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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

For	cale	ndar year 200	9, or ta	ax year begin	ning			, 2009	, and endi	ng		L	, 20
G	Check	all that apply		Initial return		I	nitial return	of a former p	oublic chari	ıty			Final return
				Amended re	turn		Addre	ss change		\	lame change		
		Name of	foundat	cion							A Employer ident	tıfic	ation number
Us	se the) T N N C	TE EINE							2.5	, .	1 0 . 1
_	label therw			LE FUND					T 5 .				1591261
U	print	· [(aniibor)	and stre	et (or PO box n	umber if	mail is not de	elivered to stree	et address)	Room/sur	te	B Telephone number (see	page 10 of the instructions)
	or typ	, l	יחי או א	RKET STRE	יחיבוי				202			c	7) 060 0100
Se	e Spe	cific ———							202		C If exemption app		7) 962-0189
Ins	structi	ons. City or to	wn, sta	te, and ZIP code							pending, check h	ere	or is
		CODNITA	JC N	IY 14830							D 1 Foreign organ		
					- 504/	-)(0)		£			2. Foreign organ 85% test, chec		
H_'	\neg	type of organ									computation		▶ □
\perp		arket value of		empt charitable t			thod X C	rivate founda	tion crual		E If private founda		
				1.0		-		asn Acc	cruai			7(b)(1)(A), check here . P
	oryea 16)▶	r (from Part II,				ther (spec		n cash basis)					a 60-month termination
_	-, -	· .		and Expense		USIGNITI (G	/ made be o	Troubir busis)			under section 50	/(6)(1)(B), check here . (d) Disbursements
		total of amounts	ın colum	nns (b), (c), and	(d)		enue and ises per	(b) Net inv		(c) Adjusted net		for charitable
		may not necessa column (a) (see	arily equ	al the amounts i of the instruction	n ns))		ooks	incon	ne		income		purposes (cash basis only)
\top				received (attach schee			125,631	1		•	. ,	, ,	, , ,
		🛌 🗌 if t	he found	lation is not requir	ed to	17. 1		N ()	, ,	٠,			•
		a		B						ie		\dashv	- "
		•		om securities			73,344	-	73,344.				ATCH 2
						•	ž		,	`			
a				of assets not on lin			20,210	•	ì	-	-		
Revenue	b G	ross sales price fo ssets on line 6a			598.				,				
ĕ			ncome	(from Part IV, lin	e 2) .			2	20,210.				_
וא	8 N	et short-term ca	apıtal ga	in									
		ncome modificat		٠٠٠٠٠			*	,					
1	a	ross sales less retund allowances • •		FN	\						*		·
	b L	ess Cost of goods	sold [1155 JO									
	c C	ross profit or (la	ss):(atta	ach schedule) \ (Ś∖		4.4.7					_	
1	11 C	ther income (at	tach sch	Jednie)Ĵ <i>jŋ</i> ' '/	ર્જું.∖.		441	•	22 554				ATCH 3
4	2 T	otal. Addines	<u>lyth</u> ròud	ih 11	1.2.1		219,626		93,554.			4	
1	1 3 C	ompensation of o	fficers, dı	rectors-trustees, e	tc		0	+		_		_	20 440
ဂ္က 1	14 (ompensation of ther employee. ension plans, e	galaries'	and wages "			27,261	-				4	20,446
ï۱	15 P	ension plans, e	mbloyee	benefits			50		0.			Ó.	0
<u>3</u> 1				ule) ATCH			25,000		25,000.			0.	
j)				schedule) ^{ATCH}			20,000	1	,			<u> </u>	
		· ·	-	attach schedule								-	
ļ!a		nterest			. **	ļ	4,110		890.			+	
				page 14 of the instru			804		0,000			-	
֡֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֡֓֓֡		•		edule) and depl	-		8,022					\dashv	<u> </u>
/ا≥				meetings			3,267				-	_	3,267
⊆!				meetings			1,480						
				chedule) ATC			3,614						
ati.		•		ninistrative exp			•			-			
Operating		-					73,608	. 2	25,890.		(0.	23,713
ōΙ,			-	its paid			173,823		_				173,823
				nts Add lines 24			247,431	- 2	25,890.		(Ō.	197,536
\neg		ubtract line 26											
				es and disbursemen	ts		-27,805	1				_	
				(if negative, ente				1	57,664.				
					٠,	[-0-	_ T	

c Adjusted net income (if negative, enter -0-). . For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $^{9E1410\ 1\ 000}$ GPQ00P M282 6/10/2010 8:33:07 AM V 09-6.3

ATCH 6 JSA

Form **990-PF** (2009)



Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	nd of year	
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing				
		Savings and temporary cash investments				
	3	Accounts receivable				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable				
		Less allowance for doubtful accounts ▶			<u>.</u>	
	5	Grants receivable				
ĺ	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		, , , , , , , , , , , , , , , , , , , ,		
Asi	10 a	Investments - U S and state government obligations (attach schedule) .			-	
]		Investments - corporate stock (attach schedule) ATCH 8	59,433.	57,245.	400,432.	
		Investments - corporate bonds (attach schedule)				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans Investments - other (attach schedule) ATCH 9 Land, buildings, and equipment basis Less accumulated degrecution 2,172.	2,773,927.	2,733,196.	2,927,307.	
	13 14	Investments - other (attach schedule) ATCH 9	2,113,921.	2,733,190.		
		equipment basis	2 072	1 000	ATCH 10	
Ì		(attach schedule)	2,073.	1,269.		
	15	Other assets (describe				
Ì	16	Total assets (to be completed by all filers - see the	2 025 422	0 701 710	2 227 720	
_		instructions Also, see page 1, item I)	2,835,433.	2,791,710.	3,327,739.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
≣	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
1	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
Ses	24	Unrestricted				
a	25	Temporarily restricted				
Ba	26	Permanently restricted				
핃	24 25 26 27	Foundations that do not follow SFAS 117,				
교		check here and complete lines 27 through 31. $\triangleright X$				
5	27	Capital stock, trust principal, or current funds	2,835,433.	2,791,710.		
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds		0.		
۲	30	Total net assets or fund balances (see page 17 of the				
Ž		instructions)	2,835,433.	2,791,710.		
	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	2,835,433.	2,791,710.		
P	art II	Analysis of Changes in Net Assets or Fund E	Balances			
_		I net assets or fund balances at beginning of year - Part II,		agree with		
		of-year figure reported on prior year's return)			2,835,433.	
2	Ente	r amount from Part I, line 27a		2	-27,805.	
3	Othe					
		· · · · · · · · · · · · · · · · · · ·		4	2,807,628.	
5	Decr	lines 1, 2, and 3 reases not included in line 2 (itemize) ATTACH	MENT 11	5	15,918.	
		I net assets or fund balances at end of year (line 4 minus li			2,791,710.	

Form 990-PF (2009)		31-15912	61		Page 3
Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
(a) List an	id describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	orick warehouse, or common stock, 200 s	shs MLC Co)	P-Purchase D-Donation	I IMO day vr l	(mo, day, yr)
1a SEE PART IV SCH	EDULE				
b					
С			ļ		
_d			<u></u>	_	
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С					
d					
е	1				
Complete only for assets s	showing gain in column (h) and own	ned by the foundation on 12/31/69		Gains (Col (h) g	
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less Losses (from co	
a					
b					
<u>-</u>					
d					
е					
2. Constal main ant imports a	- (not contal loss)	gain, also enter in Part I, line 7			
2 Capital gain net income o	r (net capital loss) {	(loss), enter -0- in Part I, line 7	2		20,210.
• •	n or (loss) as defined in sections 12				
If gain, also enter in Part I	l, line 8, column (c) (see pages 13 a	and 17 of the instructions).			
	line 8		3		
Part V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	come		
	, leave this part blank. r the section 4942 tax on the distrib not qualify under section 4940(e).		ase perio	od?	Yes X No
	nount in each column for each year,		efore mal	king anv entries	
(a)	(b)	(c)	1	(d)	
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2008	189,862.	3,494,484.			0.054332
2007	188,912.	3,903,743.			0.048393
2006	185,630.	3,534,176.			0.052524
2005	151,050.	1,812,533.			0.083336
2004	232,217.	2,755,000.			0.084289
2 Total of line 1, column (d)		2 _		0.322874
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the four	ndation has been in existence if less	s than 5 years	3		0.064575
4 Enter the net value of no	ncharitable-use assets for 2009 from	m Part X, line 5	4	2,	882,375.
					-
5 Multiply line 4 by line 3			5		186,129.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		677.
	•				
7 Add lines 5 and 6			7		186,806.
8 Enter qualifying distribution	ons from Part XII, line 4		8		197,536.
If line 8 is equal to or gi	reater than line 7, check the box i	n Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate. See the
Part VI instructions on pa	ge ı 8				

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6	677.
	here ► X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			677.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		—	677.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			3//.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,000.			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to me (Form 6000)			
d	Backup withholding erroneously withheld		1 :	200.
7	Total credits and payments Add lines 6a through 6d			9.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			514.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		`	
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax > 514 · Refunded > 11			
	t VII-A Statements Regarding Activities		Yes	T No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	162	No X
	participate or intervene in any political campaign?			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1b	ı	X
	of the instructions for definition)?			\vdash
			l	
_	published or distributed by the foundation in connection with the activities	1c	-	X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$		l	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		l	
e	on foundation managers \$		ı	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ı	X
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	· /	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a_		Х
b		4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
·	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
-	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	ļ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			,,
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v	
	names and addresses ATTACHMENT 12	10	Х	<u> </u>

Х

Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	i red (continued)		
5a	During the year did the foundation pay or incur any amou	int to				
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X N	。	
	(2) Influence the outcome of any specific public election	(see section 4955), o	or to carry on,			
	directly or indirectly, any voter registration drive?		·	Yes X N	。	
	(3) Provide a grant to an individual for travel, study, or ot				。	
	(4) Provide a grant to an organization other than a char			. — —		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes X N	.	
	(5) Provide for any purpose other than religious, charita				~	
	purposes, or for the prevention of cruelty to children of			Yes XN	.	
	If any answer is "Yes" to 5a(1)-(5), did any of the trans				"	
b	Regulations section 53 4945 or in a current notice regard				5b	l x
	Organizations relying on a current notice regarding disas	=	· · ·	7.7		
С	If the answer is "Yes" to question 5a(4), does the foundation of the same of t	•		Yes X N	_	
	because it maintained expenditure responsibility for the g			. Lies Lies	°	į
	If "Yes," attach the statement required by Regulations sec					
6 a	Did the foundation, during the year, receive any funds, or	•				
_	on a personal benefit contract?			Yes N		
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	ot?	6b	
	If "Yes" to 6b, file Form 8870			□ ☑		
	At any time during the tax year, was the foundation a pa					$\frac{1}{x}$
_	If yes, did the foundation receive any proceeds or have					
Pai	t VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	dation Managers,	rigniy Paid Emp	ioyees,	
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see		ructions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	
	(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 and deferred compensation	(e) Expens other all	
		hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
AT	(a) Name and address TACHMENT 13	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans	other all	
AT		hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
AT	TACHMENT 13	hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
	TACHMENT 13	hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
	TACHMENT 13	hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
	TACHMENT 13	hours per week	-0-)	employee benefit plans and deferred compensation	other all	owances
	TACHMENT 13	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances
	TACHMENT 13 Compensation of five highest-paid employees (ot	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances
	TACHMENT 13	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances
2	TACHMENT 13 Compensation of five highest-paid employees (ot	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0 . ee page 23 of the ins (d) Contributions to employee benefit	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot lf none, enter "NONE."	hours per week devoted to position ther than those inc. (b) Title, and average	0.	employee benefit plans and deferred compensation 0.	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot lf none, enter "NONE."	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0 .	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0 .	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	0 e account,
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0 .	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	owances 0
2	TACHMENT 13 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position ther than those income (b) Title, and average hours per week	0 .	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	other all	owances 0

