

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2004**

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 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<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 <b>04-2486905</b>	
		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 <b>(617) 322-0400</b>	
		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)

**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

**G** Website: **WWW.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

**I** Group Exemption Number: \_\_\_\_\_

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **9,068,508.**

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

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

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received:									
a Direct public support		292,044.		76,899.					
b Indirect public support									
c Government contributions (grants)									
d Total (add lines 1a through 1c) (cash \$ 257,725. noncash \$ 111,218.)								368,943.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								5,545,797.	
<b>3</b> Membership dues and assessments									
<b>4</b> Interest on savings and temporary cash investments								1,333.	
<b>5</b> Dividends and interest from securities									
<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>		353,905.							
b Less: rental expenses <b>SEE STATEMENT 2</b>		359,190.							
c Net rental income or (loss) (subtract line 6b from line 6a)								<5,285.>	
<b>7</b> Other investment income (describe _____)									
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
b Less: cost or other basis and sales expenses		26,195.		26,025.					
c Gain or (loss) (attach schedule)		170.							
d Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 3</b>								170.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
a Gross revenue (not including \$ 0. of contributions reported on line 1a)		408,837.		94,832.					
b Less: direct expenses other than fundraising expenses									
c Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 4</b>								314,005.	
<b>10 a</b> Gross sales of inventory, less returns and allowances		2,347,314.		2,050,564.					
b Less: cost of goods sold									
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <b>STMT 5</b>								296,750.	
<b>11</b> Other revenue (from Part VII, line 103)								16,184.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								6,537,897.	
<b>13</b> Program services (from line 44, column (B))								5,406,520.	
<b>14</b> Management and general (from line 44, column (C))								917,384.	
<b>15</b> Fundraising (from line 44, column (D))								204,789.	
<b>16</b> Payments to affiliates (attach schedule)									
<b>17</b> Total expenses (add lines 16 and 44, column (A))								6,528,693.	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								9,204.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								996,621.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								0.	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								1,005,825.	

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**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	473,304.	0.	473,304.
26	Other salaries and wages	26	3,521,366.	3,392,194.	21,759.
27	Pension plan contributions	27	6,790.	5,044.	1,687.
28	Other employee benefits	28	392,580.	348,526.	36,092.
29	Payroll taxes	29	368,562.	321,105.	36,580.
30	Professional fundraising fees	30			
31	Accounting fees	31	29,700.	2,500.	27,200.
32	Legal fees	32	5,908.		5,908.
33	Supplies	33	70,651.	33,882.	33,200.
34	Telephone	34	30,506.	26,344.	3,857.
35	Postage and shipping	35	10,380.	132.	6,656.
36	Occupancy	36	619,347.	564,734.	54,164.
37	Equipment rental and maintenance	37	27,575.	12,147.	14,553.
38	Printing and publications	38	8,219.	2,843.	3,325.
39	Travel	39	258,303.	253,501.	4,474.
40	Conferences, conventions, and meetings	40	12,825.	6,220.	2,598.
41	Interest	41	163,261.	42,903.	120,358.
42	Depreciation, depletion, etc. (attach schedule)	42	269,749.	234,534.	34,204.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 6	43e	259,667.	159,911.	37,465.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,528,693.	5,406,520.	917,384.

