

**Return of Organization Exempt From Income Tax**

**2002**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>TRIANGLE, INC.</b>	<b>D</b> Employer identification number 04-2486905
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>420 PEARL STREET</b>	<b>E</b> Telephone number (617) 322-0400	
	City or town, state or country, and ZIP + 4 <b>MALDEN, MA 02148</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

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

**G** Web site: ▶ **TRIANGLE-INC.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 and I are not applicable to section 527 organizations.  
**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

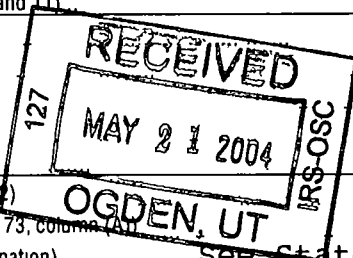
**I** Enter 4-digit GEN ▶

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,475,635.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	189,624.		
	b	Indirect public support	1b	104,473.		
	c	Government contributions (grants)	1c	47,285.		
	d	Total (add lines 1a through 1c) (cash \$ 308,126. noncash \$ 33,256.)	1d		341,382.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,460,406.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		1,191.	
	5	Dividends and interest from securities	5			
	6a	Gross rents See Statement 1	6a	297,060.		
	b	Less rental expenses See Statement 2	6b	301,489.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		<4,429.>	
7	Other investment income (describe ▶ )	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
			8a	500.		
	b	Less cost or other basis and sales expenses	8b	1,500.		
	c	Gain or (loss) (attach schedule)	8c	<1,000.>		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	Stmt 3	<1,000.>		
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	354,172.		
	b	Less direct expenses other than fundraising expenses	9b	60,820.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See Statement 4	293,352.		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	2,015,646.		
	b	Less cost of goods sold Statement 6	10b	2,144,782.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	Stmt 5	<129,136.>	
11	Other revenue (from Part VII, line 103)	11		5,278.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,967,044.		
Expenses	13	Program services (from line 44, column (B))	13		3,017,489.	
	14	Management and general (from line 44, column (C))	14		956,490.	
	15	Fundraising (from line 44, column (D))	15		157,323.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		4,131,302.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<164,258.>		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,240,734.	
	20	Other changes in net assets or fund balances (attach explanation)	20	See Statement 7	<161,140.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		915,336.	



SCANNED JUN 16 '04

**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 Page 2

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	134,809.	26,962.	107,847.
26	Other salaries and wages	26	2,259,879.	1,843,314.	333,428.
27	Pension plan contributions	27			83,137.
28	Other employee benefits	28	222,510.	178,827.	35,874.
29	Payroll taxes	29	271,286.	221,804.	41,503.
30	Professional fundraising fees	30			
31	Accounting fees	31	58,065.		58,065.
32	Legal fees	32	1,666.		1,666.
33	Supplies	33	51,773.	30,679.	19,982.
34	Telephone	34	35,068.	29,882.	4,149.
35	Postage and shipping	35	9,323.	37.	5,314.
36	Occupancy	36	122,454.	122,066.	
37	Equipment rental and maintenance	37	153,884.	109,539.	44,345.
38	Printing and publications	38	1,824.		700.
39	Travel	39	119,946.	119,102.	492.
40	Conferences, conventions, and meetings	40	9,700.	5,830.	1,757.
41	Interest	41	160,510.		160,510.
42	Depreciation, depletion, etc (attach schedule)	42	159,938.	66,346.	80,205.
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e See Statement 8	43e	358,667.	263,101.	60,653.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,131,302.	3,017,489.	956,490.
					157,323.

