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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation THE TRIANGLE FUND		A Employer identification number 31-1591261	
% RACHEL SHERMAN		B Telephone number (see instructions)	
Number and street (or P O box number if mail is not delivered to street address) 80 EAST MARKET STREET STE 202		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CORNING, NY 14830		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 4,618,317		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	133,304			
	2 Check ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	78,388	78,388		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	187,349			
	b Gross sales price for all assets on line 6a 194,284				
	7 Capital gain net income (from Part IV, line 2) . . .		187,349		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	399,041	265,737		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages	39,950			39,950
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule). ☒	30,000	30,000	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) ☒	21,225	21,225		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	6,780			5,778
	21 Travel, conferences, and meetings.	18,743			18,743
	22 Printing and publications	1,475			
	23 Other expenses (attach schedule). ☒	30,476	10,359		
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	148,649	61,584	0	64,471
	25 Contributions, gifts, grants paid	187,794			187,794
	26 Total expenses and disbursements. Add lines 24 and 25	336,443	61,584	0	252,265
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	62,598			
	b Net investment income (if negative, enter -0-)		204,153		
	c Adjusted net income (if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	9,030	4,410	200,197
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans.			
	13	Investments—other (attach schedule)	4,874,397	4,863,793	4,418,120
	14	Land, buildings, and equipment basis ▶ 2,172 Less accumulated depreciation (attach schedule) ▶ 2,172			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	4,883,427	4,868,203	4,618,317	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	4,883,427	4,868,203	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	4,883,427	4,868,203	
31	Total liabilities and net assets/fund balances(see instructions)	4,883,427	4,868,203		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	4,883,427
2	Enter amount from Part I, line 27a	2	62,598
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	4,946,025
5	Decreases not included in line 2 (itemize) ▶ _____	5	77,822
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,868,203

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	187,349
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	234,471	4,874,406	0 048102
2013	263,494	4,335,595	0 060775
2012	225,098	3,832,436	0 058735
2011	212,132	3,748,264	0 056595
2010	190,918	3,330,107	0 057331

2	Total of line 1, column (d).	2	0 281538
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 foundation has been in existence if less than 5 years	3	0 056308
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	4,892,946
5	Multiply line 4 by line 3.	5	275,512
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	2,042
7	Add lines 5 and 6.	7	277,554
8	Enter qualifying distributions from Part XII, line 4.	8	252,265

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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 letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ 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-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

13,000

b

Exempt foreign organizations—tax withheld at source

6b

c

Tax paid with application for extension of time to file (Form 8868).

6c

d

Backup withholding erroneously withheld

6d

7

Total credits and payments. Add lines 6a through 6d.

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**

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 2015 estimated tax** ☐ 8,915 **Refunded** ☐

1

4,083

2

3

4,083

4

5

4,083

6a

13,000

6b

6c

6d

7

13,000

8

2

9

10

8,915

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it 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 Instructions for definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c

Did the foundation file **Form 1120-POL** for this year?

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation ☐ \$ _____ (2) On foundation managers ☐ \$ _____

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
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 incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?
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?

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.*

8a

Enter the states to which the foundation reports or with which it is registered (see 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.*

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*

Yes

No

1a

No

1b

No

1c

No

2

No

3

No

4a

No

4b

5

No

6

No

6

Yes

7

Yes

8b

Yes

9

No

10

No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	Yes	
14	The books are in care of ▶RACHEL SHERMAN Telephone no ▶(607) 962-6876 Located at ▶80 EAST MARKET STREET Corning NY ZIP+4 ▶14830			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances

Total

number of other employees paid over \$50,000.

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NOT APPLICABLE	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. ▶	

Part X

Minimum Investment Return
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	4,881,941
b	Average of monthly cash balances.	1b	85,517
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,967,458
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,967,458
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	74,512
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,892,946
6	Minimum investment return. Enter 5% of line 5.	6	244,647

Part XI

Distributable Amount
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	244,647
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	4,083
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,083
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	240,564
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	240,564
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	240,564

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	252,265
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	252,265
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	252,265
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				240,564
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 2013 , 2012 , 2011		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	26,862			
b From 2011.	29,891			
c From 2012.	35,658			
d From 2013.	51,644			
e From 2014.	16,956			
f Total of lines 3a through e.	161,011			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 252,265				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				240,564
e Remaining amount distributed out of corpus	11,701			
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	172,712			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c 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 instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	26,862			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	145,850			
10 Analysis of line 9				
a Excess from 2011.	29,891			
b Excess from 2012.	35,658			
c Excess from 2013.	51,644			
d Excess from 2014.	16,956			
e Excess from 2015.	11,701			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

		Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
c	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 alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

GRATIA LASSALLE NINA B HOUGHTON J

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

PAM NOVIELLO co Triangle Fund
80 E Market Street Suite 202
Corning, NY 14830
(607) 346-4453
DIRECTOR@TRIANGLEFUND.ORG

b The form in which applications should be submitted and information and materials they should include
PROPOSAL SHOULD BE RESPONSIVE TO FOUNDATION REQUEST FOR PROPOSAL

- c Any submission deadlines

MAY 8TH

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

FUNDS GRANT REQUESTS THAT BEST ALIGN WITH ITS MISSION

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	187,794
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities.			14	78,388	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory			18	187,349	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e).				265,737	
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		265,737

[illegible]

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
0 006 SH VANGUARD TOTAL BD MKT ADMIRAL		2014-03-31	2015-03-02
0 172 SH VANGUARD TOTAL BD MKT INDEX ADMIRAL	P	2014-12-22	2015-03-02
66 853 SH VANGUARD TOTAL BD MKT INDEX ADMIRAL	P	2013-07-02	2015-03-02
89 000 SH BROWN FORMAN CORP CLASS B	D	1974-11-03	2015-07-06
5043 000 SH CORNING, INC	D	1982-02-19	2015-01-23
52 000 SH COVANCE, INC	D	1975-12-16	2015-01-23

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2		2	
729		714	15
8,919		21	8,898
116,529		6,057	110,472
5,549		141	5,408

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			15
			8,898
			110,472
			5,408

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES D HOUGHTON	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
NINA B HOUGHTON	VICE PRESIDENT 1 0	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
GRATIA H LASSALLE	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
RACHEL J SHERMAN	secretary 1 0	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
ROBERT W HOUGHTON	PRESIDENT 1 0	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
MACY A MCGINNESS	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
AMORY HOUGHTON III	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
Joanne C Houghton	TREASURER 1 0	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
Chrstina F Houghton	Director 0	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
Megan H Mowbray	Director 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
Tessa M Emery	Director 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
SARAH K BOLSTER-HOUGHTON	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				
FREDERIC D ALLATT	DIRECTOR 0 5	0	0	0
80 EAST MARKET STREET STE 202 CORNING,NY 14830				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ROCKWELL MUSEUM OF ART 111 CEDAR STREET CORNING,NY 14830	NONE	PC	VARIOUS PROGRAMS	24,220
SOUTHSIDE COMMUNITY CENTER PO BOX 4187 ELMIRA,NY 14904	NONE	PC	VARIOUS PROGREAMS	19,200
PROACTION OF STEUBEN AND YATES INC 117 E STEUBEN ST SUITE 11 BATH,NY 14810	NONE	PC	Youth Job Club Program	7,500
CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING,NY 14830	NONE	PC	Studio Youth Programs	6,137
ADDISON YOUTH CENTER 21 COMMUNITY DRIVE ADDISON,NY 14801	NONE	PC	VARIOUS PROGRAMS	23,392
SPENCER-VAN ETTEN CENTRAL SCHOOL PO Box 307 Spencer,NY 14883	NONE	PC	P A V E ELEMENTARY ENRICHMENT PROGRAM \$3,700	5,650
HORNELL AREA CONCERN FOR YOUTH INC 30 SENECA STREET HORNELL,NY 14843	NONE	PC	VARIOUS PROGRAMS	25,178
CORNING PAINTED POST AREA SCHOOL DISTRICT 165 CHARLES STREET PAINTED POST,NY 14870	NONE	PC	HIGH SCHOOL LEARNING CENTER	15,000
TANGLEWOOD NATURE CENTER AND MUSEUM 443 Coleman Avenue ELMIRA,NY 14903	NONE	PC	2015 GRANT	8,000
BATH SCHOOL DISTRICT 216 Maple Heights Bath,NY 14810	NONE	PC	Family Resource Center	6,750
FAMILY SERVICE SOCIETY INC 280 PRINCETON AVENUE EXT CORNING,NY 14830	NONE	PC	CYAC KIDS CAFE PROGRAM \$15,000 CARE PACKAGES FOR THE HOMELESS \$180	15,180
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA SUITE 200 CORNING,NY 14830	NONE	PC	2015 GRANT	10,000
FRONTLINE COMMUNITY AND YOUTH CENTER 346 WOODLAWN AVENUE ELMIRA,NY 14901	NONE	PC	GENERAL SUPPORT	6,000
CAREER DEVELOPMENT COUNCIL 459 PHILO ROAD ELMIRA,NY 14903	NONE	PC	Architectural Awareness Program	3,075
CITY OF CORNING PARKS AND RECREATION 500 NASSER CIVIC CENTER PLAZA CORNING,NY 14830	NONE	PC	SUMMER PARKS PROGRAM	3,000
Total			3a	187,794