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? <b>SEE STATEMENT 7</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<b>RESIDENTIAL - TO PROVIDE COMMUNITY BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS. PROVIDED 49 CLIENTS WITH 16,016 DAYS OF SERVICES.</b> (Grants and allocations \$ _____)	2,987,033.
b	<b>VOCATIONAL SERVICES - TO PROVIDE VOCATIONAL EVALUATION AND VOCATIONAL EXPERIENCE FOR DISABLED INDIVIDUALS. PROVIDED 251 CLIENTS WITH 4,411 DAYS OF SERVICES.</b> (Grants and allocations \$ _____)	582,488.
c	<b>EXTENDED EMPLOYMENT - TO PROVIDE EMPLOYMENT TO DISABLED INDIVIDUALS IN THE FORM OF SUBCONTRACTED PRODUCTION BASED SERVICES. PROVIDED 79 CLIENTS WITH 20,468 DAYS OF SERVICES.</b> (Grants and allocations \$ _____)	504,187.
d	<b>PRODUCT ENTERPRISE - TO PROVIDE EMPLOYMENT TO DISABLED INDIVIDUALS THROUGH A SHELTERED WORKSHOP SETTING. WORK WAS PROVIDED TO 200 CLIENTS ANNUALLY.</b> (Grants and allocations \$ _____)	454,923.
e	Other program services (attach schedule) <b>STATEMENT 8</b> (Grants and allocations \$ _____)	877,889.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>5,406,520.</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	1.	45	351,303.
	46 Savings and temporary cash investments	414,667.	46	3,568.
	47 a Accounts receivable	47a 675,065.		
	b Less: allowance for doubtful accounts	47b 10,962.	47c	664,103.
	48 a Pledges receivable	48a 35,929.		
	b Less: allowance for doubtful accounts	48b	48c	35,929.
	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		52	301,559.
	53 Prepaid expenses and deferred charges		53	95,292.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	4,849,413.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 7,466,249.			
b Less: accumulated depreciation STMT 9	57b 2,703,245.	57c	4,763,004.	
58 Other assets (describe <input type="checkbox"/> DEFERRED FINANCING COSTS )		58	193,374. 61,275.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		59	6,205,387. 6,276,033.	
Liabilities	60 Accounts payable and accrued expenses		60	574,258. 1,242,551.
	61 Grants payable		61	
	62 Deferred revenue		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 STMT 10 STMT 11		64b	4,093,874. 3,982,250.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 12 )		65	473,983. 45,407.
66 <b>Total liabilities</b> (add lines 60 through 65)		66	5,208,766. 5,270,208.	
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		67	940,016. 998,659.
	68 Temporarily restricted		68	56,605. 7,166.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73	996,621. 1,005,825.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		74	6,205,387. 6,276,033.

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 33 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>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a RENT SUBSIDY					200,628.
b CLIENT RENTAL INCOME					297,133.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					5,048,036.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,333.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	<5,285.>			
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			18	170.	
101 Net income or (loss) from special events			01	314,005.	
102 Gross profit or (loss) from sales of inventory			01	296,750.	
103 Other revenue:					
a MISCELLANEOUS INCOME					16,184.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<5,285.>		612,258.	5,561,981.
105 Total (add line 104, columns (B), (D), and (E))					6,168,954.

**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).
93A	INCOME RECEIVED FROM SUBSIDIES FOR PROVIDING RESIDENTIAL SERVICES TO INDIVIDUAL WITH MENTAL OR PHYSICAL DISABILITIES.
93G	INCOME FROM STATE AND FEDERAL CONTRACTS ARE THE PRIMARY FUNDING FOR TRIANGLE'S PROGRAMS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

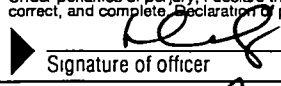
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


**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)

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.

Please Sign Here:  Date: 5.12.06 Type or print name and title: MICHAEL A. RANIGORS, CFO

Preparer's signature:  Date: 5/14/06 Check if self-employed:  Preparer's SSN or PTIN: P00030126

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC., 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320, BURLINGTON, MA 01803-3485

EIN: Phone no.: (781) 685-3500

**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

**2004**

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
<u>ANDREW FORTI</u> C/O TRIANGLE, INC., 420 PEARL ST., MALDEN, MA 02148	DIR OF OPERAT 40	77,035.	5,169.	0.
<u>ANNIE MIDDLETON</u> C/O TRIANGLE, INC., 420 PEARL ST., MALDEN, MA 02148	DIR OF HR 40	70,104.	5,107.	0.
<u>NICOLENE M. HENGEN</u> C/O TRIANGLE, INC., 420 PEARL ST., MALDEN, MA 02148	DIR OF DVLP 40	69,496.	4,768.	0.
<u>JENNIFER J. KILEEN</u> C/O TRIANGLE, INC., 420 PEARL ST., MALDEN, MA 02148	DIR, RESI SVS 40	61,926.	4,961.	0.
Total number of other employees paid over \$50,000 ▶ 0				

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

(See 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
<u>NONE</u>		
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 <b>\$ _____ \$ _____</b> (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 ) <b>SEE STATEMENT 16</b>		
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)? <b>SEE PART V, FORM 990</b>	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 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	616,669.	341,382.	344,860.	321,573.	1,624,484.
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	7,310,916.	5,476,052.	5,100,735.	4,538,248.	22,425,951.
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	313,272.	297,060.	291,243.	246,402.	1,147,977.
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	9,921.	354,172.	258,642.	296,745.	919,480.
23 Total of lines 15 through 22	8,250,778.	6,468,666.	5,995,480.	5,402,968.	26,117,892.
24 Line 23 minus line 17	939,862.	992,614.	894,745.	864,720.	3,691,941.
25 Enter 1% of line 23	82,508.	64,687.	59,955.	54,030.	