Joint Costs. Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
<b>EMPLOYMENT FOR MENTALLY AND PHYSICALLY DISABLED INDIVIDUALS</b>	
<b>a VOCATIONAL REHABILITATION- TO PROVIDE VOCATIONAL EVALUATION AND VOCATIONAL EXPERIANCE FOR DISABLED INDIVIDUALS ( PROVIDES APPROXIMATELY 58,233 UNITS OF SERVICE)</b>	
(Grants and allocations \$ 1,770,355.)	1,464,392.
<b>b RESIDENTIAL- COMMUNITY- BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS ( SERVICE FOR APPROXIMATELY 39 CLIENTS)</b>	
(Grants and allocations \$ 1,531,335.)	1,553,097.
<b>c</b>	
(Grants and allocations \$ )	
<b>d</b>	
(Grants and allocations \$ )	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ )
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>3,017,489.</b>

**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	3. 45	
	46 Savings and temporary cash investments	323,574. 46	110,173.
	47 a Accounts receivable	47a 482,661.	
	b Less allowance for doubtful accounts	47b 17,803.	47c 464,858.
	48 a Pledges receivable	48a 26,803.	
	b Less allowance for doubtful accounts	48b	48c 26,803.
	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	266,699. 52	267,785.
	53 Prepaid expenses and deferred charges	40,864. 53	86,803.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment, basis	55a 7,288,335.	
	b Less accumulated depreciation	55b 2,281,735.	55c 5,006,600.
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/> See Statement 9 )	288,472. 58	193,996.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,393,312. 59	6,157,018.	
Liabilities	60 Accounts payable and accrued expenses	761,861. 60	791,598.
	61 Grants payable		61
	62 Deferred revenue	50,871. 62	2,063.
	63 Loans from officers, directors, trustees, and key employees	100,000. 63	
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	3,780,742. 64b	3,990,160.
	65 Other liabilities (describe <input type="checkbox"/> See Statement 10 )	459,104. 65	457,861.
66 Total liabilities (add lines 60 through 65)	5,152,578. 66	5,241,682.	
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	1,240,734. 67	915,336.
	68 Temporarily restricted		68
	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, column (B) must equal line 21)	1,240,734. 73	915,336.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,393,312. 74	6,157,018.

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** (See page 31 of the instructions)

	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	
<b>93</b> Program service revenue:					
<b>a</b> VOCATIONAL REHAB					1,770,355.
<b>b</b> RESIDENTIAL					1,531,335.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					158,716.
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					1,191.
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property	531120	<4,429.>			
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					<1,000.>
<b>101</b> Net income or (loss) from special events					293,352.
<b>102</b> Gross profit or (loss) from sales of inventory			01	<129,136.>	
<b>103</b> Other revenue:					
<b>a</b> MISC					5,278.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<4,429.>		<129,136.>	3,759,227.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,625,662.

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** (See page 32 of the instructions)

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 14

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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** (See page 33 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  
information of which preparer has any knowledge

5.14.04 Michael Rodriguez, CEO  
Date Type or print name and title

Preparer's SSN or PTIN

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

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 page 1 of the 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
THOMAS MARSHALL ----- 78 WALKER LANE FREMONT NH 03044	COO  40	100,001.	8,036.	
JEAN GOLDSBERRY ----- 48 CEDAR LANE DEDHAM MA 01921	DIR of PROG.  40	89,577.	3,350.	
ANDREW FORTI ----- 30 SHEFFIELD RD BOXFORD MA.01921	DIR. of OPER.  40	70,000.	3,064.	
STEPHEN DONNAHUE ----- 15 TRENTON ST. MEUTHUEN MA. 01844	CFO  40	74,588.	8,045.	
----- -----				
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the 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
None ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> 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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	X	
<b>b</b> Lending of money or other extension of credit?	X	
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X

