

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of label or address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization TRIANGLE, INC.	D Employer identification number 04-2486905
	Number and street (or P O box if mail is not delivered to street address) Room/suite 420 PEARL STREET	E Telephone number (617) 322-0400
	City or town, state or country, and ZIP MALDEN, MA 02148	F Check <input type="checkbox"/> if application pending
	Please use IRS label or print of type. See Specific Instructions	

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

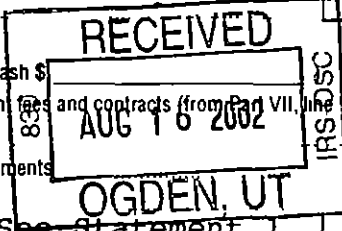
J Accounting method Cash Accrual Other (specify) _____

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (H and I are not applicable to section 527 orgs)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) _____
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue SFD 09 02 SCANNED	1	Contributions, gifts, grants, and similar amounts received				
		a	Direct public support	1a	232,891.	
		b	Indirect public support	1b	88,682.	
		c	Government contributions (grants)	1c		
		d	Total (add lines 1a through 1c) (cash \$ 321,573. noncash \$ _____)	1d	321,573.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,203,213.	
		3	Membership dues and assessments	3		
		4	Interest on savings and temporary cash investments	4		
		5	Dividends and interest from securities	5		
		6a	Gross rents	6a	246,402.	
		b	Less rental expenses	6b	238,777.	
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	7,625.	
	7	Other investment income (describe _____)	7			
	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	296,745.		
	b	Less direct expenses other than fundraising expenses	9b	64,377.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	232,368.		
	10a	Gross sales of inventory, less returns and allowances	10a	2,335,035.		
	b	Less cost of goods sold	10b	1,293,357.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	1,041,678.		
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,806,457.		
	13	Program services (from line 44, column (B))	13	3,011,576.		
	14	Management and general (from line 44, column (C))	14	1,431,125.		
	15	Fundraising (from line 44, column (D))	15	103,005.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,545,706.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<739,249.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,821,476.		
	20	Other changes in net assets or fund balances (attach explanation)	20	676,424.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,758,651.		



See Statement 1
See Statement 2

See Statement 3

Stmt 4

See Statement 5

20 g/h

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 106,412.	0.	106,412.	0.
26 Other salaries and wages	26 2,569,283.	1,941,700.	554,909.	72,674.
27 Pension plan contributions	27			
28 Other employee benefits	28 307,117.	299,378.	6,086.	1,653.
29 Payroll taxes	29 240,631.	156,475.	77,507.	6,649.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 148,609.	47,095.	98,531.	2,983.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 127,520.	66,336.	61,085.	99.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 179,371.	0.	179,371.	
42 Depreciation, depletion etc (attach schedule)	42 201,160.	134,909.	66,251.	
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 6	43e 665,603.	365,683.	280,973.	18,947.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 4,545,706.	3,011,576.	1,431,125.	103,005.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? EMPLOYMENT FOR PHYSICALLY & MENTALLY DISABLED INDIVIDUALS	Program Service Expenses
<small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	<small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
a VOCATIONAL REHABILITATION - TO PROVIDE VOCATIONAL EVALUATION AND VOCATIONAL EXPERIENCE FOR DISABLED INDIVIDUALS. (PROVIDES APPROXIMATELY 3500 UNITS OF SERVICE)	
(Grants and allocations \$ _____)	2,344,159.
b RESIDENTIAL- COMMUNITY- BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS (SERVES APPROXIMATELY 24 FAMILIES)	
(Grants and allocations \$ _____)	667,417.
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,011,576.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	241,325.	46 270,298.
	47 a Accounts receivable	47a 480,542.	
	b Less allowance for doubtful accounts	47b 55,207.	47c 425,335.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	362,373.	52 192,085.
	53 Prepaid expenses and deferred charges	32,133.	53 67,985.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 7,689,132.		
b Less accumulated depreciation	57b 2,514,813.	57c 4,875,106.	
58 Other assets (describe <input type="checkbox"/> See Statement 8)	741,591.	58 342,879.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,716,779.	59 6,472,901.	
Liabilities	60 Accounts payable and accrued expenses	734,223.	60 851,321.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities <input type="checkbox"/> Statement 7	3,020,507.	64a
	b Mortgages and other notes payable	754,603.	64b 3,600,617.
	65 Other liabilities (describe <input type="checkbox"/> See Statement 9)	385,970.	65 262,312.
66 Total liabilities (add lines 60 through 65)	4,895,303.	66 4,714,250.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,793,402.	67 1,757,713.
	68 Temporarily restricted	28,074.	68 938.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,821,476.	73 1,758,651.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,716,779.	74 6,472,901.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a VOCATIONAL REHAB					1,353,551.
b RESIDENTIAL					768,395.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					81,267.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	7,625.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	232,368.	
102 Gross profit or (loss) from sales of inventory					1,041,678.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		7,625.		232,368.	3,244,891.
105 Total (add line 104, columns (B), (D), and (E))					3,484,884.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete information of which preparer has any knowledge. (Important: See General Instruction W)

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2000

Name of the organization

TRIANGLE, INC.

