Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2007** Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: TRIANGLE, INC.

Number and street (or P.O. box if mail is not delivered to street address): 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 ☐ 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 ▶ 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

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

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,468,137.

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

	Line	Description			Sub-line	Amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds			1a			
	b	Direct public support (not included on line 1a)			1b	849,888.		
	c	Indirect public support (not included on line 1a)			1c	7,707.		
	d	Government contributions (grants) (not included on line 1a)			1d			
	e	Total (add lines 1a through 1d) (cash $ 787,065. noncash $ 70,530.)					1e	857,595.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2	6,463,715.
	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	1,757.
	5	Dividends and interest from securities					5	
	6 a	Gross rents SEE STATEMENT 1			6a	79,499.		
	b	Less: rental expenses SEE STATEMENT 2			6b	90,598.		
	c	Net rental income or (loss). Subtract line 6b from line 6a					6c	<11,099.>
	7	Other investment income (describe ▶)					7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities		8a	(B) Other 238,655.		
	b	Less: cost or other basis and sales expenses			8b	156,394.		
	c	Gain or (loss) (attach schedule)			8c	82,261.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3					8d	82,261.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐						
	a	Gross revenue (not including $ 295,753. of contributions reported on line 1b)			9a			
	b	Less: direct expenses other than fundraising expenses			9b	75,719.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 4					9c	<75,719.>
	10 a	Gross sales of inventory, less returns and allowances			10a	1,820,939.		
	b	Less: cost of goods sold			10b	1,548,197.		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 5					10c	272,742.
	11	Other revenue (from Part VII, line 103)					11	5,977.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	7,597,229.
Expenses	13	Program services (from line 44, column (B))					13	6,401,527.
	14	Management and general (from line 44, column (C))					14	1,485,566.
	15	Fundraising (from line 44, column (D))					15	58,475.
	16	Payments to affiliates (attach schedule)					16	
	17	**Total expenses.** Add lines 16 and 44, column (A)					17	7,945,568.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12					18	<348,339.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	1,302,740.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6					20	<58,828.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21	895,573.

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723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions**

6-17 12

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 ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	466,314.	137,638.	328,676.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	4,418,099.	3,876,122.	512,846.	29,131.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	520,340.	429,016.	88,198.	3,126.
29 Payroll taxes	29	367,088.	302,661.	62,222.	2,205.
30 Professional fundraising fees	30				
31 Accounting fees	31	70,501.		70,501.	
32 Legal fees	32	22,034.		22,034.	
33 Supplies	33	105,805.	72,427.	30,986.	2,392.
34 Telephone	34	61,331.	49,935.	9,277.	2,119.
35 Postage and shipping	35	11,865.	2,771.	7,207.	1,887.
36 Occupancy	36	513,893.	423,700.	87,106.	3,087.
37 Equipment rental and maintenance	37	206,542.	170,292.	35,009.	1,241.
38 Printing and publications	38	1,538.	353.	84.	1,101.
39 Travel	39	200,121.	164,998.	33,921.	1,202.
40 Conferences, conventions, and meetings	40				
41 Interest	41	90,468.	48,700.	41,768.	
42 Depreciation, depletion, etc (attach schedule)	42	133,403.	109,990.	22,612.	801.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 7	43g	756,226.	612,924.	133,119.	10,183.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	7,945,568.	6,401,527.	1,485,566.	58,475.

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ▶ SEE STATEMENT 8	
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 RESIDENTIAL - TO PROVIDE COMMUNITY BASED RESIDENCES FOR MENTALLY DISABLED INDIVIDUALS. PROVIDED 49 CLIENTS WITH 16,016 DAYS OF SERVICES.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	713,030.
b VOCATIONAL SERVICES - TO PROVIDE VOCATIONAL EVALUATION AND VOCATIONAL EXPERIENCE FOR DISABLED INDIVIDUALS. PROVIDED 251 CLIENTS WITH 4,411 DAYS OF SERVICES.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	3,264,649.
c EMPLOYMENT SUPPORT - PROVIDED 37 CLIENTS WITH 9,431 DAYS OF SERVICE.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	703,562.
d 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.	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	436,661.
e Other program services (attach schedule) SEE STATEMENT 9	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,283,625.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	6,401,527.