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRL SCOUTS OF NY PENN PATHWAYS 226 COLONIAL DRIVE HORSEHEADS, NY 14845	NONE	PC	GIRL SCOUT LEADERSHIP AFTER SCHOOL PROGRAM	912
NY FUNDERS ALLIANCE 431 E FAYETTE ST SYRACUSE, NY 13202	NONE	PC	PHILANTHROPY CENTER	100
PATHWAYS 33 DENISON PKWY W CORNING, NY 14830	NONE	PC	KID'S ADVENTURE CLUB	2,500
SALVATION ARMY CORNING 32 DENISON PKWY E CORNING, NY 14830	NONE	PC	KID'S CAFE & SUMMER PROGRAMS	4,000
TRINITY OF CHEMUNG COUNTY 150 LAKE STREET ELMIRA, NY 14901	NONE	PC	SAMANTHA SKUNK PREVENTION	2,000
Total.  3a				187,794

TY 2015 Accounting Fees Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	30,000	30,000		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER SYSTEM	2008-12-10	1,710	1,710	M5					
MICROSOFT OFFICE	2008-12-10	462	462	SL	3				

TY 2015 Investments Corporate Stock Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORNING INC	4,375	197,643
GENERAL ELECTRIC	35	2,554

TY 2015 Investments - Other Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
JPM MONEY MARKET FUND		39,553	39,553
VANGUARD TOAL BD MKT INDEX ADM			
MS GLOBAL ALTERNATIVES FUND		1,603,929	1,371,439
MS GLOBAL CREDIT FUND		942,789	895,422
MS GLOBAL EQUITY FUND		2,277,522	2,111,706

**TY 2015 Land, Etc.
Schedule****Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER SYSTEM	1,710	1,710		
MICROSOFT OFFICE	462	462		

TY 2015 Other Decreases Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Description	Amount
BOOK/TAX ADJ FOR STOCK CONTRIBUTIONS	76,656
GRANT ADJUSTMENT	300
NONDIVIDEND DISTRIBUTIONS	866

TY 2015 Other Expenses Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MS GLOBAL ALTERNATIVES FUND	3,505	3,505		
MS GLOBAL CREDIT FUND	3,445	3,445		
MS GLOBAL EQUITY FUND	3,409	3,409		
FILING FEES	250			
WORKMAN'S COMPENSATION	350			
PAYCHEX, MISC EXP	3,110			
PROFESSIONAL DEVELOPMENT	1,472			
INSURANCE	564			
MISCELLANEOUS EXPENSES	5,657			
ORGANIZATIONAL DEVELOPMENT	8,714			

TY 2015 Other Income Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
nontaxable distribution			

TY 2015 Taxes Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	19,373	19,373		
FOREIGN TAXES	1,852	1,852		

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2015

Name of the organization THE TRIANGLE FUND	Employer identification number 31-1591261
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Organization type (check one)

Filers of: Form 990 or 990-EZ	Section: ☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE TRIANGLE FUND	Employer identification number 31-1591261
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	 \$ 	Person Payroll Noncash (Complete Part II for noncash contribution)

Name of organization THE TRIANGLE FUND	Employer identification number 31-1591261
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Part II

Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	See Additional Data Table	\$ _____	_____
(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.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.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
_____		\$ _____	_____

Name of organization THE TRIANGLE FUND	Employer identification number 31-1591261
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		

