017			
e	From 2018			
<u>f</u>	1914 of three out through e		POSTERO SE SE SE ESTADO DE SE SE SE SE SE SE SE SE SE SE SE SE SE	27.143.140.003.0420.003.004.004
9	11 artardistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>_</u> i	Carryover from 2014 not applied (see instructions)			The state of the s
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			(11)(0) (0)(1)(0)(0)(0)(0)(0)(0)
	Applied to 2019 distributable amount	Control of the contro		
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			CONTRACTOR OF THE STATE OF THE STATE OF
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h	69.600000000000000000000000000000000000		2001.0001.0001.0000.0001.0001.0001.0001
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		Kristinia spatia de la compania	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.		CONTROL DAYS CONTROL 1	and the Ministerior research on the of
_8_	Breakdown of line 7:			
	Excess from 2015	17.75 (1.55) (1.55) (1.55) (1.55)		
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018	127 1 27 27 27 27 27 27 27 27 27 27 27 27 27		UNITED TO THE RESIDENCE OF THE PARTY OF THE

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

#### SCHEDULE D

(Form 990)

2

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Name of the organization

Employer identification number TRIANGLE, INC. 04-2486905 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Na Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

provide the following amounts relating to these items:

Schedule D (Form 990) 2019

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

932051 10-02-19

	edule D (Form 990) 2019 TRIANGL	E, INC.					04-24	8690	5 р	age 2
Рa	rt:III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	r Other	r Simila	r Assets	Conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	following tha	t make si	gnificant	use of its	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progr	am					
b		е	Other							
c	go, and the total of go, lotations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizati	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historical treas	sures, or oth	er similar	assets				
7- page 500m	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	llection?				Yes		No_
Ра	TEIV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered	"Yes" on	Form 990	), Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
та	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other as	sets not i	ncluded			_	_
	on Form 990, Part X?						L	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
	Post of the					<u> </u>		Amoun	t	
C	Beginning balance	•••••				. <u>1c</u>				
a	Additions during the year	***************************************		•••••		. <u>1d</u>				
e	Distributions during the year	***************************************				. 1e				
f o-	Ending balance	***************************************		***************************************	***********	. <u>1f</u>				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial acco	unt liabili	ty?	L	_ Yes	<u></u>	No
Pa	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII	**********				
	rt V Endowment Funds. Complete									
4	Designing of controls	(a) Current year	(b) Prior year	(c) Two yea				(e) Four		
1a	• • • • • • • • • • • • • • • • • • • •	185,000.	185,000.	18	5,000.	1	85,000.		185,	000.
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
т	Administrative expenses	185 000	405 000							
g	End of year balance	185,000.	185,000.		5,000.	1	85,000.		185,	000.
2	Provide the estimated percentage of the curr	ent year end balance		) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00  Term endowment ►	%								
C		%								
30	The percentages on lines 2a, 2b, and 2c shot		12							
oa	Are there endowment funds not in the posse by:	ssion of the organiza	tion that are held an	d administer	red for the	e organiza	ation	Г		
	· ·								Yes	
	(i) Unrelated organizations	• • • • • • • • • • • • • • • • • • • •		***************************************	•••••		•	3a(i)		<u>X</u>
h	(ii) Related organizations							3a(ii)		X
4	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the	uons listed as require	ea on Schedule H?	*********			••••••	3b		
	t VI Land, Buildings, and Equipm	organization's endov	vinent lanas,							
No. of particle	Complete if the organization answered		Dort IV line tie C	Fauna 000	D-4 V 1	d0				
	Description of property	(a) Cost or of					•	405		
	bescription of property	basis (investm	1 1-7			ccumulate preciation	ed	(d) Bool	( value	е
19	Land			4,990.	uer	reciation		11/	1 0	00
h	Buildings	•-		z, J J U •			080219931	114	£, 7	90.
2	Leasehold improvements	••	1 26	7,353.		50,20	50	E15	7 04	0.2
ų	Equipment			8,842.		65,6			7,09 3,2	
e	Other			2,679.		01,78			), <u>4</u> .	
Total	. Add lines 1a through 1e. (Column (d) must e	rual Form 990 Port	( column /0) line 10	- / V / J •		- V - L , / C			$\frac{5,03}{5,20}$	
	Location (Aminus) 6		<u></u>	Carl			- 1		. , 41	~ , .

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2019 TRIANGLE, INC.		04-2486905 Page 4
Pai	t XI Reconciliation of Revenue per Audited Finan		er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial states		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	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	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5 Dai	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Pan	1. line 12.)	5
ા વા	t XII Reconciliation of Expenses per Audited Finar	icial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l E	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ļ l	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5 Par	Total expenses. Add lines 3 and 4c. This must equal Form 990. Pat XIII Supplemental Information.	rt I. line 18.)	5
linee	de the descriptions required for Part II, lines 3, 5, and 9; Part III, line	s 1a and 4; Part IV, lines 1b and 2b; Part V,	line 4; Part X, line 2; Part XI,
111103	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional information.	
PAR	T V, LINE 4:		
INI	ENDED USE OF ENDOWMENT FUNDS		
	212 07 2112 07 21 21 21 21 21 21 21 21 21 21 21 21 21		
THE	FUNDS ARE STIPULATED BY THE DONOR	PO RE USED TO EULETI.	τ. ποτλικά το ισ
	21 20101	C 10 DE CEEC TO FOLLIE	L INIANGLE S
MIS	SION AND TO SUPPORT INDIVIDUALS' F	TIRSHTT OF MEANINGER	COMMINITMY
		OLDOIT OF MEANINGFOR	COMMUNITY
PAR	TICIPATION, INCLUDING EMPLOYMENT.		
PAR	T X, LINE 2:		
<u>ASC</u>	740		
TRI	ANGLE, INC. AND AFFILIATES ARE NOT	-FOR-PROFIT ORGANIZAT	IONS AS
<u>DES</u>	CRIBED IN SECTION 501(C)(3) OF THE	INTERNAL REVENUE COD	E, AS AMENDED
(TH	E CODE), AND ARE GENERALLY EXEMPT	FROM INCOME TAXES PUR	SUANT TO SECTION
<u>501</u>	(A) OF THE CODE. THE ORGANIZATION	IS REQUIRED TO ASSESS	UNCERTAIN TAX
932054	10-02-19		Schedule D (Form 990) 2019
		21	= (

