

**Return of Organization Exempt From Income Tax**

**2006**

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 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**C** Name of organization: **TRIANGLE, INC.**

Number and street (or P O box if mail is not delivered to street address): **420 PEARL STREET**

Room/suite: \_\_\_\_\_

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:  Cash  Accrual

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: **N/A**

**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: **N/A**

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **11,156,181.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	497,703.		
	<b>c</b> Indirect public support (not included on line 1a)	1c	5,988.		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>482,787.</b> noncash \$ <b>20,904.</b> )	1e			503,691.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			6,077,657.
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			6,167.
	<b>5</b> Dividends and interest from securities	5			
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	6a	505,662.		
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	6b	515,845.		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			<10,183.>	
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a	1,815,607.			
	<b>b</b> Less: cost or other basis and sales expenses	8b	1,640,697.		
	<b>c</b> Gain or (loss) (attach schedule)	8c	174,910.		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			174,910.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>293,559.</b> of contributions reported on line 1b)	9a	24,325.		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	110,439.		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			<86,114.>
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a	2,218,314.			
	<b>b</b> Less: cost of goods sold	10b	1,694,709.		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			523,605.
<b>11</b> Other revenue (from Part VII, line 103)	11			4,758.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			7,194,491.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		6,050,828.	
	<b>14</b> Management and general (from line 44, column (C))	14		904,438.	
	<b>15</b> Fundraising (from line 44, column (D))	15		237,700.	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			7,192,966.
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,525.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,075,964.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 6</b>	20		225,251.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			1,302,740.

6-17 23

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	465,555.	0.	465,555.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,888,558.	3,681,229.	50,761.	156,568.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	447,379.	418,041.	17,998.	11,340.
29 Payroll taxes	322,272.	278,771.	31,033.	12,468.
30 Professional fundraising fees				
31 Accounting fees	27,140.	2,500.	24,640.	
32 Legal fees	9,451.		9,451.	
33 Supplies	91,821.	56,951.	30,281.	4,589.
34 Telephone	52,356.	44,251.	7,028.	1,077.
35 Postage and shipping	8,882.	1,115.	6,637.	1,130.
36 Occupancy	816,868.	767,129.	49,317.	422.
37 Equipment rental and maintenance	57,158.	33,631.	23,216.	311.
38 Printing and publications	4,072.	1,184.	150.	2,738.
39 Travel	336,736.	334,731.	1,693.	312.
40 Conferences, conventions, and meetings	10,364.	6,148.	3,639.	577.
41 Interest	122,625.	41,600.	81,025.	
42 Depreciation, depletion, etc (attach schedule)	140,006.	116,373.	21,600.	2,033.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 7	391,723.	267,174.	80,414.	44,135.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,192,966.	6,050,828.	904,438.	237,700.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 9</u>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
<b>a VOCATIONAL REHABILITATION AND EMPLOYMENT SUPPORTS- TO PROVIDE VOCATIONAL EVALUATION, VOCATIONAL EXPERIENCE AND JOB PLACEMENT FOR PEOPLE WITH DISABILITIES. PROVIDED 244 CLIENTS WITH 63,440 DAYS OF SERVICES.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	673,968.
<b>b RESIDENTIAL COMMUNITY BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS. PROVIDED 51 CLIENTS WITH 15,822 DAYS OF SERVICES.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,085,798.
<b>c COMMUNITY WORK SERVICES- PROVIDING EMPLOYMENT TO DISABLED INDIVIDUALS THROUGH A SHELTERED WORKSHOP SETTING. WORK WAS PROVIDED TO 200 CLIENTS ANNUALLY.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	665,019.
<b>d SEE STATEMENT 8</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	412,739.
<b>e Other program services (attach schedule) SEE STATEMENT 10</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,213,304.
<b>f Total of Program Service Expenses</b> (should equal line 44 column (B) Program services) ►	6,050,828.

