

Return of Organization Exempt From Income Tax

2003

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 2003 calendar year, or tax year beginning JUL 1, 2003 **and ending** JUN 30, 2004

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	C Name of organization TRIANGLE, INC. Number and street (or P O box if mail is not delivered to street address) Room/suite 420 PEARL STREET City or town, state or country, and ZIP + 4 MALDEN, MA 02148		D Employer identification number 04-2486905
		E Telephone number (617) 322-0400		F 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).

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 Group Exemption Number

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

G Website: TRIANGLE-INC.ORG

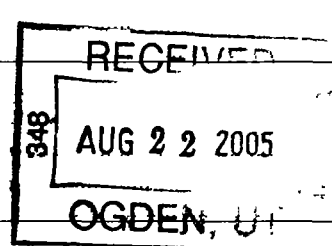
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **8,280,645.**

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	340,039.	
		b	Indirect public support	1b	91,378.	
		c	Government contributions (grants)	1c	185,252.	
		d	Total (add lines 1a through 1c) (cash \$ 550,309. noncash \$ 66,360.)	1d	616,669.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,421,117.	
		3	Membership dues and assessments	3		
		4	Interest on savings and temporary cash investments	4	1,893.	
		5	Dividends and interest from securities	5		
		6 a	Gross rents See Statement 1	6a	311,379.	
		b	Less rental expenses See Statement 2	6b	313,786.	
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	<2,407.>	
	7	Other investment income (describe)	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			8a	36,000.		
	b	Less cost or other basis and sales expenses	8b	20,683.		
	c	Gain or (loss) (attach schedule)	8c	15,317.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 3	8d	15,317.		
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 164,811. of contributions reported on line 1a)	9a	260,848.		
	b	Less direct expenses other than fundraising expenses	9b	79,225.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) See Statement 4	9c	181,623.		
	10 a	Gross sales of inventory, less returns and allowances	10a	2,622,818.		
	b	Less cost of goods sold Statement 6	10b	2,715,361.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Stmt 5	10c	<92,543.>		
	11	Other revenue (from Part VII, line 103)	11	9,921.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,151,590.		
Expenses	13	Program services (from line 44, column (B))	13	3,868,165.		
	14	Management and general (from line 44, column (C))	14	913,301.		
	15	Fundraising (from line 44, column (D))	15	288,839.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	5,070,305.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	81,285.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	915,336.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	996,621.		



SCANNED SEP 21 2005

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] 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

Table with 2 columns: Description of program service, Program Service Expenses. Rows include: a VOCATIONAL REHABILITATION- TO PROVIDE VOCATIONAL EVALUATION AND VOCATIONAL EXPERIANCE FOR DISABLED INDIVIDUALS (PROVIDES APPROXIMATELY 56,885 UNITS OF SERVICE), b RESIDENTIAL- COMMUNITY- BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS (SERVICE FOR APPROXIMATELY 41 CLIENTS), e Other program services, f Total of Program Service Expenses (should equal line 44, column (B), Program services) 3,868,165.

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 1.
	46 Savings and temporary cash investments	110,173.	46 414,667.
	47 a Accounts receivable	47a 489,018.	
	b Less allowance for doubtful accounts	47b 14,751.	47c 474,267.
	48 a Pledges receivable	48a 11,261.	
	b Less allowance for doubtful accounts	48b	48c 11,261.
	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	267,785.	52 203,342.
	53 Prepaid expenses and deferred charges	86,803.	53 59,062.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a 7,302,004.	
	b Less accumulated depreciation	55b 2,452,591.	55c 4,849,413.
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 8)	193,996.	58 193,374.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,157,018.	59 6,205,387.	
Liabilities	60 Accounts payable and accrued expenses	791,598.	60 574,258.
	61 Grants payable		61
	62 Deferred revenue	2,063.	62 66,651.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	3,990,160.	64b 4,093,874.
	65 Other liabilities (describe <input type="checkbox"/> See Statement 9)	457,861.	65 473,983.
66 Total liabilities (add lines 60 through 65)	5,241,682.	66 5,208,766.	
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	915,336.	67 940,016.
	68 Temporarily restricted		68 56,605.
	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)	915,336.	73 996,621.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,157,018.	74 6,205,387.