Schedule D (Form 990) 2019 TRIANGLE, INC.  Part XIII Supplemental Information (continued)		-2486	905	Page 5
POSITIONS AND HAS DETERMINED THAT THERE WERE NO SUCH POS		THAT	ARE	
MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.				
				. ,
	,			
				····

#### SCHEDULE G

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number TRIANGLE, INC. 04-2486905 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a 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 \_\_\_ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (îii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (i) Name and address of individual (vi) Amount paid (iv) Gross receipts (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 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.

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

Sch P	edu a <b>rt</b>	COMPlete II (	he organization answere	d "Yes" on Form 990. Par	+ 11/ line 40	-2486905 Page
		of fundraising event contributions and gr	ross income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross recei	ots greater than \$5.000.
			(a) Event #1 GOLF	(b) Event #2 ANNUAL	(c) Other events	(d) Total events (add col. (a) through
anı			TOURNAMENT (event type)	CELEBRATION (event type)	1 (total number)	col. (c))
Revenue	1	Gross receipts	136,666.	82,972.	10,000	229,638
	2	Less: Contributions	84,625.	44,734.		129,359
	3	Gross income (line 1 minus line 2)	52,041.	38,238.	10,000.	100,279
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	28,433.			28,433
rect E	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	8,580.		9,606.	18,186.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			46,619.
Pa	11 H I	Net income summary. Subtract line 10 from li	ne 3. column (d)		_	53,660.
2000	ią. A.	Gaming. Complete if the organization : \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or re	ported more than	
		\$10,000 Of 1 Of 11 330-EZ, line 6a.		(b) Pull tabs/instant		I.n.
ande			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				(4) 4.1.009,1.00.1 (0)
SS		Cash prizes				
xpense		Noncash prizes				
Direct Expenses		Rent/facility costs				
		Other direct expenses				
		Volunteer labor	Yes% No	Yes% [	Yes %	
	7	Direct expense summary. Add lines 2 through		(4	No	
		Net gaming income summary. Subtract line 7 t				
		r the state(s) in which the organization conduc				
a l	s th	e organization licensed to conduct gaming act	ivities in each of these st	ates?		Yes No
l ca -	r "N	o, " explain:				
- 0a \	Vere	any of the organization's gaming licens				
b l	"Ye	e any of the organization's gaming licenses reves," explain:	okeu, suspended, or terr	ninated during the tax yea	ır?	Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 TRIANGLE, INC.	14-2	4869	05 .	⊃age 3
11	Does the organization conduct gaming activities with nonmembers?		Y€	- 1	No
12	to dispartization a grantor, deficilitiary of trustee of a trust, or a member of a partnership or other aptitutions of		re	75 <u></u>	140
	to administer charitable gaming?		Ye	Г	
13	and the personned of garming activity conducted in:			,s _	! No
а	The organization's facility	ſ	الممدا		
b	An outside facility  Enter the name and address of the payor the second to the second	•••••	13a 13b		9/
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		130		9
	the state of the s				
	Name				
	Address >				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ Ye	s [	□No
þ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ıt			
	or garning revenue retained by the third party -\$				
C	If "Yes," enter name and address of the third party:				
	Name ►				
	Name ▶				
	Address >		· · · · · · · · · · · · · · · · · · ·		
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
i		,		_	٦ .
	etain the state gaming license?  Inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	(	Yes	; <u> </u>	_ No
	organization's own exempt activities during the tay year 🕨 🌣	е			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dowl	II. II	\ O	0
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı ranı	III, IINES S	9, 90, 1	UD,
	, and a second actions.				
	,				
22002	200.4.40				

Schedule G (Form 990 or 990-EZ) TRIANGLE, INC.	04-2486905 Page 4
Part IV Supplemental Information (continued)	
<del></del>	
	The state of the s
	The state of the s

#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

#### 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.

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

OMB No. 1545-0047

Inspection

Employer identification number

04-2486905

TRIANGLE, INC.

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 on 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 (such as 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 explain 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 on line 1a? 2 Indicate which, if any, of the following the 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 Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

TRIANGLE, INC.

Schedule J (Form 990) 2019

Page 2

04-2486905

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()-(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) Brookdown of	W O CO + 1000 + 1000 1			Γ		
		(a) created (a)	W-z altu/or 1039-Wilou compensation	IISC compensation	(C) Retirement and	- appe	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(J·(D)	in column (B) reported as deferred on prior Form 990
(1) COLEMAN NEE	ε	213,431.	0	0	C	207	214 126	c
CHIEF EXECUTIVE OFFICER	8					.00	071,170	0
(2) MICHAEL MASTASCUSA	0	170,01	0	2,69		695	173 403	
CHIEF FINANCIAL OFFICER	Ξ						• • • • • • • • • • • • • • • • • • • •	
	Ξ						•	0
	Ξ							
	(1)							
	Ξ							
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRIANGLE, INC.