**Part IV Balance Sheets** (See the instructions)

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	425,069.	415,170.
	46 Savings and temporary cash investments	154,572.	121,489.
	47 a Accounts receivable	641,230.	
	b Less allowance for doubtful accounts	13,252.	
		1,039,369.	627,978.
	48 a Pledges receivable	95,709.	
	b Less allowance for doubtful accounts		
		105,854.	95,709.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use	235,393.	341,505.
53 Prepaid expenses and deferred charges	77,164.	82,298.	
54 a Investments - publicly traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		
b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55 a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment basis	5,199,216.		
b Less accumulated depreciation STMT 11	2,301,918.		
	4,709,237.	2,897,298.	
58 Other assets, including program-related investments (describe SEE STATEMENT 12 )	102,661.	104,312.	
59 Total assets (must equal line 74) Add lines 45 through 58	6,849,319.	4,685,759.	
Liabilities	60 Accounts payable and accrued expenses	1,643,679.	1,445,524.
	61 Grants payable		
	62 Deferred revenue	19,520.	750,000.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 13 STMT 14	3,944,672.	998,337.
	65 Other liabilities (describe SEE STATEMENT 15 )	165,484.	189,158.
66 Total liabilities. Add lines 60 through 65	5,773,355.	3,383,019.	
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	944,186.	1,180,824.
	68 Temporarily restricted	131,778.	121,916.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,075,964.	1,302,740.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,849,319.	4,685,759.





Part VI Other Information (continued)		Yes	No
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?	82a	X
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)	82b	525,000.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	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? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>	89a	
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? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>	89c	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>	89d	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>MA</u>	90a	
b	Number of employees employed in the pay period that includes March 12, 2006	90b	353
91 a	The books are in care of <u>CAROLYN ROSEN, CFO</u> Telephone no. <u>(781) 322-0400</u> Located at <u>420 PEARL STREET, MALDEN, MA</u> ZIP + 4 <u>02148</u>	91a	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

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 92 N/A

**Part VII Analysis of Income-Producing Activities** (See 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 RENT SUBSIDY					204,360.
b CLIENT RENTAL INCOME					334,883.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					5,538,414.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,167.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	<10,183.>			
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	174,910.	
101 Net income or (loss) from special events			01	<86,114.>	
102 Gross profit or (loss) from sales of inventory			01	523,605.	
103 Other revenue					
a MISCELLANEOUS INCOME					4,758.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<10,183.>		618,568.	6,082,415.
105 Total (add line 104, columns (B), (D), and (E))					6,690,800.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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 21

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
FLOW ENTERPRISES, LLC - 420 PEARL STREET, MALDEN, MA 02148 - 41-2214317	100%	HUMAN SERVICE PROVIDER THAT SERVES PEOPLE WITH DIABILITIES	202,584.	280,608.

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No
	<input checked="" type="checkbox"/>	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	IMPACT, INC. 420 PEARL STREET MALDEN, MA 02148	04-3282285	SEE STATEMENT 22	41,910.
b	-----			
c	-----			
<b>Totals</b>				<b>41,910.</b>

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		<input checked="" type="checkbox"/>

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

Signature of officer: *[Signature]* Date: 5.15.08

Type or print name and title: MICHAEL A. RODRIGUES, CEO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/14/08

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

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst X): P00757336

EIN: 41-1944416

Phone no.: (781) 685-3500

**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 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

**2006**

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 2 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
<b>ANDREW FORTI</b> C/O TRIANGLE, INC., 420 PEARL STREET,	<b>DIR. OF OPERATIONS</b> 40.00	91,719.	4,121.	0.
<b>ANNIE MIDDLETON</b> C/O TRIANGLE, INC., 420 PEARL STREET,	<b>DIR. OF HR</b> 40.00	81,366.	4,121.	0.
<b>JENNIFER KILEEN</b> C/O TRIANGLE, INC., 420 PEARL STREET,	<b>ASST. DIR. OF OPER.</b> 40.00	61,673.	2,194.	0.
<b>BOB BERARD</b> C/O TRIANGLE, INC., 420 PEARL STREET,	<b>FACILITY MANAGER</b> 40.00	65,179.	4,757.	0.
<b>KIM LAPINE</b> C/O TRIANGLE, INC., 420 PEARL STREET,	<b>PROGRAM MANAGER</b> 40.00	55,315.	4,922.	0.
Total number of other employees paid over \$50,000 ▶	<b>3</b>			