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		NONE NONE
Total numb	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 NOT A	APPLICABLE	
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT	APPLICABLE	
2		
•	gram-related investments. See page 24 of the instructions	
3 NONE		
		ļ
Tatal Add	lines 1 through 2	1

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	oreign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	. 1a	2,691,667.
b	Average of monthly cash balances	. 1b	234,602.
С	: Fair market value of all other assets (see page 24 of the instructions)	. 1c	0.
d		1d	2,926,269.
е			
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,926,269.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	43,894.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,882,375.
6	Minimum investment return. Enter 5% of line 5	6	144,119.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(J)(3) and (j)(5) foundations and certain foreign organizations check here ▶ and do not complete t	private operating	
1	Minimum investment return from Part X, line 6	1	144,119.
2 a		77.	
b	Income tax for 2009. (This does not include the tax from Part VI) 2b		
c	: Add lines 2a and 2b	2c	677.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	143,442.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5			143,442.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	143,442.
_			
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	197,536.
b			0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		<u>-</u>
а		3a	0.
b			0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	197,536.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		677.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		196,859.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	•	

Pa	Part XIII Undistributed Income (see page 26 of the instructions)										
		(a)	(b)	(c)	(d)						
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009						
	line 7				143,442.						
2	Undistributed income, if any, as of the end of 2009										
	Enter amount for 2008 only										
b	07 06 05 1										
3	Excess distributions carryover, if any, to 2009										
а	From 2004 96, 371.										
	From 2005 61,288.										
	From 2006 12,288.										
	From 2007 66.										
	From 2008			;							
f	Total of lines 3a through e	189,257.									
4	Qualifying distributions for 2009 from Part XII,										
	line 4 ▶ \$ 197,536.			-							
а	Applied to 2008, but not more than line 2a										
ь	Applied to undistributed income of prior years (Election										
	required - see page 26 of the instructions)										
С	Treated as distributions out of corpus (Election										
	required - see page 26 of the instructions)										
d	Applied to 2009 distributable amount				143,442.						
е	Remaining amount distributed out of corpus	54,094.			<u> </u>						
5	Excess distributions carryover applied to 2009										
	(If an amount appears in column (d), the same amount must be shown in column (a))										
6	Enter the net total of each column as										
	indicated below:	0.4.0 0.5.1									
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	243,351.									
b	Prior years' undistributed income Subtract										
	line 4b from line 2b										
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been										
	issued, or on which the section 4942(a) tax has										
	been previously assessed										
d	Subtract line 6c from line 6b Taxable										
	amount - see page 27 of the instructions	······································		······································							
•	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page										
	27 of the instructions										
f	Undistributed income for 2009 Subtract lines										
	4d and 5 from line 1 This amount must be										
7	distributed in 2010										
•	to satisfy requirements imposed by section										
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the										
8	instructions)			-							
-	applied on line 5 or line 7 (see page 27 of the	96,371.									
	instructions)	30,0721									
9	Excess distributions carryover to 2010.	146,980.									
10	Subtract lines 7 and 8 from line 6a										
	Analysis of line 9 Excess from 2005 61,288.										
	Excess from 2006										
	Excess from 2007										
	Excess from 2008										
	Excess from 2009 54,094.										
											

Forn	n 990-PF (2009)			31-1	.591261	Page 10
Pa	rt XIV Private Oper	ating Foundations (see page 27 of th	e instructions and Pa	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has					
	foundation, and the ruling	g is effective for 2009, e	nter the date of the rulin	g		
b	Check box to indicate wh	ether the foundation is a	private operating four	dation described in section	n 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	-,	(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0, 1000
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	"Assets" atternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying		-		İ	
	under section 4942(j)(3)(B)(i)					
b	"Endowment" afternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)				ļ	
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	()(X3)(B)(III)			ļ		
	(3) Largest amount of sup- port from an exempt					
	organization			<u> </u>		
	(4) Gross investment income	1-6		h ambi if Aba farina	 -4: b-d \$5 000	
Pa	Supplementa	ary information (C during the year - se	ompiete this par	t only it the tound netructions)	ation nad \$5,000	or more in assets
1	Information Regarding		<u> </u>	11311 detto113.	 -	
a	•	•		re than 2% of the total	al contributions recei	ived by the foundation
-	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000) (\$	See section 507(d)(2))
	GRATIA LAS	SSALLE, NINA B	HOUGHTON, JAM	IES D HOUGHTON.		
<u> </u>	List any managers of				oration (or an equal	ly large portion of the
•	ownership of a partner					ly large pertion of the
	, ,	-		•		
	N/A					<u>-</u>
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholars	ship, etc., Programs:		
						and does not accept
					e 28 of the instructi	ions) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, an	d d		
а	The name, address, a ATTACHME		of the person to who	om applications should t	be addressed.	
b	The form in which app		omitted and informat	ion and materials they	should include	
	REQUEST FOI	R PROPOSAL				
c	Any submission deadli					
	JUNE 30					
		mitations on award-	auch as his assa	raphical areas shorts	able fields kinds of	inclitutions or other
a	Any restrictions or lifactors.	imitations on awards,	such as by geog	apriicai areas, charita	able lields, KINGS Of	manunons, or other
10.	NO RESTRIC	TIONS EXIST				
JSA						Form 990-PF (2000)