Employer identification number 2126005

04-2480905
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRIANGLE EMPOWERS PEOPLE WITH DISABILITIES AND THEIR FAMILIES TO ENJOY
RICH, FULFILLING LIVES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BUSINESS ENTERPRISES
EXPENSES \$ 1,807,196. INCLUDING GRANTS OF \$ 0. REVENUE \$ 462,224.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 REVIEW PROCESS
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 MADE AVAILABLE TO THE BOARD PRIOR TO BEING
FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT
THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO DISCLOSE INTERESTS THAT
COULD GIVE RISE TO CONFLICT. ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE
SHOULD BE IMMEDIATELY REPORTED TO THE DIRECTOR OF HUMAN RESOURCES. IF SUCH
CONFLICT ARISES, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE WILL NOT
BE ALLOWED TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Employer identification number TRIANGLE, INC. 04-2486905 PROCESS FOR DETERMINING COMPENSATION 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. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 MAY ALSO BE AVAILABLE ON OTHER WEBISTES SUCH AS WWW.GUIDESTAR.ORG. FORM 990, PART VI, SECTION C, LINE 19: HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC 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. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: INTERCOMPANY TRANSACTION 142,658.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▼ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 04-2486905 Direct controlling entity End-of-year assets e Total income 9 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity 9 INC. TRIANGLE, Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) ٧ controlled entity? Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling TRIANGLE INC status (if section 501(c)(3)) Public charity **(e)** LINE 7 Exempt Code section 501(c)(3) ਉ Legal domicile (state or foreign country) MASSACHUSETTS Primary activity SELF DEFENSE Name, address, and EIN of related organization INC. - 04-3282285 MALDEN, MA 02148 420 PEARL STREET IMPACT,

Part II

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

932161 09-10-19 LHA

Schedule R (Form 990) 2019

INC. TRIANGLE,

Schedule R (Form 990) 2019

Partill 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.

Page 2

04-2486905

General or Percentage managing ownership			ore related	Section 512(b)(13) controlled entity?			
(j) General or managing partner?	<u> </u>		or m	ntage rship			
Code V-UBI Gamount in box m 20 of Schedule EK-1 (Form 1065)			oecause it had one	(g) (h) Share of Percentage end-of-year ownership assets			
			 34, 1	S E			
(h) Disproportionate allocations?			, Fi	otal			
(g) Share of end-of-year assets			orm 990, Part	(f) Share of total income			
			es" on Fc	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			vered "Y	Type or (C corp			
			ion answ				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organizati	(d) Direct controlling entity			
Predomin (related, excluded fr			mplete if th	(c) Legal domicile (state or foreign country)	 		
(d) Direct controlling entity			Trust. Co			 	
Direct			ation or ear.	(b) Primary activity			
(c) Legal domicite (state or foreign			s a Corpor j the tax y	Prime			
tivity			xable as st during				
(b) Primary activity			tions Ta				
Ğ			ganiza rporatí	<u> </u>			
(a) Name, address, and EIN of related organization			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			
Nam of r			Partily ld				

Schedule R (Form 990) 2019

932162 09-10-19

Schedule R (Form 990) 2019 TRIANGLE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					No.	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II.1V2	ans with one or more r	elated organizations liste	d in Parts II-V?		3	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	iitv	•		000	18 18 18 18 18 18 18 18 18 18 18 18 18 1	Þ
b Gift, grant, or capital contribution to related organization(s)			***************************************	Е		4
c Gift, grant, or capital contribution from related organization(s)				<del>e</del>	1	×
A Loops or loop suprantos to action with a second suprantos with a second suprantos to action with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second suprantos with a second supranto				2		×
Logica of total guarantees to of for related organization(s)				7		×
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>			***************************************	,		<b>!</b>  >
				Je	100	∢
f Dividends from related organization(s)						
				#		×
				7		×
h Purchase of assets from related organization(s)		***************************************		2 ;	+	4 }
i Exchange of assets with related organization(s)	***************************************	***************************************	***************************************	=	†	<u>ا</u>  ۲
i lease of facilities equipment or other accords to what a second				=		×
Jesus of marriage, equipment, or onest assets to related organization(s)				÷		×
k Lease of facilities, equipment or other assets from related expensional and					(894) 1864	
		***************************************		녹	×	
	anization(s)			=		×
	anization(s)			Ë		×
	tion(s)			ţ		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					╀	
	***************************************			٥	- ≺	1
<ul> <li>Peimbursement paid to related organization(s) for expenses</li> </ul>						
Reimbursement paid by related organization(s) for expension				2	$\dashv$	×
		***************************************		19	×	
r Other transfer of cash or propagity to whated appropriately a						
Other transfer of cash or property form selected organization(s)				11	×	
if the angular to an effect of higherly floir related organization(s)		***************************************		1s	×	
4 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	vho must complete thi	s line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olved		
	type (a-s)					
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
932163 09-10-19	L C	and the second s	Schedule R (Form 990) 2019	Form 9	90) 20	19

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)

Number activities and ENN   Primary activity   Logist cornicies   Primary activity   Logist cornicies   Primary activity   Pr	that was not a related organization. See instructions regarding exclusion	structions regarding exclu-	for certain in	for certain investment partnerships.		•		<b>S</b>		200	(anne)
Primary activity Legal domicile (Pladominant income palesses, Share of Share of Share of State of Country) State of country) Sections 512-514   Yes Income assets Yes Income assets   Pladominant income palesses   Plad	(a)	(q)	(0)	(p)	(e)	(J)	(6)	Œ	(3)	(3)	3
County) Sections 572-514) Vest No income assets Vest No income assets Acts No income as Acts No income as Ac	Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income professional	artners sec. 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI	General or	Percentage
			country)	excluded from tax under sections 512-514)	Orgs.?	income	end-or-year assets	allocations?	of Schedule K-1	partner?	ownership
					2			Yes No	(2001 11110 1)	Ves No	
									•		
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	The state of the s								·		

Schedule R (Form 990) 2019

Part VII Supplemental Information	04-2486905	Page 5
Provide additional information		
Provide additional information for responses to questions on Schedule R. See instructions.		