**Part II-A 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
<b>RACKEMAN, SAWYER &amp; BREWSTER</b> 160 FEDERAL STREET, BOSTON, MA 02110	<b>LEGAL SERVICES</b>	66,125.
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**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	1	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?	2a	X
b	Lending of money or other extension of credit? <b>SEE STATEMENT 23</b>	2b	X
c	Furnishing of goods, services, or facilities? <b>SEE STATEMENT 24</b>	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	516,181.	344,275.	616,669.	341,382.	1,818,507.
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	7,549,390.	8,128,296.	7,310,916.	5,476,052.	28,464,654.
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	478,340.	355,238.	313,272.	297,060.	1,443,910.
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	346,946.		SEE STATEMENT 25 9,921.	354,172.	711,039.
23 Total of lines 15 through 22	8,890,857.	8,827,809.	8,250,778.	6,468,666.	32,438,110.
24 Line 23 minus line 17	1,341,467.	699,513.	939,862.	992,614.	3,973,456.
25 Enter 1% of line 23	88,909.	88,278.	82,508.	64,687.	
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 2002 through 2005 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 _____					26d N/A
22 _____ 26b _____					26e N/A
e Public support (line 26c minus line 26d total)					26f N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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:					
(2005) 0. (2004) 0. (2003) 0. (2002) 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 11b, 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:					
(2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 1,818,507. 16 _____					27c 30,283,161.
17 28,464,654. 20 _____ 21 _____					27d 0.
d Add: Line 27a total 0. and line 27b total 0.					27e 30,283,161.
e Public support (line 27c total minus line 27d total)					27g 93.3567%
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 32,438,110.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 4.4513%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred)															
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
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 13 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.



2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Code	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS	L		HY	612,451.				612,451.			0.	
2	BUILDINGS AND IMPROVEMENTS	VARIOUS	SL	.000	HY16	3,513,532.				3,513,532.	1,567,876.		56,006.	1,623,882.
3	EQUIPMENT	VARIOUS	SL	.000	HY16	211,306.				211,306.	101,939.		8,872.	110,811.
4	FURNITURE AND FIXTURES	VARIOUS	SL	.000	HY16	277,178.				277,178.	211,307.		23,987.	235,294.
5	COMPUTER EQUIPMENT	VARIOUS	SL	.000	HY16	465,060.				465,060.	208,161.		30,029.	238,190.
6	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000	HY16	16,973.				16,973.	10,858.		6,115.	16,973.
7	MOTOR VEHICLES	VARIOUS	SL	.000	HY16	102,716.				102,716.	61,771.		14,997.	76,768.
	* TOTAL 990 PAGE 2 DEPR					5,199,216.				5,199,216.	2,161,912.		140,006.	2,301,918.

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL PROPERTY AT 420 PEARL ST. MALDEN MA UNITS 2, 3 & 4	1	505,662.
TOTAL TO FORM 990, PART I, LINE 6A		505,662.

FORM 990

RENTAL EXPENSES

STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT WAGES		248,353.	
FRINGE BENEFITS		19,748.	
DEPRECIATION		24,513.	
PAYROLL TAXES		16,334.	
SUPPLIES AND MATERIALS		1,939.	
REPAIR AND MAINTENANCE		9,727.	
OCCUPANCY		65,305.	
SUPPORT		5,961.	
TRANSPORTATION		85.	
INTEREST		63,662.	
CONSULTANTS		60,218.	
- SUBTOTAL -	1		515,845.
TOTAL TO FORM 990, PART I, LINE 6B			515,845.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN ON SALE OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,815,607.	1,640,697.	0.	0.	174,910.
TO FM 990, PART I, LN 8	1,815,607.	1,640,697.	0.	0.	174,910.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL CELEBRATION	217,008.	192,683.	24,325.	75,386.	<51,061.>
GOLF TOURNAMENT	67,800.	67,800.		28,904.	<28,904.>
APPEAL/NEWSLETTER	33,076.	33,076.		6,149.	<6,149.>
TO FM 990, PART I, LINE 9	317,884.	293,559.	24,325.	110,439.	<86,114.>