Form 990-PF (2009)			31-1591261	Page 11	
Part XV Supplementary Information (c	ontinued)				
3 Grants and Contributions Paid Duri	ing the Year or Appl				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient			
a Paid during the year					
ATTACHMENT 15					
		ŀ			
		İ			
	 	· · · · · ·	▶ 3a	173,823	
b Approved for future payment					
		İ			
		}			
		-			
Total			▶ 3b		

Part XVI	·			Evaluded by	v control 512 513 or 514	(e)
Enter gross	amounts unless otherwise indicated.	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	Related or exempt function income
1 Progran	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
b						
c						
d						
e						
f						·
	s and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments		<u>-</u> .	14	73,344.	
	ds and interest from securities			1.4	73,344.	
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property				. <u>.</u>	
	al income or (loss) from personal property					-
	nvestment income			18	20,210.	
	(loss) from sales of assets other than inventory			10	20,210.	
	ome or (loss) from special events					
•	profit or (loss) from sales of inventory	 				
	venue aNTAXABLE DISTRIBUTION					
199	DERAL TAX REFUND					
• —						
d						· · · · · · · · · · · · · · · · · · ·
e	Add columns (b), (d), and (e)				93,995.	
	add line 12, columns (b), (d), and (e)				·	93,995
	heet in line 13 instructions on page 28					
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions.) NOT APPLICABLE					
						· · · · · · · · · · · · · · · · · · ·
	,					
						•
					-	
					· · · · · · · · · · · · · · · · · · ·	
					<u> </u>	
			···	-		
			-			
					 	

Form	990-PF	(2009)						1-1391261			Pa	ege 13
Pai	t XVI		Information Exempt Orga		ransfers To an	d Transa	ctions a	and Relations	hips With I	Vonc	harit	able
1	in se	ction !	501(c) of the C	ode (other than	engage in any of section 501(c)(3)	organizations					Yes	No
а	organi Trans	izations fers fro	? om the reporting fo	oundation to a no	ncharitable exempt or	ganization of						
	(1) C	ash								1a(1)		X
	(2) O	ther as	sets	<i></i>						1a(2)		X
b	Other											Х
					ganization					1b(1)		X
					empt organization s					1b(2) 1b(3)		X
												X
										1		X
					undraising solicitation					1		Х
С	Sharır	ng of fa	acilities, equipmen	it, mailing lists, oth	ner assets, or paid em	ployees				1c		X
d	If the	e ansv	ver to any of t	the above is "\	es," complete the	following s	chedule. (Column (b) should	d always show	the	faır r	narke
			-		ces given by the							
	value	ın ar	iy transaction or	sharing arrang	ement, show in co	olumn (d) th	e value	of the goods, oth	ner assets, or	service	es rec	:eived
(a) L	.INe no	+	Amount involved	(c) Name of n	onchantable exempt org	anization		ription of transfers, tra	nsactions, and sha	nng arra	ngeme	nts
		N/	<u>'A</u>				N/A			 .		
			· · · · · · · · · · · · · · · · · · ·									
		-							_			
										_		
				<u>-</u> -						_		
							···-				-	
								*******	- 			
										_		
									_ 			
		<u> </u>										
		<u> </u>			·							
		-										
	sectio	n 501(•	ner than section 5	ed with, or related 01(c)(3)) or in section	527?	ore tax-ex	cempt organizations	s described in	Y	es []	√ No
		(a)	Name of organization	1	(b) Type of o	organization		(c) Des	cription of relations	ship		
										_		
											•	
								···				
	_											
			es of perjury, I decl e, correct, and com	are that I have exa plete Declaration o	mined this return, inclu f preparer (other than to	iding accompai axpayer or fidu	nying schedi ciary) is bas	ules and statements, ed on all information	and to the best of which prepare	f my ki r has ai	nowledo ny knov	ge and vledge
ĺ	L	,	// The M	1 hta			6/22/	16	reasure	_		
ē	Sı	ignature	of officer or trustee	1			Dale	Title				
Sign Here	Paid Preparer's Use Only	Prepa signa		Port	Cen	Date 6/9	/10	Check if self-employed ▶	Preparer's number (Se page 30 of t P00545	e Signa he instr	iture or	
"	Paid Preparer' Use Only		s name (or yours if	SAYLES	& EVANS			EIN	16 0760			
	¥ 3		mployed), address			REET			·			
]		and Z	IP code	ELMIRA	, NY		149	01 Phor	ne no 607-7	34-2	271	