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection Employer identification number

Pa	art I	Reason for Public	ACT INC.						04-3282285
1,000,000	e-0-07(10-09)	ization is not a mile to 6	onanty Status	(All organizations must	complete	this part.)	See instructions		
1	l T	warmen in your a bustage 1001	ndation decause it is	: (For lines 1 through 12	check on	he one have	. \		······································
2	=	A clidicil, convention of a	churches, or associa	tion of churches describ	ad in coa	tion 170/6	)(1)(A)(i).		
	片	v action described it se	ction 170(b)(1)(A)(ji)	、(Attach Schedule E (Fo	rm 990 or	990.E711			
3	님	Chospital of a cooperative	∕e nospital service oi	rganization described in	caption 1	70/EVEVA	Yiii).		
4	Щ.,	A medical research organ	nization operated in o	conjunction with a hospit	al describ	ed in seci	tion 170(b)(1)(A)	(iii). Ent	er the hospital's name
_									
5	L	An organization operated section 170/b/(1/(A/(iv)	for the benefit of a c	college or university own	ed or oper	ated by a	governmental un	it descri	hed in
_			(Complete Part II.)						200 111
6	177	A federal, state, or local g	overnment or govern	nmental unit described in	section	170(6)(1)(	A)(v).		
7	X	An organization that norm	nally receives a subs	tantial part of its support	from a go	vernmenta	al unit or from the	a denera	i public described in
_			(Sombicte Latt II)				0, 1,0,1,1	genera	a papile described in
8	님	A community trust descrit	bed in <b>section 170</b> (£	o)(1)(A)(vi). (Complete Pa	art ((,)				
9	<u> </u>	An agricultural research o	rganization describe	d in section 170/61/11/A	Vivl opers	ated in con	iunction with a b	and area	at college
		- and a normand	l-grant college of agr	iculture (see instructions	). Enter the	e name, ci	tv and state of the	he collo	rt college
10	Ш	An organization that norm activities related to its exe	ally receives: (1) mo:	re than 33 1/3% of its su	pport from	contribut	ions, membershi	n fees s	and grace receipts from
			TO PERSON DESCRIPTION OF SUPPLY	culto dertani excentione	מוכיו מחפ	a mara the	New 2021 4 /2027 - 12 to -		
		The second second second	witess ravable lifefill	e (less section 511 tax) fi	rom busine	esses acqu	uired by the orga	nization	after lune 20 1075
			ompiete rait III.)					meadon	arter bulle 30, 1975,
11		An organization organized	and operated exclus	sively to test for public s	afety. See	section 5	509(a)(4).		
12		· wi organization organized	and operated exclus	Sively for the benefit of +	a narform	the function		v out the	nurnoses of one or
		1 J D out on o	"gaintations describ	eu III Section 509/anti	ar section	、ちハロ・ハハハ	Can		Check the box in
_	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supported organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а	Ц.	1. 136c 11 v anbhouning old	janization operated, i	Supervised, or controlled	by its sur	anorted or	aanization/o\ tus	: (b. L.	aivina
		and authorized orderinger	ion(s) the power to re	guiarly appoint or elect :	a majority	of the dire	ctors or trustees	of the s	supporting
ь		angument, rou must	complete Part IV, S	ections A and B.					
D	ш	Type II. A supporting org	ganization supervised	d or controlled in connec	tion with i	ts support	ed organization(	s), by ha	ving
		control of management	or the supporting org	janization vested in the s	ame perso	ons that co	ontrol or manage	the sup	ported
_		organization(s). Fou mus	si complete Part IV,	Sections A and C.					
·		Type III functionally inte	grated, A supporting	ng organization operated	in connec	tion with,	and functionally	integrat	ed with,
d		no supported organization	ni(s) (see instructions	3). You must complete	Part IV. S.	ectione A	D and E		
u	<u> </u>	Type III non-functionally that is not functionally in	y integrated. A sup	porting organization ope	rated in co	nnection	with its supporte	d organi	zation(s)
		with to not fariotionally iff	regrated. The organi	zation generally must sat	tisfv a dist	ribution re	cuirement and a	n attenti	veness
		redamentatic foce manage	nons). Tou must col	mpiete Part IV. Section:	C bnc A a	and Part	W		
·	ш	Check this box if the organization	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
f	Enter	functionally integrated, of the number of supported of	r Type III non-tunctio	nally integrated supporti	ng organia	ation.			
ď	Provid	the number of supported (	organizations	ad organization(s)					
	(i)	de the following information Name of supported	(ii) EIN	ed organization(s). (iii) Type of organization					
		organization	(1) = 111	(described on lines 1-10		anization listed ing document?	(v) Amount of me	•	(vi) Amount of other
				above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions)
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Schedule A (Form 990 or 990-EZ) 2019 IMPACT INC.

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.)