FORM 990

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

STATEMENT 5

INCOME		
1. GROSS RECEIPTS . . . . .	2,218,314	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		2,218,314
<hr/>		
4. COST OF GOODS SOLD (LINE 13) . . . . .	1,694,709	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		523,605
<hr/> <hr/>		
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	235,393	
7. MERCHANDISE PURCHASED . . . . .	1,800,821	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		2,036,214
<hr/>		
12. INVENTORY AT END OF YEAR . . . . .	341,505	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		1,694,709
<hr/> <hr/>		

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FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT      6

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DESCRIPTION	AMOUNT
PRIOR YEAR ADJUSTMENT	13,187.
NET GAIN ON MERGER	212,064.
TOTAL TO FORM 990, PART I, LINE 20	225,251.

FORM 990

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	42,788.	31,292.	11,382.	114.
PAYROLL PROCESSING FEES	6,509.		6,509.	
DUES AND SUBSCRIPTIONS	5,777.	592.	3,408.	1,777.
PROGRAM SUPPORT	18,286.		14,851.	3,435.
BANK CHARGES	11,325.	2,097.	9,228.	
LATE FEES	22,845.	279.	22,566.	
MISCELLANEOUS	29,756.	14,011.	554.	15,191.
OTHER PROFESSIONAL FEES	40,623.	28,707.	11,916.	
PUBLIC RELATION	24,818.	1,200.		23,618.
FOOD	188,996.	188,996.		
TOTAL TO FM 990, LN 43	391,723.	267,174.	80,414.	44,135.

DESCRIPTION OF PROGRAM SERVICE FOUR

ADULT DAY HEALTH CARE- PROVIDES A RANGE OF HEALTHCARE AND THERAPEUTIC SERVICES TO FRAIL ELEDERS AND DISABLED ADULTS WHO ARE IN NEED OF A STRUCTURED AND SUPERVISED DAY ENVIRONMENT WHILE OUR DAY HABILITATION PROGRAM HELPS PARTICIPANTS DEVELOP INDEPENDENT LIVING SKILLS FOR THOSE WITH MILD RETARDATION COMBINED WITH OTHER SIGNIFICANT CHALLENGES SUCH AS MENTAL ILLNESS, SUBSTANCE ABUSE, TRAUMA AND NEUROLOGICAL ISSUES. ADULT DAY CARE PROVIDED 26 CLIENTS WITH 6,448 DAYS OF SERVICES, AND DAY HABILITATION PROVIDED 7 CLIENTS WITH 1,814 DAYS OF SERVICES.

TO FORM 990, PART III, LINE D

GRANTS

EXPENSES

412,739.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      9  
PART III

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EXPLANATION

EMPLOYMENT RELATED SERVICES FOR MENTALLY AND PHYSICALLY DISABLED INDIVIDUALS WITHIN EASTERN MASSACHUSETTS. TRIANGLE, INC. ASSISTS PEOPLE WITH DISABILITIES IN GAINING GREATER INDEPENDENCE, DIGNITY AND ECONOMIC SELF-SUFFICIENCY, BY PROVIDING HIGHLY INDIVIDUAL EMPLOYMENT, SOCIAL DEVELOPMENT, HEALTH CARE, AND RESIDENTIAL SERVICES.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 10

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
PRODUCTS ENTERPRISE	0.	504,734.
VISION	0.	1,082.
DAY HABILITATION	0.	282,150.
EMPLOYMENT SUPPORT	0.	176,592.
FLOW	0.	248,746.
TOTAL TO FORM 990, PART III, LINE E		<u>1,213,304.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	612,451.	0.	612,451.
BUILDINGS AND IMPROVEMENTS	3,513,532.	1,623,882.	1,889,650.
EQUIPMENT	211,306.	110,811.	100,495.
FURNITURE AND FIXTURES	277,178.	235,294.	41,884.
COMPUTER EQUIPMENT	465,060.	238,190.	226,870.
LEASEHOLD IMPROVEMENTS	16,973.	16,973.	0.
MOTOR VEHICLES	102,716.	76,768.	25,948.
TOTAL TO FORM 990, PART IV, LN 57	5,199,216.	2,301,918.	2,897,298.