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 VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2003
91 The books are in care of Telephone no

Located at 420 PEARL ST. MALDEN MA. ZIP + 4 02148

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: 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					1,903,879.
b RESIDENTIAL					2,517,238.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					1,893.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	<2,407.>			
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			01	15,317.	
101 Net income or (loss) from special events					181,623.
102 Gross profit or (loss) from sales of inventory			01	<92,543.>	
103 Other revenue					
a MISC					9,921.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<2,407.>		<77,226.>	4,614,554.
105 Total (add line 104, columns (B), (D), and (E))					4,534,921.

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 34 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 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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).

Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date: 8.1.05
 Type or print name and title: MICHAEL A. RODRIGUES, CEO
 Date: 7/11/05
 Check if self-employed:
 Preparer's SSN or PTIN: P00052643

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-(See separate instructions.)

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

OMB No 1545-0047

2003

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	112,149.	9,595.	
JEAN GOLDSBERRY ----- 48 CEDAR LANE DEDHAM MA 01921	DIR of PROG. 40	101,192.	3,874.	
ANDREW FORTI ----- 30 SHEFFIELD RD BOXFORD MA.01921	DIR. of OPER. 40	75,950.	4,769.	
CAROLYN ROSEN ----- 25 BUSSELL RD MEDFORD MA.02155	CFO 40	95,084.	3,370.	
ANNIE MIDDLETON ----- 306 CENTER ST. GROVELAND MA. 01834	HUMAN RES.DIR 40	68,069.	4,256.	
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
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 ► \$ _____ \$ _____ (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
2 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.)		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	341,382.	344,860.	321,573.	375,722.	1,383,537.
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	5,476,052.	5,100,735.	4,538,248.	4,920,547.	20,035,582.
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	297,060.	291,243.	246,402.	229,327.	1,064,032.
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.	354,172.	258,642.	See Statement 14	391,729.	1,301,288.
23 Total of lines 15 through 22	6,468,666.	5,995,480.	5,402,968.	5,917,325.	23,784,439.
24 Line 23 minus line 17	992,614.	894,745.	864,720.	996,778.	3,748,857.
25 Enter 1% of line 23	64,687.	59,955.	54,030.	59,173.	
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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: (2002) 0. (2001) 0. (2000) 0. (1999) 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines 15 1,383,537. 16 _____ 17 20,035,582. 20 _____ 21 _____					27c 21,419,119.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 21,419,119.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 23,784,439.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 90.0552%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 4.4736%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

None

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)		

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		

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													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount Enter the amount from the following table - <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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		
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)														
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38														

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) 2003	(b) 2002	(c) 2001	(d) 2000	
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) (See page 12 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.

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

Description	Date Acquired	Date Sold	Method Acquired		
WOODWORKING EQUIPMENT	10/01/87	01/30/04	PURCHASED		
	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Deprec</u>	<u>Net Gain or (Loss)</u>
FINE CUSTOM CABINETS	35,000.	94,489.	0.	78,741.	19,252.
Description	Date Acquired	Date Sold	Method Acquired		
1986 SCANTI TRUCK	08/21/01	02/06/04	DONATED		
	<u>Gross Sales Price</u>	<u>Cost or Other Basis</u>	<u>Expense of Sale</u>	<u>Deprec</u>	<u>Net Gain or (Loss)</u>
DILNEI TEIXEIRA	1,000.	17,768.	0.	12,833.	<3,935.>
To Fm 990, Part I, ln 8	<u>36,000.</u>	<u>112,257.</u>	<u>0.</u>	<u>91,574.</u>	<u>15,317.</u>

Form 990 Special Events and Activities Statement 4

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
FUNDRAISING DINNER	363,856.	144,811.	219,045.	59,764.	159,281.
GOLF TOURNAMENT	56,810.	20,000.	36,810.	18,167.	18,643.
DUSK TO DAWN FIELD DAY	4,993.		4,993.	1,294.	3,699.
To Fm 990, Part I, line 9	<u>425,659.</u>	<u>164,811.</u>	<u>260,848.</u>	<u>79,225.</u>	<u>181,623.</u>

Form 990 Cost of Goods Sold - Other Costs Statement 6

Description	Amount
SUBCONTRACTORS	15,962.
EQUIPMENT EXPENSE	29,441.
DEPRECIATION	25,519.
MAINTENANCE	14,305.
INSURANCE	17,962.
OTHER	69,452.
Total included on Form 990, Part I, line 10b	172,641.