36	cuon A. Public Support			""			<del></del>
Ca.	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	4.0.004.0	1	T
1	Gifts, grants, contributions, and		(2) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	195,504.	188,133.	321,394.	738,698.	211 600	1,555000
2	Tax revenues levied for the organ-			321,374.	130,030.	211,608.	1655337.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	•					
	the organization without charge						
4	Total. Add lines 1 through 3	195,504.	188,133.	321,394.	720 600	011 600	
5			200,133.	<u> </u>	738,698.	211,608.	1655337.
	by each person (other than a	Book who will	0.0000000000000000000000000000000000000	Marking Stock of			
	governmental unit or publicly						
	supported organization) included				8000000	10 mm 10 mm	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	12 (S. G. G. G. A. C.)	PARTIE NO ELECTION			0.00.00.0000000000000000000000000000000	
	column (f)	5.6 (0.0)					
_6	Public support. Subtract line 5 from line 4				location of the second		
Se	ction B. Total Support	1777-1777-1777-1777					1655337.
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(-).0047			
7	Amounts from line 4	195,504.	188,133.	(c) 2017 321,394.	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest,		200,100.	J21, J74.	738,698.	211,608.	1655337.
	dividends, payments received on	]					
	securities loans, rents, royalties,	]					
	and income from similar sources						
9	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				į		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				WARNESON CONTRACTOR A TOTAL OF THE CONTRACTOR ASSESSMENT		
12	Gross receipts from related activities,		1				1655337.
13	First five years. If the Form 990 is for	the examination!	1S)		L	12	580,381.
	First five years. If the Form 990 is for organization, check this box and stop			fourth, or fifth tax	year as a section	501(c)(3)	
Sec	tion C. Computation of Public	c Support Perc	entage				<u></u>
14	Public support percentage for 2019 (li	ne 6. column (f) divi	idad by line 11 an	(0)	·		
15	Public support percentage from 2018	Schedule A. Part II	libo 14	umn (t))	······		00.00 %
16a	33 1/3% support test - 2019. If the o	roanization did not	check the how an	C. 40		15	93.66 %
	stop here. The organization qualifies a	as a publicly suppor					
þ	33 1/3% support test - 2018. If the o	rganization did not	check a how an lin				<b>X</b>
	and stop here. The organization qualit	fies as a publicly ou	DDOMAN OVANORIS	e io or ioa, and iii	ne 15 is 33 1/3% c	r more, check this	box
17a	10% -facts-and-circumstances test -	- 2019. If the organ	pported organizati pization did not ob	ook o haw an the d			▶∟
	10% -facts-and-circumstances test and if the organization meets the "fact	S-and-circumstance	meauon ulu not ch	eck a box on line 1	13, 16a, or 16b, an	d line 14 is 10% or	more,
	and if the organization meets the "fact: meets the "facts-and-circumstances" to	est. The organization	o rest, check this	bux and stop he	re. Explain in Part	VI how the organiz	ation
b	meets the "facts-and-circumstances" to 10% -facts-and-circumstances test -	- 2018. If the organization	ni quailles as a pu sization did not -1-	uncly supported o	rganization	•••••••••••••••••••••••••	▶∟
	more, and if the organization meets the	e "facts-and-circum	etanose" tost eta	eck a box on line 1	3, 16a, 16b, or 17	a, and line 15 is 10	)% or
	organization meets the "facts-and-circu	Imstances" test Th	erances test, cher	ะห เกเร box and st	top here. Explain i	n Part VI how the	
18	Private foundation. If the organization	did not chack a be	io organizacion qua Non line 12, 10-	mnes as a publicly	supported organia	ation	▶∐
		Cara Hot offect & DC	A OIT III 15, 16a,	100, 1/a, or 1/b, o			<u>,</u>
					Sched	ule A (Form 990 o	r 990-FZ\ 2019

# Schedule A (Form 990 or 990-EZ) 2019 IMPACT INC. Part: III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	POLOTIC PICCOS COM	ipicte i art ii.)	·			· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(-) 2010	/0 T-+-1
	Gifts, grants, contributions, and		(4) 43 .5	(0) 2017	(u) 2010	(e) 2019	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				İ		
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						·
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			Ì			
6	Total. Add lines 1 through 5						·
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
, C	Add lines 7a and 7b	- 11 C V 11 C C C C C C C C C C C C C C C	· ************************************				
Ser	Public support. (Subtract line 7c from line 6.)	a received the second	2002 68 65 50 (0)/38		10.76		
		I					
Oute:	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a	Amounts from line 6 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						
С	Add lines 10a and 10b					<del></del>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u></u>		<del></del>	
	First five years. If the Form 990 is for	the organization's	first, second, third	fourth or fifth to	V vear as a sectio	n 501(a)(2) arganizat	
	tion C. Computation of Public			, , , our un, or mur ta,	A year as a section	ii 30 i (c)(3) organizai	ion,
Sec	tion C. Computation of Public	c Support Per	centage		***************************************	***************************************	
15	Public support percentage for 2019 (li	ne 8, column (f), d	ivided by line 13, c	olumn (fl)		15	0/
16	Public support percentage from 2018	Schedule A. Part I	III. line 15			16	<u>%</u>
Sec	tion D. Computation of Inves	tment Income	Percentage			1_10_1	<u>%</u>
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lir	e 13. column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A, I	Part III, line 17	, (//	*****	18	
1 <del>9</del> a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 9	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	es as a publicly si	apported organiza	ition	·
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	and line 16 is me	ore than 33 1/3% an	d
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	ization qualifies as	s a publiciv suppr	orted organization	<u> </u>
20	Private foundation. If the organization	n did not check a t	box on line 14, 19a	, or 19b, check thi	s box and see inc	structions	
32023	3 09-25-19					edule A /Form 990	

15

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 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 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).
- 3a 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b 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.)