FORM 990	OTHER ASSETS	STATEMENT 12
DESCRIPTION	AMOUNT	
DEFERRED FINANCING COSTS, NET DUE FROM IMPACT, INC.	6,296.	98,016.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	104,312.	



FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 14

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

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/05/04	VARIOUS	500,000.	8.25%

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.	500,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 500,000.

FORM 990

OTHER LIABILITIES

STATEMENT 15

DESCRIPTION

AMOUNT

RECOVERABLE GRANT

150,000.

TENANT SECURITY DEPOSITS

7,693.

CAPITAL LEASE OBLIGATIONS

31,465.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

189,158.

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FORM 990                      OTHER REVENUE NOT INCLUDED ON FORM 990                      STATEMENT 16

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DESCRIPTION	AMOUNT
NET GAIN ON MERGER, REPORTED ON PAGE 1, LINE 20	212,064.
TOTAL TO FORM 990, PART IV-A	212,064.

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FORM 990                      OTHER EXPENSES NOT INCLUDED ON FORM 990                      STATEMENT 17

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DESCRIPTION	AMOUNT
RENTAL EXPENSES, REPORTED ON PAGE 1, LINE 6B	515,845.
DIRECT SPECIAL FUNDRAISING EXPENSES, REPORTED ON PAGE 1, LINE 9B	110,439.
COSTS OF GOODS SOLD, REPORTED ON PAGE 1, LINE 10B	1,694,709.
TOTAL TO FORM 990, PART IV-B	<u>2,320,993.</u>

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FORM 990                      OTHER REVENUE INCLUDED ON FORM 990                      STATEMENT 18

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DESCRIPTION	AMOUNT
RENTAL EXPENSES, REPORTED ON PAGE 1, LINE 6B	<515,845.>
DIRECT SPECIAL FUNDRAISING EXPENSES, REPORTED ON PAGE 1, LINE 9B	<110,439.>
COSTS OF GOODS SOLD, REPORTED ON PAGE 1, LINE 10B	<1,694,709.>
TOTAL TO FORM 990, PART IV-A	<2,320,993.>

FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 19  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RALPH RIVKIND C/O 420 PEARL STREET MALDEN, MA 02148	PRESIDENT 3.00	0.	0.	0.
JOHN M. PEREIRA C/O 420 PEARL STREET MALDEN, MA 02148	VICE PRESIDENT 3.00	0.	0.	0.
ERIC EISENBERG C/O 420 PEARL STREET MALDEN, MA 02148	CLERK 3.00	0.	0.	0.
THOMAS ANALETTO C/O 420 PEARL STREET MALDEN, MA 02148	TREASURER 3.00	0.	0.	0.
JESSICA BLACK C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
CLAIRE CROKEN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
SUSAN DOOLEY C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 6.00	0.	0.	0.
PAUL DONATO C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
THOMAS GLEICH C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 4.00	0.	0.	0.
CARMELLA GREGORIE C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
CARA HESSE C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 4.00	0.	0.	0.

LINA KRIVA C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 4.00	0.	0.	0.
HERB LANDSMAN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
MICHAEL MEYERS C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
BOB MILLER C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 3.00	0.	0.	0.
PAUL SULLIVAN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 4.00	0.	0.	0.
MICHAEL RODRIGUES C/O 420 PEARL STREET MALDEN, MA 02148	CEO 40.00	200,002.	26,125.	0.
THOMAS MARSHALL C/O 420 PEARL STREET MALDEN, MA 02148	COO 40.00	115,502.	13,255.	0.
CAROLYN ROSEN C/O 420 PEARL STREET MALDEN, MA 02148	CFO 40.00	101,650.	9,021.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>417,154.</u>	<u>48,401.</u>	<u>0.</u>