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			415,170.	45	320,971.
46 Savings and temporary cash investments			121,489.	46	110,104.
47 a Accounts receivable	47a	686,818.			
b Less allowance for doubtful accounts	47b	15,423.	627,978.	47c	671,395.
48 a Pledges receivable	48a	151,820.			
b Less: allowance for doubtful accounts	48b		95,709.	48c	151,820.
49 Grants receivable				49	
50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			341,505.	52	257,396.
53 Prepaid expenses and deferred charges			82,298.	53	110,689.
54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment basis	57a	5,399,435.			
b Less accumulated depreciation	57b	2,483,141.	2,897,298.	57c	2,916,294.
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 10)			104,312.	58	66,736.
59 **Total assets** (must equal line 74) Add lines 45 through 58			4,685,759.	59	4,605,405.
Liabilities					
60 Accounts payable and accrued expenses			1,445,524.	60	1,353,972.
61 Grants payable				61	
62 Deferred revenue			750,000.	62	750,000.
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable STMT 11			998,337.	64b	983,057.
65 Other liabilities (describe ▶ SEE STATEMENT 12)			189,158.	65	622,803.
66 **Total liabilities.** Add lines 60 through 65			3,383,019.	66	3,709,832.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			1,180,824.	67	773,657.
68 Temporarily restricted			121,916.	68	121,916.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			1,302,740.	73	895,573.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			4,685,759.	74	4,605,405.

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a	N/A
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	N/A
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 13		431,401.	34,913.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 17			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 14	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ IMPACT, INC. and check whether it is [X] exempt or [ ] nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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 259,980.			
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?	N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	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				
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?	N/A	85g		
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?	N/A	85h		
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▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
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 ▶ 0.				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
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 ▶MA

b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 368

91 a The books are in care of ▶ CAROLYN ROSEN, CFO Telephone no.▶ (781)322-0400

Located at ▶ 420 PEARL STREET, MALDEN, MA ZIP + 4 ▶ 02148

			Yes	No
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 ▶ N/A 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? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
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)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a RENT SUBSIDY					217,635.
b CLIENT RENTAL INCOME					347,652.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					5,898,428.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,757.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	<11,099.>			
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	82,261.	
101 Net income or (loss) from special events			01	<75,719.>	
102 Gross profit or (loss) from sales of inventory			01	272,742.	
103 Other revenue					
a MISCELLANEOUS INCOME					5,977.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<11,099.>		281,041.	6,469,692.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 6,739,634.

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 15

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 - 200 TRAPELO ROAD, WALTHAM, MA 02452 - 41-2214317	100% %	HUMAN SERVICE PROVIDER THAT SERVES PEOPLE WITH DISABILITIES	11,103.	284,245.

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)*

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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).*

	Yes	No
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		X

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

	Yes	No
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	X	

	(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 16	49,658.
b				
c				
Totals				49,658.

	Yes	No
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?		X

Please Sign Here

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

▶ Signature of officer | Date 5-15-09

▶ THOMAS L MARSHALL COO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 5/15/09	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X) P00757336
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	RSM MCGLADREY, INC. 7 NEW ENGLAND EXECUTIVE PARK, SUITE320 BURLINGTON, MA 01803-3485	EIN ▶ 41-1944416	Phone no. ▶ (781) 685-3500

723184/12-27-07

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

2007

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
REBECCA BEAL C/O TRIANGLE, INC., 420 PEARL STREET,	DIRECTOR OF DEVELOP. 40.00	92,346.	5,148.	0.
ANDREW FORTI C/O TRIANGLE, INC., 420 PEARL STREET,	DIR. OF OPERATIONS 40.00	90,051.	13,679.	0.
ANNIE MIDDLETON C/O TRIANGLE, INC., 420 PEARL STREET,	DIR. OF HUMAN RES. 40.00	87,559.	5,683.	0.
LINDA SUTTER C/O TRIANGLE, INC., 420 PEARL STREET,	CHIEF PROG. OFFICER 40.00	79,757.	777.	0.
JENNIFER J. KILEEN C/O TRIANGLE, INC., 420 PEARL STREET,	ASST. DIR OF OPS 40.00	67,531.	7,758.	0.
Total number of other employees paid over $50,000 ▶	0			

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
REAGAN COMMUNICATIONS 106 UNION WHARF, BOSTON, MA 02109	PUBLIC RELATIONS	57,936.
Total number of others receiving over $50,000 for professional services ▶ 0		

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
MALDONADO CONSTRUCTION 31 GUILD ROAD, SAUGUS, MA 01906	CONSTRUCTION	154,201.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	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.			
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? SEE STATEMENT 17	2b	X	
c	Furnishing of goods, services, or facilities? SEE STATEMENT 18	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	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? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
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 8 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 8 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? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 of the instructions.)