**Note:** 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.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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)
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	344,860.	321,573.	375,722.	398,742.	1,440,897.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,100,735.	4,538,248.	4,920,547.	4,733,420.	19,292,950.
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	291,243.	246,402.	229,327.	156,056.	923,028.
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	258,642.	296,745.	See Statement 15 391,729.	486,556.	1,433,672.
23 Total of lines 15 through 22	5,995,480.	5,402,968.	5,917,325.	5,774,774.	23,090,547.
24 Line 23 minus line 17	894,745.	864,720.	996,778.	1,041,354.	3,797,597.
25 Enter 1% of line 23	59,955.	54,030.	59,173.	57,748.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. 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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2001) 0. (2000) 0. (1999) 0. (1998) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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 (2001) 0. (2000) 0. (1999) 0. (1998) 0.		
c Add Amounts from column (e) for lines 15 1,440,897. 16 _____ 17 19,292,950. 20 _____ 21 _____	27c	20,733,847.
d Add Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	20,733,847.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	23,090,547.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	89.7937%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	3.9974%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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 )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

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

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" 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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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) (See page 11 of the instructions )

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



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	297,060.
Total to Form 990, Part I, line 6a		297,060.

Form 990 Rental Expenses Statement 2

Description	Activity Number	Amount	Total
UTILITIES / OCCUPANCY		55,828.	
INTEREST		107,007.	
DEPRECIATION		47,621.	
MAINTAINACE		15,563.	
MANAGEMENT & GENERAL		62,519.	
INSURANCE		10,845.	
PROFESSIONAL FEES		2,106.	
- SubTotal -	1		301,489.
Total to Form 990, Part I, line 6b			301,489.

Form 990                      Gain (Loss) From Sale of Other Assets                      Statement    3

Description	Date Acquired	Date Sold	Method Acquired		
LINCOLN TOWN CAR	01/05/02	10/02/02	DONATED		
Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec	Net Gain or (Loss)
KAREN IBANEZ	500.	2,000.	0.	500.	<1,000.>
To Fm 990, Part I, ln 8	500.	2,000.	0.	500.	<1,000.>

Form 990                      Special Events and Activities                      Statement    4

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
FUNDRAISING DINNER	251,227.		251,227.	40,619.	210,608.
GOLF TOUNAMENT	102,945.		102,945.	20,201.	82,744.
To Fm 990, Part I, line 9	354,172.		354,172.	60,820.	293,352.

Form 990

Income and Cost of Goods Sold  
Included on Part I, Line 10

Statement 5

Income

1. Gross receipts . . . . .	2,015,646	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		2,015,646
4. Cost of goods sold (line 13) . . . . .	2,144,782	
5. Gross profit (line 3 less line 4) . . . . .		<129,136>

Cost of Goods Sold

6. Inventory at beginning of year . . . . .	266,699	
7. Merchandise purchased . . . . .		
8. Cost of labor . . . . .	392,557	
9. Materials and supplies . . . . .	1,678,683	
10. Other costs . . . . .	74,628	
11. Add lines 6 through 10 . . . . .		2,412,567
12. Inventory at end of year . . . . .	267,785	
13. Cost of goods sold (line 11 less line 12). .		2,144,782

Form 990 Cost of Goods Sold - Other Costs Statement 6

Description	Amount
SUBCONTRACTORS	74,628.
Total included on Form 990, Part I, line 10b	74,628.

Form 990 Other Changes in Net Assets or Fund Balances Statement 7

Description	Amount
LOSS ON DEBT RESTRUCTIONING	<161,140.>
Total to Form 990, Part I, line 20	<161,140.>

Form 990 Other Expenses Statement 8

Description	(A)	(B)	(C)	(D)
	Total	Program Services	Management and General	Fundraising
CLIENT ACTIVITIES	19,363.	8,841.	803.	9,719.
PROGRAM SUPPORT	13,429.		6,786.	6,643.
SUBCONTRACTORS	27,278.	25,729.	1,549.	
FOOD AND KITCHEN	73,255.	73,255.		
INSURANCE	55,829.	36,510.	19,021.	298.
IN KIND EXPENSE	11,723.			11,723.
DUES AND				
SUBSCRIPTIONS	13,328.	2,034.	9,070.	2,224.
PUBLIC RELATIONS	4,304.	80.	2,061.	2,163.
BANK CHARGES	7,163.	<266.>	6,249.	1,180.
ADVERTISING	4,957.	4,305.	182.	470.
COMPUTER	7,026.	4,203.	2,330.	493.
STAFF TRAINING	10,645.	6,489.	4,156.	
PAYROLL PROCESSING	8,253.	887.	7,366.	
RECRUITING	3,553.	2,473.	1,080.	
VEHICLE EXPENSE	75,523.	75,523.		
PRODUCT SERVICE	14,519.	14,519.		
COMPUTER PROGRAM				
FEEES ETC	8,519.	8,519.		
Total to Fm 990, ln 43	358,667.	263,101.	60,653.	34,913.