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 2000 through 2003 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: (2003) 0. (2002) 0. (2001) 0. (2000) 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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.		
c Add: Amounts from column (e) for lines: 15 1,624,484. 16 _____ 17 22,425,951. 20 _____ 21 _____	27c	24,050,435.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	24,050,435.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	26,117,892.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	92.0841%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	4.3954%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></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>	<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	41	
<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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
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 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:

- 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 )

Yes	No	Amount
		0.

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



2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	VARIESL				1187699.			1187699.			0.
2	BUILDINGS AND IMPROVEMENTS	VARIESL		.000	16	5550355.			5550355.	2119842.		152,759.
3	EQUIPMENT	VARIESL		.000	16	295,319.			295,319.	113,509.		40,953.
4	FURNITURE AND FIXTURES	VARIESL		.000	16	216,919.			216,919.	107,286.		44,342.
5	COMPUTER EQUIPMENT	VARIESL		.000	16	200,856.			200,856.	91,921.		29,565.
6	LEASEHOLD IMPROVEMENTS	VARIESL		.000	16	15,101.			15,101.	938.		2,130.
	* TOTAL 990 PAGE 2 DEPR					7466249.		0.	7466249.	2433496.	0.	269,749.



FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF STOCK	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	26,195.	26,025.	0.	0.	170.
TO FM 990, PART I, LN 8	26,195.	26,025.	0.	0.	170.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	331,782.		331,782.	60,402.	271,380.
GOLF TOURNAMENT	70,070.		70,070.	30,865.	39,205.
SAENGERFEST MEN'S CHORUS	6,985.		6,985.	3,565.	3,420.
TO FM 990, PART I, LINE 9	408,837.		408,837.	94,832.	314,005.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS . . . . .	2,347,314	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		2,347,314
4. COST OF GOODS SOLD (LINE 13) . . . . .	2,050,564	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		296,750

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	203,341	
7. MERCHANDISE PURCHASED . . . . .	2,148,782	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		2,352,123
12. INVENTORY AT END OF YEAR . . . . .	301,559	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		2,050,564

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMORTIZATION	3,366.		3,366.	
REPAIRS & MAINTENANCE	47,066.	34,619.	12,377.	70.
PROGRAM SUPPORT	272,751.	21,846.	94,764.	156,141.
SUBCONTRACTORS	44,159.	32,947.	11,212.	
FOOD AND KITCHEN	182,097.	182,097.		
OTHER PROFESSIONAL FEES	25,277.	22,813.	2,314.	150.
STAFF TRAINING	17,284.	16,209.	313.	762.
LESS DONATED SERVICES	<70,325.>	<7,200.>	<63,125.>	
LESS DEPRECIATION, PART OF COST OF GOODS SOLD	<93,562.>	<93,562.>		
LESS DEPRECIATION RELATING TO RENTAL ACTIVITY	<49,858.>	<49,858.>		
LESS ADDITIONAL RENTAL EXPENSES	<23,756.>		<23,756.>	
LESS DIRECT FUNDRAISING EXPENSES ON LINE 9B	<94,832.>			<94,832.>
TOTAL TO FM 990, LN 43	259,667.	159,911.	37,465.	62,291.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

TO ASSISTS PEOPLE WITH MENTAL AND PHYSICAL DISABILITIES IN GAINING GREATER INDEPENDENCE, DIGNITY AND ECONOMIC SELF -SUFFICIENCY, BY PROVIDING HIGHLY INDIVIDUALIZED EMPLOYMENT, SOCIAL DEVELOPMENT, HEALTH CARE, AND RESIDENTIAL SERVICES.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
EMPLOYMENT SUPPORT		420,021.
ADULT DAY HEALTH		382,276.
DAY HABILITATION		71,310.
PERSONAL SAFETY TRAINING		4,282.
TOTAL TO FORM 990, PART III, LINE E		877,889.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,187,699.	0.	1,187,699.
BUILDINGS AND IMPROVEMENTS	5,550,355.	2,272,601.	3,277,754.
EQUIPMENT	295,319.	154,462.	140,857.
FURNITURE AND FIXTURES	216,919.	151,628.	65,291.
COMPUTER EQUIPMENT	200,856.	121,486.	79,370.
LEASEHOLD IMPROVEMENTS	15,101.	3,068.	12,033.
TOTAL TO FORM 990, PART IV, LN 57	7,466,249.	2,703,245.	4,763,004.