723121
12-27-07

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	513,836.	516,181.	344,275.	616,669.	1,990,961.
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	8,731,687.	7,549,390.	8,128,296.	7,310,916.	31,720,289.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	511,829.	478,340.	355,238.	313,272.	1,658,679.
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	4,758.	346,946.	SEE STATEMENT 19	9,921.	361,625.
23 Total of lines 15 through 22	9,762,110.	8,890,857.	8,827,809.	8,250,778.	35,731,554.
24 Line 23 minus line 17	1,030,423.	1,341,467.	699,513.	939,862.	4,011,265.
25 Enter 1% of line 23	97,621.	88,909.	88,278.	82,508.	

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 2003 through 2006 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:

(2006) 0. (2005) 0. (2004) 0. (2003) 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:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add: Amounts from column (e) for lines: 15 1,990,961. 16 ______ 17 31,720,289. 20 ______ 21 ______ ▶ 27c 33,711,250.

d Add: Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 33,711,250.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 35,731,554.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 94.3459%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 4.6421%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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?	29		
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?	30		
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?	31		
	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?	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?	32d		
	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?	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?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A

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

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	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 -	41		
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		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.)

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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	79,499.
TOTAL TO FORM 990, PART I, LINE 6A		79,499.

FORM 990	RENTAL EXPENSES	STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT WAGES		30,915.	
FRINGE BENEFITS		6,039.	
OCCUPANCY		22,578.	
PAYROLL TAXES		4,372.	
UTILITIES		15,061.	
OTHER EXPENSES		11,633.	
- SUBTOTAL -	1		90,598.
TOTAL TO FORM 990, PART I, LINE 6B			90,598.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GAIN ON SALE OF FIXED ASSET	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	238,655.	156,394.	0.	0.	82,261.
TO FM 990, PART I, LN 8	238,655.	156,394.	0.	0.	82,261.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ANNUAL DINNER	231,387.	231,387.		60,198.	<60,198.>
GOLF TOURNAMENT	49,671.	49,671.		2,307.	<2,307.>
FALL APPEAL	13,650.	13,650.		11,348.	<11,348.>
CRAFT FAIR	1,045.	1,045.		1,866.	<1,866.>
TO FM 990, PART I, LINE 9	295,753.	295,753.		75,719.	<75,719.>

FORM 990 | INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 | STATEMENT 5

INCOME

1. GROSS RECEIPTS	1,820,939	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,820,939
4. COST OF GOODS SOLD (LINE 13)	1,548,197	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		272,742

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	341,505	
7. MERCHANDISE PURCHASED	1,206,692	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		1,548,197
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		1,548,197

TRIANGLE, INC. 04-2486905

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

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	<58,828.>
TOTAL TO FORM 990, PART I, LINE 20	<58,828.>

FORM 990	OTHER EXPENSES	STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM SUPPORT	108,968.	75,983.	31,856.	1,129.
FOOD AND KITCHEN	201,204.	165,891.	34,104.	1,209.
OTHER PROFESSIONAL FEES	87,132.	71,840.	14,769.	523.
STAFF TRAINING	8,230.	7,051.	179.	1,000.
BAD DEBT	18,551.		18,551.	
MISCELLANEOUS	1,488.	1,227.	252.	9.
UTILITIES	199,635.	178,584.	16,832.	4,219.
INSURANCE	83,858.	66,316.	15,481.	2,061.
CONTRACTED SERVICES	41,702.	41,532.	170.	
REAL ESTATE TAXES	5,458.	4,500.	925.	33.
TOTAL TO FM 990, LN 43	756,226.	612,924.	133,119.	10,183.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 8

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 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
PRODUCTS ENTERPRISE	0.	533,987.
ADULT DAY HEALTH	0.	1,144.
PERSONAL SAFETY	0.	298,503.
DAY HABILITATION	0.	186,827.
VISIONS	0.	263,164.
TOTAL TO FORM 990, PART III, LINE E		1,283,625.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED FINANCING COSTS, NET	6,296.	18,378.
DUE FROM IMPACT, INC.	98,016.	48,358.
TOTAL TO FORM 990, PART IV, LINE 58	104,312.	66,736.