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization		Employer identification number
THE TRIANGLE FUND		31-1591261
Organization type (check o	one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the Genera	I Rule and a Special Rule. See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the yay one contributor. Complete Parts I and II	ear, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1(c)(3) organization filing Form 990 or 990-EZ that met the 331/391) and 170(b)(1)(A)(vi), and received from any one contributor, do (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	uring the year, a contribution of the greater
the year, aggreg	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reate contributions of more than \$1,000 for use exclusively for religionses, or the prevention of cruelty to children or animals. Complete	ous, charitable, scientific, literary, or
the year, contribution aggregate to mo year for an exclusion applies to this or the contribution of the co	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reutions for use exclusively for religious, charitable, etc., purposes, the than \$1,000 of this box is checked, enter here the total contribusively religious, charitable, etc., purpose Do not complete any of the ganization because it received nonexclusively religious, charitable.	but these contributions did not outlines that were received during the the parts unless the General Rule e, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules of nust answer "No" on Part IV, line 2 of its Form 990, or check the D-PF, to certify that it does not meet the filing requirements of Sch	box on line H of its Form 990-EZ,
For Privacy Act and Panenwork F	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Page	of	of Part I

Name of organization

THE TRIANGLE FUND

Employer identification number 31-1591261

	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GRATIA S LASSALLE PO BOX 8496 GREENVALLEY LAKE, CA 92341	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MARK KEATON 40466 SOUTHEAST TRUBEL ROAD SANDY, OR 97055	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	HOPE NEWELL 408 DUFF LANE LOUISVILLE, KY 40207	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ADELAIDE GRISWOLD 2165 VIA FUENTES VERO BEACH, FL 32963	\$ 10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	BRIAN G OOTEN 14960 SOUTH HENRICI ROAD OREGON CITY, OR 97045	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	NINA B HOUGHTON 6 LATIMER ROAD LOS ANGELES, CA 90402	\$5,000.	Person Payroll Noncash (Complete Part II if there is

of Part I of _

Name of organization

THE TRIANGLE FUND

Employer identification number 31-1591261

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JAMES D HOUGHTON 2 WEST CEDAR STREET BOSTON, MA 02108	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	PETER PAGE 6758 TIMBERLAND LANE SARASOTA, FL 34241	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	ALANSON B HOUGHTON III 314 EAST 81ST STREET NEW YORK, NY 10028	\$ 5,563. 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS UNDER \$5000 80 E MARKET STREET	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there is
No. 10	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS UNDER \$5000 80 E MARKET STREET CORNING, NY 14830 (b)	Aggregate contributions 18,590.	Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d)
No. 10 (a) No.	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS UNDER \$5000 80 E MARKET STREET CORNING, NY 14830 (b) Name, address, and ZIP + 4 JAMES R HOUGHTON 2649 B SPENCER HILL ROAD	Aggregate contributions 18,590. (c) Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization

THE TRIANGLE FUND

,		•
	31-1591261	

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	WILLIAM HALLENBECK JR 1105 ABBEYS WAY TAMPA, FL 33602	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	ALANSON B HOUGHTON II 43 BLOCKADE DRIVE PAWLEYS ISLAND, SC 29585	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	ROBERT W HOUGHTON 92 MARTIN STREET ACTON, MA 01720	\$ \$ 5,000.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
		r r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
(a)	Name, address, and ZIP + 4	Aggregate contributions \$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	Name, address, and ZIP + 4	Aggregate contributions \$	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Page___

of Part II

Name of organization THE TRIANGLE FUND

Employer identification number 31-1591261

of

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	326SH CORNING INC, FMV \$4,968, CASH \$32		06/10/0000
		\$5,000.	06/18/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	123 SH BROWN FOREMAN, FMV \$5,563	-	
		\$5,563.	06/01/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	326 SH CORNING INC, FMV \$4968, CASH \$32	-	
		\$5,000.	06/18/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		- -	
		- \$	

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	29. 5. 73,310.	73,344.
REVENUE AND EXPENSES PER BOOKS	29. 5. 73,310.	73,344.
DESCRIPTION	MEADOWS SECURITY COMPANY INTEREST MARKET STREET PARTNERS MEADOWS SECURITIES COMPANY DIVIDENDS	TOTAL

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

PER BOOKS

441.

DESCRIPTION NONTAXABLE DISTRIBUTION

TOTALS

441.

- LEGAL FEES

PART I

FORM 990PF,

CHARITABLE		0.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PFR ROOKS	50.	50.
		TOTALS
NCT FG T AC S AC	LEGAL FEES	

FEES	
ACCOUNTING	
K I	
Н	
PART	
990PF,	
FORM	

PAGE 27

ATTACHMENT 6

TAXES 1 PART I FORM 990PF,

3,220.

890. INVESTMENT UUE UD ISES SOOKS

NET

890.

4,110.

TOTALS

FEDERAL INCOME TAX PAID FOREIGN TAXES

FORM 990PF, PART I - OTHER EXPENSES

REVENUE
AND
EXPENSES

DESCRIPTION
FILING FEES
WORKMAN'S COMPENSATION
INSURANCE
PAYCHEX, MISC EXP

TOTALS

REVENUE
AND
EXPENSES
250.
250.
251.
251.
3,614.