Employer Identification number

04 2486905

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARK FRIEDMAN ----- 4 LONVAL LANE APT 81, AMESBURY, MA.	DIR SUB SALES 40	68,412.	0.	

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
APEX COMPUTER -----	COMPUTER SERVICE	62,782.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	375,722.	398,742.	343,076.	600,978.	1,718,518.
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	4,920,547.	4,733,420.	4,117,857.	4,298,436.	18,070,260.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	229,327.	156,056.	162,530.	26,060.	573,973.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	391,729.	486,556.	See Statement 14 426,266.	317,970.	1,622,521.
23 Total of lines 15 through 22	5,917,325.	5,774,774.	5,049,729.	5,243,444.	21,985,272.
24 Line 23 minus line 17	996,778.	1,041,354.	931,872.	945,008.	3,915,012.
25 Enter 1% of line 23	59,173.	57,748.	50,497.	52,434.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.		26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	N/A
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) 0. (1998) 0. (1997) 0. (1996) 0.		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) 0. (1998) 0. (1997) 0. (1996) 0.			
c Add Amounts from column (e) for lines	15 1,718,518. 16 _____ 17 18,070,260. 20 _____ 21 _____	27c	19,788,778.
d Add Line 27a total	0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)		27e	19,788,778.
f Total support for section 500(a)(2) test. Enter amount on line 23, column (e)		27f	21,985,272.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	90.0092%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	2.6107%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions)

None

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
- Check here If you checked "a" above and limited control provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

TRIANGLE, INC.

Employer identification number

04-2486905

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

TRIANGLE, INC.

04-2486905

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 7,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

TRIANGLE, INC.

04-2486905

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

TRIANGLE, INC.

04-2486905

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 24,446.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 34,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Form 990 Rental Income Statement 1

Kind and Location of Property	Activity Number	Gross Rental Income
COMMERCIAL PROPERTY 420 PEARL ST. MALDEN MA. UNITS # 2,3&4	1	246,402.
Total to Form 990, Part I, line 6a		246,402.

Form 990 Rental Expenses Statement 2

Description	Activity Number	Amount	Total
UTILITIES/ OCCUPANCY		56,764.	
INTEREST		96,584.	
DEPRECIATION		61,288.	
MANAGEMENT & GENERAL		24,141.	
- SubTotal -	1		238,777.
Total to Form 990, Part I, line 6b			238,777.

Form 990 Special Events and Activities Statement 3

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
FUNDRAISING DINNER	223,405.		223,405.	46,666.	176,739.
GOLF TOURNAMENT	73,340.		73,340.	17,711.	55,629.
To Fm 990, Part I, line 9	296,745.		296,745.	64,377.	232,368.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	5
Description		Amount	
UNREALIZED LOSS ON INVESTMENTS		<27,136.>	
GAIN ON DEBT RESTRUCTURING		703,929.	
INCOME TAXES		<369.>	
Total to Form 990, Part I, line 20		676,424.	

Form 990	Other Expenses			Statement	6
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
REPAIRS AND MAINTENANCE	183,668.	89,325.	92,863.	1,480.	
PROGRAM SUPPORT	138,026.	35,865.	95,610.	6,551.	
SUBCONTRACTORS	115,485.	61,824.	53,661.		
FOOD AND KITCHEN	106,493.	106,493.			
DIRECT CARE/ PROGRAM CONSULTANTS	56,862.	16,768.	32,494.	7,600.	
TRANSPORTATION	45,313.	41,442.	3,494.	377.	
STAFF TRAINING	19,756.	13,966.	2,851.	2,939.	
Total to Fm 990, ln 43	665,603.	365,683.	280,973.	18,947.	