FORM 990 MORTGAGES PAYABLE STATEMENT 11

DESCRIPTION	BALANCE DUE
US DEPT OF HOUSING AND URBAN DEVELOPMENT	277,936.
CCO MORTGAGE COMPANY	206,430.
CITIZENS BANK	498,691.
	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	983,057.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
RECOVERABLE GRANT	150,000.	150,000.
TENANT SECURITY DEPOSITS	7,693.	7,716.
CAPITAL LEASE OBLIGATIONS	31,465.	23,284.
LINE OF CREDIT		441,803.
TOTAL TO FORM 990, PART IV, LINE 65	189,158.	622,803.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HERB LANDSMAN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
RALPH RIVKIND C/O 420 PEARL STREET MALDEN, MA 02148	PRESIDENT 5.00	0.	0.	0.
ERIC EISENBERG C/O 420 PEARL STREET MALDEN, MA 02148	CLERK 5.00	0.	0.	0.
CLAIRE CROCKEN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
PAUL DONATO C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
SUSAN DOOLEY C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
THOMAS GLEICH C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	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 *
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

CARMELLA GREGORIE C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
CARA HESSE C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
LINA KRIVA C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
JOHN M. PEREIRA C/O 420 PEARL STREET MALDEN, MA 02148	VICE-PRESIDENT 5.00	0.	0.	0.
THOMAS ANALETTO C/O 420 PEARL STREET MALDEN, MA 02148	TREASURER 5.00	0.	0.	0.
PAUL SULLIVAN C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
MICHAEL RODRIGUES C/O 420 PEARL STREET MALDEN, MA 02148	CHIEF EXECUTIVE OFFICER 40.00	200,002.	13,760.	0.
THOMAS MARSHALL C/O 420 PEARL STREET MALDEN, MA 02148	CHIEF OPERATING OFFICER 40.00	122,249.	15,389.	0.
CAROLYN ROSEN C/O 420 PEARL STREET MALDEN, MA 02148	CHIEF FINANCIAL OFFICER 40.00	109,150.	5,764.	0.
JESSICA BLACK C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
MICHAEL L. MEYERS C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
BOB MILLER C/O 420 PEARL STREET MALDEN, MA 02148	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		431,401.	34,913.	0.

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 14
PART V-A, LINE 75B

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 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INCOME RECEIVED FROM SUBSIDIES FOR PROVIDING RESIDENTIAL SERVICES TO INDIVIDUAL 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 PERTAIN TO ORGANIZATION'S EXEMPT PURPOSES.

FORM 990 DESCRIPTION OF TRANSFER STATEMENT 16
PART XI, LINE 107

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 17

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 STATEMENT 18
PART III, LINE 2C

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, 2008, LEGAL FEES INCURRED BY THE ORGANIZATION TO THIS FIRM TOTALED $20,133.

FOR THE YEAR ENDED JUNE 30, 2008, THE FOLLOWING AMOUNTS WERE FROM A COMPANY IN WHICH THE SENIOR VICE PRESIDENT OF MERCHANDISING IS A MEMBER OF THE BOARD OF DIRECTORS: ACCOUNT RECEIVEABLE - PRODUCT PURCHASES OF $21,000 AND PRODUCT ENTERPRISE INCOME OF $749,671.

FOR THE YEAR ENDED JUNE 30, 2008, 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 $10,500 AND CONTRIBUTION REVENUE OF $136,705.

TRIANGLE, INC. AND IMPACT, INC. ARE RELATED THROUGH COMMON MANAGEMENT. AT YEAR ENDED JUNE 30, 2008, INTERCOMPANY RECEIVABLE FROM IMPACT, INC. TO TRIANGLE, INC. TOTALED TO $48,358.

TRIANGLE, INC. 04-2486905

SCHEDULE A	OTHER INCOME			STATEMENT 19
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
SPECIAL EVENTS/OTHER	4,758.	346,946.	0.	9,921.
TOTAL TO SCHEDULE A, LINE 22	4,758.	346,946.	0.	9,921.

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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).

A corporation 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 a corporation 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* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	TRIANGLE, INC.	04-2486905
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 420 PEARL STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MALDEN, MA 02148	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2009 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2007 , and ending JUN 30, 2008

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	3a	$
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	3b	$
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	3c	$ 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.** You must file original and one copy

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

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

[X] 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, 2009

5 For calendar year ______, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

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	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	**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	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 ▶ 2/14/09

723832
04-16-08