400,432. 400,432. ENDING FMV ATTACHMENT 8 57,245. 57,245. BOOK VALUE ENDING - CORPORATE STOCK TOTALS PART II CORNING INC GENERAL ELECTRIC DESCRIPTION FORM 990PF,

INVESTMENTS	
OTHER	
i	l
	I
I	
PART II	

ATTACHMENT 9	ENDING ENDING BOOK VALUE FMV	46,898. 46,898. 64,578. 131,611. 221,251. 68,849. 129,000. 97,855. 97,855. 124,237. 63,142. 158,620. 274,719. 521,629. 195,040. 49,955. 125,172. 132,653.	2,733,196.
	DESCRIPTION	VANGUARD TOTAL BOND WESTPORT SELECT CAP FUND VANGUARD EMERGING VANGUARD ENERGY FUND VANGUARD HIGH YIELD CORP FUND VANGUARD INTL EXP FD VANGUARD MIDCAP INDEX FUND VANGUARD REIT INDEX VANGUARD SELECT VALUE VANGUARD TOTAL INTL VANGUARD TOTAL STOCK MKT INDEX JPM MONEY MARKET FUND VANGUARD EXT MKTS MARKET STREET PARTNERS VANGUARD INFLATION FUND	TOTALS

g

GPQ00P M282

PAGE 30

INVESTMENT
FOR
HELD
NOT
EQUI PMENT
BUILDINGS,
AND,

	•	· 			
	님	ENDING BALANCE	736	167	903
ATTACHMENT 10	CIATION DETA	ADDITIONS DISPOSALS			
	ACCUMULATED DEPRECIATION DETAIL	ADDITIONS	920	154	
	ACCU	BEGINNING	9 8	13	66
		ENDING BALANCE	1,710	462.	2,172
	FIXED ASSET DETAIL	DISPOSALS			
	FIXED AS:	ADDITIONS			
		BEGINNING	1,710	462	2,172
		METHOD/ CLASS	Ж5	SL	
		ASSET DESCRIPTION	COMPUTER SYSTEM	MICROSOFT OFFICE	TOTALS

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FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

TRUOMA

BOOK/TAX ADJ FOR STOCK CONTRIBUTIONS

15,918.

TOTAL

15,918.

THE TRIANGLE FUND

ATTACHMENT 12 (CONT'D)

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

								ATTACHMENT 12
								PAGE 34
DIRECT PUBLIC SUPPORT	5,000.	7,500.	5,000.	10,000.	5,000.	2,208.	97,041.	8.1
DATE	05/11/2009	05/11/2009	01/12/2009	05/11/2009	06/18/2009	04/22/2009	NA AMOUNTS	.07 AM V 09-6.3 0078
NAME AND ADDRESS	JAMES R HOUGHTON 2649 B SPENCER HILL ROAD CORNING, NY 14830	AMORY- HOUGHTON JR 33 W THIRD STREET CORNING, NY 14830	WILLIAM HALLENBECK JR 1105 ABBEYS WAY TAMPA, FL 33602	ALANSON B HOUGHTON II 43 BLOCKADE DRIVE PAWLEYS ISLAND, SC 29585	ROBERT W HOUGHTON 92 MARTIN STREET ACTON, MA 01720	WILSON PAGE III 1951 DUNBRODY COURT DUNEDIN, FL 34698	TOTAL CONTRIBUTION AMOUNTS	GPQ00P M282 6/10/2010 8:33:07

•					
EXPENSE ACCT AND OTHER ALLOWANCES	0	·	O	O	Ö
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	·o	·	Ö	Ö
COMPENSATION	.0	.0	ō	.0	Ö
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TREASURER .50	CHAIR .50	DIRECTOR .50	SECRETARY .50	DIRECTOR .50
NAME AND ADDRESS	JAMES D. HOUGHTON 2 WEST CEDAR STREET BOSTON, MA 02108	NINA B. HOUGHTON 6 LATIMER ROAD LOS ANGELES, CA 90402	GRATIA H. LASSALLE P.O. BOX 8496 GREENVALLEY LAKE, CA 92341	MARIANNE W. YOUNG MARKET STREET TRUST COMPANY 80 EAST MARKET STREET SUITE 300 CORNING, NY 14830	ROBERT W HOUGHTON 92 MARTIN STREET ACTON, MA 01720

6/10/2010

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ATTACHMENT 13 (CONT'D)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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ATTACHMENT 13

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EXPENSE ACCT AND OTHER ALLOWANCES	. 0	. 0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	0
COMPENSATION	.0	· o	. 0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR .50	DIRECTOR .50	DIRECTOR .50	GRAND TOTALS
NAME AND ADDRESS	MACY H ALLATT MCGINNESS 711 22ND AVENUE SAN FRANCISCO, CA 94121	AMORY HOUGHTON III 9 HILLCREST COURT SOUTH SALEM, NY 10590	JOANNE HOUGHTON 314 EAST 81ST STREET NEW YORK, NY 10028	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

CHRIS SPROULE C/O TRIANGLE FUND 80 E MARKET STREET, SUITE 202 CORNING, NY 14830 607-962-0189

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		*
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ROCKWELL MUSEUM OF ART 111 CEDAR STREET CORNING, NY 14830	NONE PUBLIC	GENERAL SUPPORT	2,000
SOUTHSIDE COMMUNITY CENTER PO BOX 4187 ELMIRA, NY 14904	NONE	GENERAL SUPPORT	7,500
SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	NONE	KID'S CAFE	10,000
COMMUNITY DISPUTE RESOLUTION CENTER 120 WEST STATE ST ITHACA, NY 14850	NONE PUBLIC	CONFLICT EDUCATION PROGRAM	5,000.
CATHOLIC CHARITIES OF SCHUYLER COUNTY 607 N FRANKLIN ST WATKINS GLEN, NY 14891	NONE PUBLIC	TEEN CENTER	15,000
PROACTION OF STEUBEN AND YATES INC 117 E STEUBEN ST SUITE 11 BATH, NY 14810	NONE PUBLIC	GENERAL SUPPORT	8,000