Additional Data

Software ID:
Software Version:
EIN: 31-1591261
Name: THE TRIANGLE FUND

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>			Person ☒
	GRATIA S LASSALLE		Payroll ☒
	PO BOX 8496	\$ 25,000	Noncash
	GREENVALLEY LAKE, CA 92341		(Complete Part II for noncash contribution)
<u>2</u>			Person ☒
	MARK KEATON		Payroll ☒
	40466 SOUTHEAST TRUBEL ROAD	\$ 6,654	Noncash
	SANDY, OR 97055		(Complete Part II for noncash contribution)
<u>3</u>			Person ☒
	HOPE NEWELL		Payroll ☒
	4808 JOLYNN WOLF WAY	\$ 6,000	Noncash
	FISHERVILLE, KY 40023		(Complete Part II for noncash contribution)
<u>4</u>			Person ☒
	ADELAIDE GRISWOLD		Payroll ☒
	10 LONG WOOD DRIVE 261	\$ 10,066	Noncash
	WESTWOOD, MA 02090		(Complete Part II for noncash contribution)
<u>5</u>			Person ☒
	BRIAN G OOTEN		Payroll ☒
	14960 SOUTH HENRICI ROAD	\$ 5,000	Noncash
	OREGON CITY, OR 97045		(Complete Part II for noncash contribution)
<u>6</u>			Person ☒
	NINA B HOUGHTON		Payroll ☒
	6 LATIMER ROAD	\$ 6,020	Noncash
	LOS ANGELES, CA 90402		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>			Person ☒
	JAMES D HOUGHTON		Payroll ☒
	2 West Cedar Street	\$ 6,000	Noncash
	BOSTON, MA 02108		(Complete Part II for noncash contribution)
<u>8</u>			Person ☒
	PETER PAGE		Payroll ☒
	6758 TIMBERLAND LANE	\$ 5,000	Noncash
	SARASOTA, FL 34241		(Complete Part II for noncash contribution)
<u>9</u>			Person ☒
	VARIOUS CONTRIBUTORS UNDER 5000		Payroll ☒
	80 E MARKET STREET	\$ 20,495	Noncash
	CORNING, NY 14830		(Complete Part II for noncash contribution)
<u>10</u>			Person ☒
	JAMES R HOUGHTON		Payroll ☒
	2649 B SPENCER HILL ROAD	\$ 6,000	Noncash
	CORNING, NY 14830		(Complete Part II for noncash contribution)
<u>11</u>			Person ☒
	AMORY HOUGHTON JR		Payroll ☒
	33 W THIRD STREET	\$ 12,045	Noncash
	CORNING, NY 14830		(Complete Part II for noncash contribution)
<u>12</u>			Person ☒
	WILLIAM HALLENBECK JR		Payroll ☒
	1105 ABBEYS WAY	\$ 5,000	Noncash
	TAMPA, FL 33602		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>			Person ☒
	ALANSON B HOUGHTON II		Payroll ☐
	43 Blockade Drive	\$ 5,000	Noncash
	Pawleys Island, SC 29585		(Complete Part II for noncash contribution)
<u>14</u>			Person ☒
	ROBERT W HOUGHTON		Payroll ☒
	92 Martin Street	\$ 6,007	Noncash
	Acton, MA 01720		(Complete Part II for noncash contribution)
<u>15</u>			Person ☐
	ALANSON B HOUGHTON III		Payroll ☒
	PO BOX 1257	\$ 9,017	Noncash
	SAG HARBOR, NY 11963		(Complete Part II for noncash contribution)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	1,058 SHARES CORNING, INC BASIS \$89 38	<u>\$ 24,905</u>	<u>2015-03-17</u>
<u>2</u>	52 SHARES COVANCE, INC BASIS \$141	<u>\$ 5,554</u>	<u>2015-01-20</u>
<u>4</u>	435 SHARES CORNING, INC BASIS \$2	<u>\$ 10,066</u>	<u>2015-01-20</u>
<u>6</u>	286 SHARES CORNING, INC BASIS \$1,290	<u>\$ 6,020</u>	<u>2015-05-27</u>
<u>11</u>	476 SHARES CORNING, INC BASIS \$2	<u>\$ 10,020</u>	<u>2015-05-27</u>
<u>14</u>	212 SHARES CORNING, INC BASIS \$14 67	<u>\$ 4,990</u>	<u>2015-03-17</u>
<u>14</u>	59 SHARES CORNING, INC BASIS \$4	<u>\$ 1,007</u>	<u>2015-09-22</u>
<u>15</u>	89 SHARES BROWN FORMAN CORP CLASS B BASIS \$21	<u>\$ 9,017</u>	<u>2015-07-01</u>
<u>9</u>	104 SHARES CORNING, INC BASIS \$0	<u>\$ 2,211</u>	<u>2015-08-04</u>
<u>9</u>	82 SHARES GENERAL ELECTRIC CO BASIS \$35	<u>\$ 2,440</u>	<u>2015-12-16</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	99 SHARES CORNING, INC BASIS \$0	\$ 2,026	