Form 990	Other Assets	Statement	9
<u>Description</u>		<u>Amount</u>	
	RESTRICTED CASH RESERVES FOR REPLACEMENT		89,253.
	DEFERRED FINANCING COSTS		104,743.
Total to Form 990, Part IV, line 58, Column B			193,996.

Form 990	Other Liabilities	Statement	10
<u>Description</u>		<u>Amount</u>	
	TENANT SECURITY DEPOSITS		59,661.
	ACCURED COMPENSATION AND PAYROLL TAX		341,783.
	CAPITAL LEASES		56,417.
Total to Form 990, Part IV, line 65, Column B			457,861.

Form 990	Other Revenue Included on Form 990	Statement	11
<u>Description</u>		<u>Amount</u>	
	COSTS OF GOODS SOLD		<2,144,782.>
	FUNDRAISING EXPENSE		<60,820.>
	RENTAL EXPENSE		<301,489.>
	LOSS ON SALE		<1,500.>
Total to Form 990, Part IV-A			<2,508,591.>

Form 990	Other Expenses Included on Form 990	Statement	12
<u>Description</u>		<u>Amount</u>	
	RENTAL EXPENSES		<301,489.>
	COST OF GOODS SOLD		<2,144,782.>
	FUNDRAISING EXPENSE		<60,820.>
	LOSS ON SALE MISC		<1,000.>
Total to Form 990, Part IV-B			<2,508,091.>

Form 990

Part V - List of Officers, Directors,  
Trustees and Key Employees

Statement 13

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
JAMES SALZANO 7 SEXTON FARM ROAD WALPOLE MA. 02081	PRESIDENT 3	0.	0.	0.
DR. PHILIP CONTI 34 UPLAND RD. MELROSE MA. 02176	VICE PRESIDENT 3	0.	0.	0.
CLARE CROKEN 182 HAWTHORNE ST. MALDEN MA. 02148	TREASURER 3	0.	0.	0.
THOMAS ANALETTO 2500 MYSTIC VALLEY PKWY MEDFORD MA. 02155	CLERK 3	0.	0.	0.
MOLLY BALDWIN 101 PARK ST. CHELSEA MA. 02150	DIRECTOR 3	0.	0.	0.
STANLEY BLACK 20 LINCOLN HOUSE AVE. SWAMPSCOTT MA. 01907	DIRECTOR 3	0.	0.	0.
PAUL DONATO 48 MAURICE ST. MEDFORD MA. 02155	DIRECTOR 3	0.	0.	0.
JUDGE JOHN P. DONNELLY 3 VALLEY STREET MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.
ERIC EISENBERG 28 SKYVIEW RD. LEXINGTON MA. 02420	DIRECTOR 3	0.	0.	0.
CARMELLA GREGORIE 79 WAITE ST. EXTENSION #62 MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.
ROBERT INFANTINO 121 WINDSOR RD. NEWTON MA. 02168	DIRECTOR 3	0.	0.	0.