Form 990 Other Expenses Statement 7

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CLIENT ACTIVITIES	0.			
PROGRAM SUPPORT	0.			
SUBCONTRACTORS	1,688.		1,688.	
FOOD AND KITCHEN	96,886.	96,886.		
INSURANCE	62,150.	36,751.	24,802.	597.
IN KIND EXPENSE	0.			
DUES AND				
SUBSCRIPTIONS	8,367.	8,367.		
PUBLIC RELATIONS	0.			
BANK CHARGES	1,989.	1,989.		
ADVERTISING	0.			
COMPUTER	0.			
STAFF TRAINING	10,440.	9,331.	1,109.	
PAYROLL PROCESSING	1,374.	1,374.		
RECRUITING	4,647.	4,647.		
VEHICLE EXPENSE	82,812.	82,812.		
PRODUCT SERVICE	16,034.	16,034.		
COMPUTER PROGRAM				
FEEES ETC	10,655.	10,655.		
FACILITY EQUIPMENT				
EXPENSE	195,508.	187,698.	7,810.	
CONSULTANT DIRECT				
CARE	10,670.	10,670.		
OTHER FEES	198,182.	9,811.	74,800.	113,571.
ADMINISTRATION COSTS	19,485.	17,684.	1,801.	
DEPRECIATION	17,966.	17,966.		
	546.		546.	
	39,394.			39,394.
Total to Fm 990, ln 43	778,793.	512,675.	112,556.	153,562.

Form 990	Other Assets	Statement	8
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<u>Description</u>	<u>Amount</u>
RESTRICTED CASH RESERVES FOR REPLACEMENT	105,728.
DEFERRED FINANCING COSTS	87,646.
<hr/>	
Total to Form 990, Part IV, line 58, Column B	193,374.

Form 990	Other Liabilities	Statement	9
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<u>Description</u>	<u>Amount</u>
TENANT SECURITY DEPOSITS	36,969.
ACCURED COMPENSATION AND PAYROLL TAX	405,960.
CAPITAL LEASES	31,054.
<hr/>	
Total to Form 990, Part IV, line 65, Column B	473,983.

Form 990	Other Revenue Included on Form 990	Statement	10
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<u>Description</u>	<u>Amount</u>
COSTS OF GOODS SOLD	<2,715,361.>
FUNDRAISING EXPENSE	<79,225.>
RENTAL EXPENSE	<313,786.>
COST OF SALE	<20,683.>
<hr/>	
Total to Form 990, Part IV-A	<3,129,055.>

Form 990	Other Expenses Included on Form 990	Statement	11
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<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	<313,786.>
COST OF GOODS SOLD	<2,715,361.>
FUNDRAISING EXPENSE	<79,225.>
COST OF SALES	<20,683.>
<hr/>	
Total to Form 990, Part IV-B	<3,129,055.>

Form 990

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

Statement 12

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan	Expense Contrib	Account
JAMES SALZANO 156 OAK STREET NEWTON MA. 02164	PRESIDENT 3	0.	0.	0.	0.
DR. PHILIP CONTI 34 UPLAND RD. MELROSE MA. 02176	VICE PRESIDENT 3	0.	0.	0.	0.
ERIC EISENBERG 28 SKYVIEW RD. LEXINGTON MA. 02420	TREASURER 3	0.	0.	0.	0.
THOMAS ANALETTO 2500 MYSTIC VALLEY PKWY MEDFORD MA. 02155	CLERK 3	0.	0.	0.	0.
MOLLY BALDWIN 9 CREST AVENUE CHELSEA MA. 02150	DIRECTOR 3	0.	0.	0.	0.
STANLEY BLACK 20 LINCOLN HOUSE AVE. SWAMPSCOTT MA. 01907	DIRECTOR 3	0.	0.	0.	0.
PAUL DONATO 48 MAURICE ST. MEDFORD MA. 02155	DIRECTOR 3	0.	0.	0.	0.
JUDGE JOHN P. DONNELLY 3 VALLEY STREET MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.	0.
CLAIRE CROKEN 182 HAWTHORNE ST. MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.	0.
CARMELLA GREGORIE 79 WAITE ST. EXTENSION #62 MALDEN MA. 02148	DIRECTOR 3	0.	0.	0.	0.
ELIZABETH JONES C/O EVERETT CO-OP BANK 419 BROADWAY EVERETT MA. 02149	DIRECTOR 3	0.	0.	0.	0.