	Yes	No
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1.6	Supporting Organizations (continued)	<u> </u>	Page
			Yes No
11	any of the following persons?		Yes No
i	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?	11a	64.265 (26.26)
1	b A family member of a person described in (a) above?	11b	
= -	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.	11c	_
<u>Se</u>	ction B. Type I Supporting Organizations		
		T.	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Tes NO
	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) effectively operated, supervised, or		(1) (4) (4)
	controlled the organization's activities. If the organization had more than one supported organization		
	describe now 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 nowers during the tay year	1	200.02
2	bid the organization operate for the benefit of any supported organization other than the supported		190 100 100 100
	organization(s) that operated, supervised, or controlled the supporting organization? If "Ves " evolution is		
	at the now providing such benefit carried out the purposes of the supported organization(s) that operated		
<u></u>	supervised, or controlled the supporting organization	2	
<u> 5e</u>	ction C. Type II Supporting Organizations		
		V	es No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		99 140
	of trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control		600
	or management of the supporting organization was vested in the same persons that controlled or managed		
800	<u>ule supported organization(s)</u>	1	
360	ction D. All Type III Supporting Organizations		
1	Did the every's till	Y	es No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	MINISTER HOLDER
~	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		6.1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
3	the organization maintained a close and continuous working relationship with the supported organization(s)	2	
J	By reason of the relationship described in (2), did the organization's supported organizations have a	60 (S. 63)	ere sursum
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		(0.0)
Sec	SUDDOITED OF GANIZATIONS played in this regard	3	1201-1201 (1201-1201-1201-1201-1201-1201-1201-1201
1	tion E. Type III Functionally Integrated Supporting Organizations		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).	
b	The organization satisfied the Activities Test, Complete line 2 helow		
c	The organization is the parent of each of its supported organizations. Complete line 3 below.		
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	
a	the state of the percent	Ye	s No
u	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		90,000
	how the organization was responsive to those supported organizations, and how the organization determined		
h	that these activities constituted substantially all of its activities.	2a	Common Contract
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		eg Borgori
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		8 10 00 0
	reasons for the organization's position that its supported organization(s) would have engaged in these		
2	activities but for the organization's involvement,	2b	venuts i i i i i i i i i i i i i i i i i i i
3	Parent of Supported Organizations. Answer (a) and (b) below.		\$3,254
а	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.	3a	ana Panjarah
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3.00	60 SU
	or its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	3257E272
932025	09-25-19		

Sch P:	art Val Type III Non-Eunotionally Let		O	14-3282285 Page 6
1	1990 in Non-i unctionally integrated 509(a)(3) Supporting	ng Org	anizationo	
•	Check here if the organization satisfied the Integral Part Test as a qualifying	na truct a	n New 20 4070 (	art VI). See instructions Al
	other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through E.	- Ty. Coo mod dottons. A
	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		(optional)
_ 2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5		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		
Sec	tion B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	12600	I.	(optional)
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	6V 100 10	Mark Commence of the Commence	
	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		
	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion 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-functionally	intograf	od Tura III	
	instructions).	y witegrat	eu Type III supporting organi:	zation (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Part VI	Supplemental information	04-3282285 Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Ii line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, Iditional information.
	(ecc manacaons.)	
·		
<del></del>		
<u> </u>		

#### Schedule B

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

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number IMPACT INC. 04-3282285 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 not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number IMPACT INC. 04-3282285 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CHRISTOPHER REEVE FOUNDATION Person Payroll 636 MORRIS TURNPIKE STE 3A 6,810. Noncash (Complete Part II for SHORT HILLS, NJ 07078 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 CUMMINGS FOUNDATION Person Payroll 200 W CUMMSINGS PARK 50,000. Noncash (Complete Part II for WOBURN, MA 01801 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 JEMP D. FOUNDATION Person Payroli 225 N MICHIGAN AVE 26,000. Noncash (Complete Part II for CHICAGO, IL 60601 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 JOHN W. ALDEN TRUST X Person Payroll 225 FRANKLIN ST 4 FL 10,000. Noncash (Complete Part II for BOSTON \_, MA 02110 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ROCKEFELLER PHILANTHROPY ADVISORS X Person Payroll 6TH WEST 48TH STREET, 10TH FL. 5,485. Noncash (Complete Part II for NEW YORK, NY 10036 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 SEVENTH GENERATION FUND X Person

923452 11-06-19

5,000.

Payroll 1

Noncash (Complete Part II for

noncash contributions.)

ARCATA,

P.O. BOX 4569

CA 95518

	B (Form 990, 990-EZ, or 990-PF) (2019) Organization	Em	Page ployer identification number
	T INC.		04-3282285
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE PETER AND ELIZABETH TOWER FOUNDATION		Person X
	2351 NORTH FROST ROAD	\$35,000.	<del>-</del>
	GETZVILLE, NY 14068		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE REEBOK FOUNDATION		Person X
	25 DRYDOCK AVE	\$15,000.	-
	BOSTON, MA 02210		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VERA INSTITTUE OF JUSTICE		Person X
	34 35TH STREET 4-2A	\$39,982.	Payroll Noncash (Complete Part II for
	BROOKLYN, NY 11232		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JEROME H. STONE FAMILY FOUNDATION		Person X
	83 WOODLEY ROAD	\$5,000.	Payroll Noncash (Complete Part II for
	WINNETKA, IL 60093		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
23452 11-06-1			(Complete Part II for noncash contributions.)

Name of organization Employer identification number IMPACT INC.

TMPACT	! INC.		04-3282285
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
102452 11.05 1		\$	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public, Inspection

IMPACT INC.