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 20

INDIVIDUAL'S NAME

TITLE OR ROLE

RALPH RIVKIND

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

RACKEMAN, SAWYER & BREWSTER

LAW FIRM

EXPLANATION OF RELATIONSHIP

RALPH RIVKIND IS A DIRECTOR AT RACKEMAN, SAWYER & BREWSTER.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 21

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SUBSIDIES RECEIVED FOR PROVIDING RESIDENTIAL SERVICES TO INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES.
93B	RENTAL INCOME RECEIVED FROM CLIENT FOR RESIDENTIAL SERVICES.
93G	INCOME FROM STATE AND FEDERAL CONTRACTS ARE THE PRIMARY FUNDING FOR TRIANGLE'S PROGRAMS.
103A	MISCELLANEOUS INCOME RECEIVED THAT RELATES TO THE ORGANIZATION'S EXEMPT PURPOSE.

FORM 990

DESCRIPTION OF TRANSFER  
PART XI, LINE 106

STATEMENT 22

NAME OF CONTROLLED ENTITY

EMPLOYER ID

IMPACT, INC.

04-3282285

DESCRIPTION OF TRANSFER

INTERCOMPANY TRANSACTIONS

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2B

STATEMENT 23

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.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 24

A MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS WORK FOR A LEGAL FIRM (RACKEMAN, SAWYER & BREWSTER) WHICH PROVIDES LEGAL SERVICES TO TRIANGLE, INC. AT YEAR ENDED JUNE 30, 2007, LEGAL FEES INCURRED BY THE ORGANIZATION TO THIS FIRM TOTALED \$66,125.

FOR THE YEAR ENDED JUNE 30, 2007, THE FOLLOWING AMOUNTS WERE FROM A COMPANY IN WHICH THE SENIOR VICE PRESIDENT OF MERCHANDISING IS A MEMBER OF THE BOARD OF DIRECTORS: ACCOUNT RECEIVABLE - PRODUCT PURCHASES OF \$28,500 AND PRODUCT ENTERPRISE INCOME OF \$1,013,060.

FOR THE YEAR ENDED JUNE 30, 2007, IS THE FOLLOWING AMOUNTS WERE FROM A COMPANY IN WHICH THE EXECUTIVE VICE PRESIDENT IS A MEMBER OF THE BOARD OF DIRECTORS: ACCOUNT RECEIVABLES - PRODUCT PURCHASES OF \$40,500 AND CONTRIBUTION REVENUE OF \$97,700.

TRIANGLE, INC. AND IMPACT, INC. ARE RELATED THROUGH COMMON MANAGEMENT. AT YEAR ENDED JUNE 30, 2007, INTERCOMPANY RECEIVABLE FROM IMPACT, INC. TO TRIANGLE, INC. TOTALED TO \$98,016.

SCHEDULE A	OTHER INCOME			STATEMENT 25
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
SPECIAL EVENTS/OTHER	346,946.	0.	9,921.	354,172.
TOTAL TO SCHEDULE A, LINE 22	346,946.	0.	9,921.	354,172.

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**TRIANGLE, INC.**

**FORM 990 PAGE 2**

**04-2486905**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	108,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	430,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	
9	Tentative deduction Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	140,006.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	140,006.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

## 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)
- 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)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on e-file for Charities & Nonprofits

<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 ▶ **CAROLYN ROSEN, CFO**  
 Telephone No ▶ **(781) 322-0400** FAX No ▶ **(781) 322-0410**
- 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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**

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

<b>3a</b> 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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	<b>N/A</b>

**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)

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy		
Type or print	Name of Exempt Organization <b>TRIANGLE, INC.</b>	Employer identification number <b>04-2486905</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>420 PEARL STREET</b>	For IRS use only
	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 **CAROLYN ROSEN, CFO**  
 Telephone No **(781) 322-0400** FAX No **(781) 322-0410**

• 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, 2008**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

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 AN ACCURATE AND COMPLETE 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	8a	\$	
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	8b	\$	
c	<b>Balance Due.</b> 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	8c	\$	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 **[Signature]** Title **DIRECTOR** Date **2/12/07**

**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 \_\_\_\_\_

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>