HERB LANDSMAN C/O THE MARMAXX GROUP 770 COCHITUATE RD. FRAMINGHAM MA. 01701	VICE PRESIDENT 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.
MICHAEL RODRIGUES 3 TILLOTSON RD HOPEDALE MA. 01747	CEO 40	169,289.	9,487.	0.
Totals Included on Form 990, Part V		<u>169,289.</u>	<u>9,487.</u>	<u>0.</u>

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

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 14
Description	2002 Amount	2001 Amount	2000 Amount	1999 Amount
SPECIAL EVENTS/ OTHER	354,172.	258,642.	296,745.	391,729.
Total to Schedule A, line 22	354,172.	258,642.	296,745.	391,729.

Related Party Transactions

For the year ended June 30, 2004 are the following amounts from a company in which the senior vice president of merchandising is a member of the Board of Directors:

Accounts Receivable – product purchases	\$ 10,371
Contributions Revenue	15,000
Products Enterprise Income	1,735,677

For the year ended June 30, 2004 are the following amounts from a company in which the president is a member of the Board of Directors.

Accounts Receivable – product purchases	\$ 38,016
Deferred Revenue	49,440
Contributions Revenue	44,290
Products Enterprise Income	102,952

The Organization entered into a new line-of-credit agreement with a bank during the year ended June 30, 2004. As part of the agreement the Organization obtained five guarantors of the debt with each guaranteeing up to \$100,000. Two of the five guarantors are members of the Organization's board of directors.

TRIANGLE, INC.

SUPPORTING SCHEDULE
COMPENSATION DISCLOSURE

June 30, 3004

CEO – a portion of Michael Rodrigues' salary was charged to Property Rental a Non-State funded program.

Michael Rodrigues	\$135,289
Amount directly reported in non-state funded program	<u>33,858</u>
Total Salary	\$169,289

TRIANGLE, INC.
FIXED ASSETS AND DEPRECIATION
JUNE 30, 2004

	<u>AMOUNT</u>	<u>PRIOR YEAR ACCUMULATED DEPRECIATION</u>	<u>CURRENT YEAR</u>	<u>YEAR TO DATE CLOSING ACCUMULATED DEPRECIATION</u>	<u>NET VALUE</u>
Land	\$1,187,699.00	\$ -	\$ -	\$ -	\$1,187,699.00
Building	158,415.89	(9,900.97)	(3,960.40)	(13,861.37)	144,554.52
Building Improvements	5,331,525.81	(2,036,890.07)	(69,090.67)	(2,105,980.74)	3,225,545.07
Leasehold Improvements	8,922.01	(197.48)	(740.10)	(937.74)	7,984.43
Machinery & Equipment	254,865.78	(77,679.19)	(27,710.72)	(105,389.91)	149,475.87
Cafeteria Equipment	21,926.43	(5,651.32)	(2,467.54)	(8,118.86)	13,807.57
Furniture & Fixtures	213,401.86	(65,316.44)	(43,454.70)	(108,771.14)	104,630.72
Computer Equipment	125,248.98	(86,099.52)	(23,432.12)	(109,531.64)	15,717.34
TOTAL	<u>\$7,302,005.76</u>	<u>\$(2,281,734.99)</u>	<u>\$(170,856.25)</u>	<u>\$(2,452,591.24)</u>	<u>\$4,849,414.52</u>

REC'D MAR 14 2005

- 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.

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-BL
- Form 990-EZ
- Form 990-PF
- 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

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

- The books are in the care of **MICHAEL RODRIQUES**
Telephone No. _____ FAX No. _____
- 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, 2005
- 5 For calendar year 2004, or other tax year beginning JULY 2003, and ending JUNE 30, 2004
- 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.

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. \$ 0.00

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 [Signature] Title Certified Public Accountant Date 2/15/05

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 extended 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.

or Print	Name TRIANGLE, INC.
	Number and street (include suite, room, or apt. no.) or a P.O. box number C/O DI PESA & COMPANY, 1250 HANCOCK STREET
	City or town, province or state, and country (including postal or ZIP code) QUINCY, MA 02169

EXTENSION APPROVED
MAR 08 2005

(2004)

POSTMARK DATE
ENVELOPE
NOV 08 2004

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your 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	
	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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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) _____. 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2005** 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, 2003**, and ending **JUN 30, 2004**

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 ▶  Title ▶ **MANAGER** Date ▶ **11/16/04**

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

EXTENSION APPROVED

NOV 22 2004

FIELD DIRECTOR, 695
SUBMISSION PROCESSING, OGDEN

RECEIVED

NOV 16 2004

OGDEN, UT

RSOSC