Employer identification number 04-3282285

Pa	rt l Organizations Maintaining Donor Advise	d Funds or Other Sim	nilar Funds or A	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		Complete II tile
		(a) Donor advised f	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held i	in donor advised fun-	ds
	are the organization's property, subject to the organization's	exclusive legal control?	******************************	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant	funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any o	other purpose confer	ing
Da	impermissible private benefit?  rt II Conservation Easements. Complete if the ore			Yes No
	Ochipicie ii the org	janization answered "Yes" (	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education) F	Preservation of a histo	orically important land area
	Protection of natural habitat	F	reservation of a cert	ified historic structure
2	Preservation of open space			
~	Complete lines 2a through 2d if the organization held a qualification of the tax year.	ed conservation contribution	on in the form of a co	
а	F			Heid at the End of the Tax Year
b	T-t-1			2a
c	Number of conservation easements on a certified historic stru		***************************************	2b
d	Number of conservation easements included in (c) acquired a	for 7/05/06 and not an a		2c
	listed in the National Register	itel 7/25/06, and not on a n	nstoric structure	
3	listed in the National Register  Number of conservation easements modified, transferred, rele	agend extinguished or torm	ainatad bu tha arrani	2d
	year >	sased, extinguished, or terri	ililated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection	handling of	
	violations, and enforcement of the conservation easements it		······	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, i		enforcing conservatio	n easements during the year
	<b></b>		,	caesine damig and you.
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforc	cing conservation eas	sements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	***************************************	******************************	Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fina	ancial statements tha	at describes the
Pai	organization's accounting for conservation easements.	A.A. I I'- a		
a a a	till Organizations Maintaining Collections of	Art, Historical Treasi	ures, or Other S	imilar Assets.
1-	Complete if the organization answered "Yes" on Form:			
ıa	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	e statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or	research in furtheran	ce of public
h	service, provide in Part XIII the text of the footnote to its finance of the organization elected, as posmitted under FASE ASC ASC	cial statements that describ	es these items.	
~	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar exects hold for multiple	to report in its revenue sta	atement and balance	sheet works of
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or res	search in furtherance	of public service,
				<b>.</b> .
		***************************************	***************************************	\$
2	If the organization received or held works of art, historical trea-	sures or other similar asset	to for financial	\$
_	the following amounts required to be reported under FASB AS	C 958 relating to those than	to for ilitancial gain, p	provide
а	Revenue included on Form 990, Part VIII, line 1	. o ooo reading to these iten	113.	<b>▶</b> ¢
	Assets included in Form 990, Part X			<b>▶</b> \$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	,	Schedule D (Form 990) 2019
	,			Ocuredate D (Lattil 220) 50 13

932051 10-02-19

	edule D (Form 990) 2019 IMPACT	INC.				0	4-32	8228	35	Page 2
1997/01/20	AND THE PROPERTY OF THE PROPER	Collections of A	rt, Historical T	reasures,	or Other	Similar A	Asset	con:	inued	_ <del></del> }
3	osing the organization's acquisition, access	ion, and other record	ds, check any of th	e following th	at make sid	inificant us	e of its	(00)	111111111111111111111111111111111111111	
	collection items (check all that apply):			J		,				
а	Public exhibition		d Loan or e	xchange prog	ıram					
b										
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further	the organizat	tion's avem	nt nurnoss	in Dort	VIII		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures or ot	her eimiler :	br baibose	пган	<b>ЛИ.</b>		
P-4-	to be sold to raise funds rather than to be m	aintained as part of t	he organization's d	collection?				7		٦
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organizat	tion answered	1 "Yos" on I	Form 000 I		Yes		No
	reported an amount on Form 990, Pa	rt X, line 21.	oto ii tilo organizat	non answered	1 162 0111	-01111 990, 1	an IV,	пе э, с	Г	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ons or other a	ssets not in	cluded				
	on Form 990, Part X?		,		00010110111	oladou		Yes	_	7 No.
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	***************				_ res		No
								A		
С	Beginning balance					4.		Amou	π	
d	Additions during the year	************************		********************		1c				
е	Distributions during the year					1d				
f	Ending balance		***************************************		• , , , , , , , , , , , , , , , , , , ,	1e				
2a	Did the organization include an amount on F	orm 990 Part X line	21 for ecorous or	nuctodial aca	arrad Dalaina	1f		1		٦
b	If "Yes," explain the arrangement in Part XIII.	Check here if the av	ralanation has been	custodiai acc	ourit liabilit			Yes	<u> </u>	⊣ No
Pai	rt V Endowment Funds. Complete	if the organization ar	reward "Voc" on 5	provided on	Part XIII	·····				
		(a) Current year	(b) Prior year							
1a	Beginning of year balance	(a) Content year	(b) Frior year	(c) Two ye	ars back [[	d) Three yea	rs dack	(e) F01	r years	back
b	Contributions									
С	Net investment earnings, gains, and losses								····	
d	Grants or scholarships									
	Other expenditures for facilities			_						
•	• "			ĺ						
f	and programs									
				_						
9 2				<u> </u>						
	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (	a)) held as:						
a b	Board designated or quasi-endowment		_%							
	Permanent endowment									
C		%								
٥.	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.								
sa	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administe	red for the	organizatio	n			
	by:								Yes	No
	(i) Unrelated organizations		***************************************					3a(i)		<u> </u>
	(ii) i iciated organizations							3a(ii)		
þ	in res on line satily, are the related organization	tions listed as require	ed on Schedule R7	)				3b		
4 Par	Describe in Part XIII the intended uses of the	organization's endou	wment funds.							
rai						71111				
	Complete if the organization answered			See Form 990	), Part X, Iir	ne 10.				
	Description of property	(a) Cost or of	(,	t or other		umulated		(d) Boo	k valu	e
		basis (investm	nent) basis	(other)	depr	eciation				
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			L6,423.				1	6,4	<del>23.</del>
<u>е</u>	Other									
i otal,	. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part \	Column (B) line 1	10+1				1	5 1'	2.2

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2019 IMPACT INC. Part XIII Supplemental Information (continued)	04-3282285 Page 5
Supplemental Information (continued)	

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

IMPACT INC. **Questions Regarding Compensation**  Employer identification number 04-3282285

10	Check the correspicts back of the	<u></u>	Yes	No
Щ	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,		
	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			
	Travel for companions Payments for business use of personal resid	ence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		166
			0.000	0.000
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			16.193
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	4.11.40.4741.11	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.		0.0	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		J. Variable and
_			29/04/500 to	
3	Indicate which, if any, of the following the 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	160 150	11822/191
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation com	mittee	0.000	
	, , , , , , , , , , , , , , , , ,	16 6	S NA	
4	During the year, did any person listed on 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	150000000000000000000000000000000000000	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4h		X
¢	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.			W65 14
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		$\frac{\tilde{x}}{x}$
	If "Yes" on line 5a or 5b, describe in Part III.	JB	194 (SA)	<del>II</del>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1000
	contingent on the net earnings of:			
а	The organization?	6a	23111515	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		30/4/2003	<u> 22</u> 201020100
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	080880	
	initial contract exception described in Describing and the 50 4050 47 200 17 10 4 10 10 10 10 10 10	Danie, San J	Albert St.	v
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u> </u>
	Regulations section 53,4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	.000	
	· · · · · · · · · · · · · · · · · · ·	Schedule 3 (Form	33U)	ZU 19

Schedule J (Form 990) 2019

IMPACT INC.