ELIZABETH JONES C/O EVERETT CO-OP BANK 419 BROADWAY EVERETT MA. 02149	DIRECTOR 3	0.	0.	0.
HERB LANDSMAN C/O THE MARMAXX GROUP 770 COCHITUATE RD. FRAMINGHAM MA. 01701	DIRECTOR 3	0.	0.	0.
LEILA NOVELETSKY 47 HARVARD ST. #B 208 CHARLESTOWN MA. 02129	DIRECTOR 3	0.	0.	0.
JOHN PEREIRA C/O COMBINED PROP. 300 COMMERCIAL ST. MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.
DONALD SINGER 1202 FERNCROFT DR. DANVERS MA.01923	DIRECTOR 3	0.	0.	0.
PAUL SULLIVAN C/O SULLIVAN TIRE 41 ACCORD PARK DRIVE NORWELL MA. 02061	DIRECTOR 3	0.	0.	0.
<i>Rodrigues</i> MICHAEL RODRIGUES <i>MR</i> 3 TILLOTSON RD HOPEDALE MA. 01747	CEO 40	134,809.	8,178.	0.
Totals Included on Form 990, Part V		<u>134,809.</u>	<u>8,178.</u>	<u>0.</u>

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Form 990                      Part VIII - Relationship of Activities to                      Statement 14  
   Accomplishment of Exempt Purposes

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

Schedule A	Other Income			Statement 15
Description	2001 Amount	2000 Amount	1999 Amount	1998 Amount
SPECIAL EVENTS/ OTHER	258,642.	296,745.	391,729.	486,556.
Total to Schedule A, line 22	258,642.	296,745.	391,729.	486,556.

TRIANGLE, INC.  
FIXED ASSETS AND DEPRECIATION  
JUNE 30, 2003

	<u>COST</u>	<u>2003 DEPRECIATION</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>NET BOOK VALUE</u>
Land	\$1,187,700	\$ -	\$ -	\$1,187,700
Building and Improvement:				
Pearl Street	4,815,996	132,587	1,805,579	3,010,417
Lawrence Street	519,480	14,026	229,816	289,664
Bates Street	176,372	4,704	11,532	164,840
Furniture and Fixtures:				
Pearl Street	111,081	15,761	43,708	67,373
Lawrence Street	38,530	6,595	7,486	31,044
Bates Street	30,760	8,152	13,689	17,071
Machinery & Equipment	280,563	41,869	83,391	197,172
Computer Equipment	<u>127,853</u>	<u>25,775</u>	<u>86,534</u>	<u>41,319</u>
<b>TOTAL</b>	<b><u>\$7,288,335</u></b>	<b><u>\$249,469</u></b>	<b><u>\$2,281,735</u></b>	<b><u>\$5,006,600</u></b>

TRIANGLE, INC.  
RELATED PARTY TRANSACTIONS  
JUNE 30, 2003

Included in the return for the year ended June 30, 2003 are the following amounts from a company in which the president and senior vice president of merchandising are members of the Board of Directors:

Accounts Receivable	\$ 9,216	
Contributions Revenue	<del>15,000</del> 57,000.00	<i>AAH</i>
Products Enterprise Income	985,422	

The Organization entered into a \$100,000 non-interest bearing note payable with a member of the Board of Directors. The note was paid full in December 2002.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: TRIANGLE, INC., 420 PEARL STREET, MALDEN, MA 02148

Check type of return to be filed (file a separate application for each return):

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)...

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year or
tax year beginning JUL 1, 2002, and ending JUN 30, 2003

2 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 11/20/03
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization TRIANGLE, INC.	Employer identification number 04-2486905
	Number, street, and room or suite no. If a P.O. box, see instructions 420 PEARL STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions MALDEN, MA 02148	

**Check type of return to be filed** (File a separate application for each return).

Form 990     Form 990-EZ     Form 990-T (sec 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870

Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2004.

5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 2002 and ending JUNE 30, 2003

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension INCOMPLETE RECORDS HAVE DELAYED FILING OF COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature John D. Oterino Title Certified Public Accountant Date 2/14/04

**Notice to Applicant — To Be Completed by the IRS**

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name DI PESA & COMPANY, CPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1250 HANCOCK STREET, SUITE 203 NORTH
	City or town, province or state, and country (including postal or ZIP code) QUINCY, MA 02169