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ATTACHMENT 15 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING, NY 14830	NONE PUBLIC	HIGH SCHOOL LEARNING CENTER	3,500
ADDISON YOUTH CENTER 21 COMMUNITY DRIVE ADDISON, NY 14801	NONE PUBLIC	GENERAL SUPPORT - \$10,000, ARTS & SCIENCE ENHANCEMENT PROGRAM \$5,000	15,000
SPENCER VAN ETTEN CENTRAL SCHOOL PO BOX 307 SPENCER, NY 14883	NONE PUBLIC	AFTER SCHOOL PROGRAMS \$6,000	000 '9
HORNELL AREA CONCERN FOR YOUTH INC 30 SENECA STREET HORNELL, NY 14843	NONE PUBLIC	GENERAL SUPPORT	12,000
WOODHULL COMMUNITY CENTER 1585 ACADEMY STREET WOODHULL, NY 14898	NONE PUBLIC	GENERAL SUPPORT	11,000
CPP SCHOOL DISTRICT HS FOR LEARNING CTR 165 CHARLES STREET PAINTED POST, NY 14870	NONE PUBLIC	general support	15,000

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ATTACHMENT 15 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WOODLAWN YOUTH CENTER INC 346 WOODLAWN AVE ELMIRA, NY 14901	NONE PUBLIC	GENERAL SUPPORT	5,000
COMPEER 500 WALNUT STREET ELMIRA, NY 14901	NONE	MENTORING PROGRAM	7,500
BATH AREA FAMILY RESOURCE CENTER 216 MAPLE HEIGHTS BATH, NY 14810	NONE	GENERAL SUPPORT	5,000
THE SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	NONE	GENERAL SUPPORT	
TANGLEWOOD NATURE CENTER AND MUSEUM 443 COLEMAN AVENUE ELMIRA, NY 14903	NONE PUBLIC	URBAN ENVIRONMENTAL CLUB	3,323
FAMILY SERVICE SOCIETY 280 PRINCETON AVE EXT CORNING, NY 14830	NONE	KID'S CAFE PROGRAM \$15,000 BIG BROTHER'S, BIG SISTERS \$4,000 YOUTH CENTER ARTS PROGRAMMING \$4,000	23,000

31-1591261

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ATTACHMENT 15 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SCHYULER COUNTY YOUTH BUREAU	NONE	GENERAL SUPPORT	3,000
208 BROADWAY, SUITE 301 MONTOUR FALLS, NY 14865	PUBLIC		
NONNIE HOOD PARENT RESOURCE CENTER	NONE	NUTURING CONNECTIONS PROGRAM	10,000
300 CIVIC CENTER PLAZA, SUITE 210	PUBLIC		
CCENTRE, NI 14050			
CAREER DEVELOPMENT COUNCIL	NONE	YOUTH LEADERSHIP INSTITUTE	2,000
459 PHILO ROAD	PUBLIC		
ELMIRA, NY 14903			
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES	NONE	TEEN SUCCESS PROGRAM	5,000
314 WEST STATE STREET	PUBLIC		
ITHACA, NY 14850			

173,823 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 15 PAGE 41

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SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

	column (3) on the back			<u> </u>	<u> ▶</u>	5	
Par				ne Year	(e) Cost or other	hasis	(f) Gain or (loss) for
		(b) Date acquired	(c) Date sold	(d) Sales price	(see page 4 of		the entire year
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price	instructions		Subtract (e) from (d)
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
6a			(mo , day, yr)	(u) Sales price			
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)			instructions		
	Enter the long-term gain or (loss), if any, if	(mo , day, yr)	1, line 6b		instructions		Subtract (e) from (d)
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	1, line 6b		instructions		Subtract (e) from (d)
b 7	Enter the long-term gain or (loss), if any, the Long-term capital gain or (loss) from Fori	rom Schedule D-ms 2439, 4684,	1, line 6b 6252, 6781, ar	nd 8824	instructions	6b	Subtract (e) from (d)
b	Enter the long-term gain or (loss), if any, if	rom Schedule D-ms 2439, 4684,	1, line 6b 6252, 6781, ar	nd 8824	instructions	6b	Subtract (e) from (d)
b 7	Enter the long-term gain or (loss), if any, the Long-term capital gain or (loss) from Fori Net long-term gain or (loss) from partners	from Schedule D-ms 2439, 4684, 6	1, line 6b 6252, 6781, ar	and 8824	instructions	6b	Subtract (e) from (d)
b 7 8	Enter the long-term gain or (loss), if any, the Long-term capital gain or (loss) from Fori	from Schedule D-ms 2439, 4684, 6	1, line 6b 6252, 6781, ar	and 8824	instructions	6b	19,482.
b 7 8 9	Enter the long-term gain or (loss), if any, the Long-term capital gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions	from Schedule D-ms 2439, 4684, 6	1, line 6b 6252, 6781, and other	and 8824	instructions	6b	19,482.
b 7 8 9	Enter the long-term gain or (loss), if any, the Long-term gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions	from Schedule D- ns 2439, 4684, 6 ships, S corporate	1, line 6b	estates or trusts	instructions	6b 7 8 9	19,482.
b 7 8 9	Enter the long-term gain or (loss), if any, the Long-term capital gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions	from Schedule D-ms 2439, 4684, 6thips, S corporate	1, line 6b	estates or trusts	instructions	6b 7 8	19,482.