Page 2

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 04 - 3282285

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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 of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

Page 3

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.

PART I, LINE 3:
COMPENSATION REVIEW
REVIEW OF THE CEO'S COMPENSATION IS PERFORMED BY TRIANGLE, INC., A RELATED
AND CONTROLLING ENTITY OF IMPACT INC. THE CEO MEETS WITH THE BOARD OF
DIRECTORS FOR AN ANNUAL PERFORMANCE AND SALARY REVIEW. THE BOARD USES
APPROPIRATE 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.
Schedule J (Form 990) 2015

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Name of the organization

IMPACT INC.

Employer identification number 04-3282285

FORM 990, PART V, LINE 2A: TRIANGLE INC. IS THE COMMON PAYMASTER FOR IMPACT. FORM W-3 IS FILED UNDER TRIANGLE INC.'S EIN. HOWEVER, IN THE INTERESTS OF CLARITY, IMPACT INC. IS DISCLOSING THAT 4 EMPLOYEES RECEIVED W-2S FROM TRIANGLE INC. (OSTENSIBLY FOR SERVICES RENDERED TO IMPACT INC. AND TO THE OTHER AFFILIATED ENTITIES).

FORM 990, PART VI, SECTION B, 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 MADE AVAILABLE TO THE BOARD PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQURIED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICT. ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE SHOULD BE IMMEDIATELY REPORTED TO THE DIRECTOR OF HUMAN RESOURCES. IF SUCH CONFLICT ARISES, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE WILL NOT BE ALLOWED TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION C, LINE 18:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization IMPACT INC.	Employer identification number 04-3282285
THE ORGANIZATION'S FORM 990 MAY ALSO BE AVAILABLE ON OTHER	
AS WWW.GUIDESTAR.ORG	
FORM 990, PART VI, SECTION C, LINE 19:	
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	F INTEREST
POLICY, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE	
REQUEST. IN ADDITION, THE FORM 990 IS AVAILABLE VIA GUIDEST	PAR AND THE
MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INTERCOMPANY TRASNACTION	-142,658.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 04-3282285 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. IMPACT INC. Name of the organization Parti

<ul><li>{a)</li><li>Name, address, and EIN (if applicable)</li><li>of disregarded entity</li></ul>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				•	
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ns. Complete if the organization ans	swered "Yes" on Form 990, Part	t IV, line 34, because	it had one or more rela	ated tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?
				201(5)(3))		Vac
TRIANGLE, INC 04-2486905						
420 PEAL STREET	1					
MALDEN, MA 02148	SERVE DISABLED	MASSACHUSETTS	501(C)(3)	LINE 10	4/N	<b>-</b>
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	·					
						<b>-</b>
The Department Dedication And Market States						

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

932161 09-10-19 LHA

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Schedule R (Form 990) 2019

IMPACT INC.

Schedule R (Form 990) 2019

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. 04-3282285 Part III

Page 2

General or Percentage Yes No Section 512(b)(13) controlled entity? 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. 3 YesNo Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\epsilon$ Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Legal domicite (state or foreign country) ত (d)
( Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 932162 09-10-19 Part IV

Schedule R (Form 990) 2019

Part.V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	d in Parts II-IV?		N V53-
	j.			70	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				‡	×
c Gift, grant, or capital contribution from related organization(s)	, , , , , , , , , , , , , , , , , , ,	***************************************		<b>2</b> ,	4
d Loans or loan quarantees to or for related expension(s)				2	4
Learner of town granterious to or for related organization(s)				10	×
e Loans or Ioan guarantees by related organization(s)				<b>-</b>	×
f Dividends from related organization(s)				1€	×
g Sale of assets to related organization(s)				=	1
		***************************************		5 ;	4 >
				= :	4
related organization(s)				+	4
		***************************************		Ţ.	
k Lease of facilities, equipment, or other assets from related organization(s)					}
Performance of services or memberchin or fundaminal confictations for the services of the serv				¥	×
m Doformance of convices of inclination of convices of inclination of convices of inclinations in the convices of	anization(s)			=	×
	ınization(s)	***************************************		<u>ਜ</u>	×
	ion(s)			Ę	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					Þ
				0	4
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				24 34	
Reimbursement paid by related organization(s) for expenses				1p A	
				19	×
				1000 M	100
(s)				<b>∀</b> ⊁	
2 If the answer to any of the above is "Yes." see the instructions for information on who mirst complete this line including account and all the above is "Yes."	tho miret complete th	to for a mailtouloui onii si		4	
1	III alaidilina collinale	is irre, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					
(3)					
(4)					
(5)					
(9)					
932 163 09-10-19	(		Schedule F	Schedule R (Form 990) 2019	2019

Schedule R (Form 990) 2019 IMPACT INC.

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)	Structions regarding excita	Stori for certain inve			3				
(g)	(a)	<u>0</u>	(d)	(£)	(b)	Ê	8	9	( <del>K</del> )
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income patners sec. (related, unrelated, 501(6)(3)	Share of	Share of	Dispropor- fonate	Code V-UBI	General or managing:	Percentage
		country)	excluded from tax under ons.7 sections 512-514)	-	assets	allocations?	allocations? of Schedule K-1 partner? ownership	partner?	ownership
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Schedule R (Form 990) 2019

Part VII Supplemental Information	04-3282285 Page
Provide additional information for responses to questions on Schedule R. See in	
in responses to questions on Schedule R. See in	structions.
	···