Form 990 Tax-Exempt Bond Liabilities Retired During Year Statement 7
Part IV, Line 64a

Purpose of Issue

PROVIDER LEASE PROGRAM REVENUE BONDS, SERIES A-1

Issue Date	Original Issue Amount	Type of Form 8038 Filed	Form 8038 Date	Bond Retirement Date
11/08/88	3,693,069.	Form 8038	09/30/93	06/30/01

Third Party Information

MASSACHUSETTS INDUSTRIAL FINANCE AGENCY

Form 990 Other Assets Statement 8

Description	Amount
PROGRAM AGREEMENTS	0.
RESTRICTED CASH RESERVES FOR REPLACEMENT	82,980.
DEFERRED FINANCING COSTS	259,899.
Total to Form 990, Part IV, line 58, Column B	342,879.

Form 990 Other Liabilities Statement 9

Description	Amount
TENANT SECURITY DEPOSITS	58,113.
DEFERRED RENT	0.
ACCURED INTEREST PAYABLE	0.
ACCURED COMPENSATION AND PAYROLL TAXES	110,290.
CAPITAL LEASES	93,909.
Total to Form 990, Part IV, line 65, Column B	262,312.

Form 990	Other Revenue Not Included on Form 990	Statement	10
Description		Amount	
RENTAL EXPENSES		238,777.	
DIRECT EXPENSES RELATED TO FUNDRAISING		64,377.	
Total to Form 990, Part IV-A		303,154.	

Form 990	Other Expenses Not Included on Form 990	Statement	11
Description		Amount	
RENTAL EXPENSES		238,777.	
DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING		64,377.	
Total to Form 990, Part IV-B		303,154.	

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement	12
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
ROBERT INFANTINO 121 WINDSOR ROAD NEWTON MA. 02168	PRESIDENT 3	0.	0.	0.
DEANNA COPPER 1 WHITMAN RD. SWAMPSCOTT MA. 01907	VICE PRESIDENT 3	0.	0.	0.
CLAIRE CROKEN 182 HAWTHORNE ST. MALDEN MA. 02148	TREASURER 3	0.	0.	0.
THOMAS ANALETTO 2500 MYSTIC VALLEY PKWY UNIT 305 MEDFORD MA.	CLERK 3	0.	0.	0.
STANLEY BLACK 20 LINCOLN AVE SWAMPSCOTT MA. 01907	DIRECTOR 3	0.	0.	0.

DR. PHILLIP CONTI 34 UPLAND RD. MELROSE MA. 02176	DIRECTOR 3	0.	0.	0.
RICHARD FERNANDEZ 869 BROADWAY REVERE MA. 02151	DIRECTOR 3	0.	0.	0.
JAMES SALZANO 7 SEXTON FRAM RD. WALPOLE MA. 02081	DIRECTOR 3	0.	0.	0.
PAUL DONATO 48 MAURICE ST. MEDFORD MA. 02155	DIRECTOR 3	0.	0.	0.
JUDGE JOHN DONNELLY 3 VALLEY ST. MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.
PETER GRAVA 3920 MYSTIC VALLEY PWY. MEDFORD MA. 02155	DIRECTOR 3	0.	0.	0.
CARMELLA GREGORIE 3902 WOODRIDGE RD. W. PEABODY MA. 01960	DIRECTOR 3	0.	0.	0.
JOHN OTERI 31 BARTHOLOMEW TERR. PEABODY MA.01960	DIRECTOR 3	0.	0.	0.
DONALD SINGER 1202 FERNCROFT DR. DANVERS MA. 01923	DIRECTOR 3	0.	0.	0.
MARGE GLAZER 280 BOYLSTON ST. CHESTNUT HILL MA.02467	DIRECTOR 3	0.	0.	0.
SHARYN HITER NEBLE 37 GROVE ST. WINCHETER MA. 01890	DIRECTOR 40	106,412.	0.	0.
Totals Included on Form 990, Part V		<u>106,412.</u>	<u>0.</u>	<u>0.</u>

Form 990 Part VIII - Relationship of Activities to Statement 13
Accomplishment of Exempt Purposes

Line Explanation of Relationship of Activities
 93AD SEE EXPLANATION OF PROGRAMS AT PART III A&B
 93 G HOUSING AND URBAN DEVELMENT REVENUE SUPPORTS RESIDENCE WHICH HOUSES
 CLIENTS
 102 THE REVENUE PRODUCING INVENTORY IS MANUFACTURED BY CLIENTS AS PART OF
 THEIR SHELTERD EMPLOYMENT

Schedule A Other Income Statement 14

Description	1999 Amount	1998 Amount	1997 Amount	1996 Amount
SPECIAL EVENTS/ OTHER	391,729.	486,556.	426,266.	317,970.
Total to Schedule A, line 22	391,729.	486,556.	426,266.	317,970.