FORM 990 MORTGAGES PAYABLE STATEMENT 10

DESCRIPTION	BALANCE DUE
CITIZENS BANK	2,826,667.
CITIZENS BANK	282,611.
US DEPT OF HOUSING AND URBAN DEVELOPMENT	305,716.
CCO MORTGAGE COMPANY	217,256.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	3,632,250.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT  
 EASTERN BANK DUE ON DEMAND

DATE OF MATURITY ORIGINAL INTEREST  
 NOTE DATE LOAN AMOUNT RATE  
 05/05/04 VARIOUS 500,000. 6.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 ALL BUSINESS ASSETS LINE OF CREDIT

RELATIONSHIP OF LENDER  
 UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	350,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		350,000.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	AMOUNT
TENANT SECURITY DEPOSITS	36,673.
CAPITAL LEASES	8,734.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	45,407.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
RENTAL EXPENSES	359,190.
COST OF GOODS SOLD	2,050,564.
DIRECT FUNDRAISING EXPENSES	94,832.
TOTAL TO FORM 990, PART IV-B	2,504,586.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
RENTAL EXPENSES	<359,190.>
COST OF GOODS SOLD	<2,050,564.>
DIRECT FUNDRAISING EXPENSES	<94,832.>
TOTAL TO FORM 990, PART IV-A	<2,504,586.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HERB LANDSMAN C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	PRESIDENT 3	0.	0.	0.
DR. PHILIP CONTI C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	VICE PRESIDENT 3	0.	0.	0.
ERIN EISENBERG C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	TREASURER 3	0.	0.	0.
THOMAS ANALETTO C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	CLERK 3	0.	0.	0.
MOLLY BADLWIN C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
STANLEY BLACK C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
CLAIRE CROCKEN C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.

TRIANGLE, INC.

04-2486905

SUSAN. DOOLEY C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
PAUL DONATO C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
JUDGE JOHN P. DONNELLY C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
THOMAS GLEICH C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
CARMELLA GREGORIE C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
CARA HESSE C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
ELIZABETH P JONES C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
LEILA G. NOVELETSKY C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
JOHN M. PEREIRA C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
RALPH RIVKIND C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
JAMES SALZANO C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
PAUL SULLIVAN C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.
SREEDHAR VEGESNA C/O TRIANGLE, INC. 420 PEARL ST., MALDEN, MA 02148	DIRECTOR 3	0.	0.	0.



SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
SPECIAL EVENTS/OTHER	9,921.	354,172.	258,642.	296,745.
TOTAL TO SCHEDULE A, LINE 22	9,921.	354,172.	258,642.	296,745.

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

▶ 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)
- 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)

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

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

**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 |

- The books are in the care of ▶ \_\_\_\_\_  
 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 will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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, 2004**, and ending **JUN 30, 2005**.

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**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- 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.**

FEB 14 2006  
File by the extended due date for filing the return. See instructions

Type or print.	Name of Exempt Organization	Employer identification number
	<b>TRIANGLE, INC.</b>	<b>04-2486905</b>
	Number street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	<b>420 PEARL STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>MALDEN, MA 02148</b>	

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.**

- The books are in the care of \_\_\_\_\_  
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, 2006**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**
- 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  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE 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 \$ **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 *Joseph M. Rio* Title **MANAGER** Date **2/10/06**

**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

Type or print.	Name
	<b>RSM MCGLADREY, INC.</b>
	Number and street (include suite, room, or apt no.) or a P.O. box number
	<b>7 NEW ENGLAND EXECUTIVE PARK, SUITE 320</b>
	City or town, province or state, and country (including postal or ZIP code)
	<b>BURLINGTON, MA 01803-3485</b>