Sche	dule D (Form 1041) 2009					Page 2
Pai	t III Summary of Parts I and II		(1) Beneficiar	es'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this p	art.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)	13				
14	Net long-term gain or (loss):					
		14a				20,210.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				
	• • • • • • • • • • • • • • • • • • • •	14c				
		15				20,210.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Forn art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Pa	n 990 art IV a	·T, Part I, line 4a) and the Capital Los	if lines 14 s Carryov	la and 15, colun <mark>rer Worksheet,</mark> a	nn (2), are net gains, go s necessary
Pai	t IV Capital Loss Limitation					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I. lu	ne 4c. if a trust). th	e small	er of	
					1 1)
Note	The loss on line 15, column (3) or b \$3,000	i, lin	e 22 (or Form 990	-T, line 3	34), is a loss, co	mplete the Capital Loss
Ē	over Worksheet on page 7 of the instructions to figure your capital loss carryover					
	Tax Computation Using Maximum Capital Gains Rates					5 5
	n 1041 filers. Complete this part only if both lines 14a and 15 in colur e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			n amou	nt is entered ii	n Part I or Part II and
	tion: Skip this part and complete the worksheet on page 8 of the instruct					
	ither line 14b, col (2) or line 14c, col. (2) is more than zero, or	uons				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
Fort	n 990-T trusts. Complete this part only if both lines 14a and 15 are	gain	s, or qualified o	lividend	s are included	I in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and	complete the v	vorkshe	et on page 8	of the instructions if
eithe	er line 14b, col. (2) or line 14c, col. (2) is more than zero.					
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	4) .	. 17			
18	Enter the smaller of line 14a or 15 in column (2)					
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified		•			
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20. If zero or less, enter -0		22			
23	Subtract line 22 from line 17 If zero or less, enter -0-		23			
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	Is the amount on line 23 equal to or more than the amount on line 24	?				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.					
	No. Enter the amount from line 23					
26	Subtract line 25 from line 24		. 26			
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	e 22	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
29	Subtract line 28 from line 27		29			
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate	Sch	edule for Estate	s and T		
	(see the Schedule G instructions in the instructions for Form 1041) $_{\rm L}$				31	
	Add been 20 and 24					
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate					
34	(see the Schedule G instructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33 h					
~~	an taxable income. Line, the smaller of the of the of the	J. U a	5., 1 5.111 10	, ວູດກ		

Schedule D (Form 1041) 2009

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G, line 1a (or Form 990-T, line 36). .

À Schedule D-1 (Form 1041) 2009 Page 2 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number 31-1591261 THE TRIANGLE FUND Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the (e) Cost or other basis (see page 4 of the instructions) (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold acquired (mo , day, yr) (mo, day, yr) instructions) 6a 123 SH BROWN FOREMAN CORP 5,177. 11/03/1974 06/26/2009 43. CL B 5,134. 2,987. 800 SH CORNING INC 01/01/1964 06/26/2009 12,890. 9,903. 01/01/1976 06/26/2009 4,803. 358. 418 SH GENERAL ELECTRIC 4,445.

Schedule D-1 (Form 1041) 2009

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

19,482.

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C)
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650 154 804 804 Current-year depreciation Current-year amortization Current-year 179 expense MA CRS class ACRS class 3 000 Life Sonv δ 200DB Me thod Accumulated Accumulated amortization amortization code SL Beginning Ending
Accumulated Accumulated
depreciation depreciation 736 167 903 903 98 13 66 66 Basis for depreciation 1,710 462 2,172 2,172 Basis Reduction 179 exp reduction in basis 100 000 100 000 Bus % Unadjusted Cost or basis 1,710 462 2,172 2,172 Cost or basis Date placed in service 12/10/2008 12/10/2008 Date placed in service Asset description Asset description **Description of Property** DEPRECIATION Less Retired Assets Less Retired Assets Subtotals MICROSOFT OFFICE COMPUTER SYSTEM *Assets Retired JSA 9X9024 1 000 TOTALS. . .

THE TRIANGLE FUND

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31-1591261

6/10/2010

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, THE TRIANGLE FUND

Gross sale price less allowed/ allowable expenses of sale allowable	Date acquired	OT.		Description		operty	Kınd of Pr	
TOTAL CAPITAL GAIN DISTRIBUTIONS 728. 123 SH BROWN FOREMAN CORP CL B 43. 800 SH CORNING INC 2,987. 418 SH GENERAL ELECTRIC 358. 11/03/1974 5,134. 01/01/1964 9,903.	1	Gain or		as of I FMV over	l as of l as of	other	allowed/	Gross sale price less expenses of sale
5,177. 43. 5,134. 800 SH CORNING INC 2,987. 01/01/1964 9,903. 418 SH GENERAL ELECTRIC 358. 01/01/1976 4,445.						.		
12,890. 2,987. 9,903. 418 SH GENERAL ELECTRIC 01/01/1976 4,803. 358.	06/26/200			CL B	IN FOREMAN CORP CL B			5,177.
4,803. 358. 4,445.	06/26/200				ING INC			12,890.
OTAL GAIN (LOSS)	06/26/200				CRAL ELECTRIC			4,803.
		20,210.					oss)	OTAL GAIN(LC