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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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No. 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation: TRIANGLE FOUNDATION INC
C/O JNW MANAGEMENT CORP

A Employer identification number: 35-1904937

Number and street (or P O box number if mail is not delivered to street address): 8606 ALLISONVILLE RD

Room/suite: 109

B Telephone number (see instructions): (317)849-8861

City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46250

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) ▶ $ 0

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc, received (attach schedule)	17,109			
	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				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	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	17,109	0		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule) STM107	350			
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions) STM110	3,443			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule) STM103	18,875			
	24	**Total operating and administrative expenses.** Add lines 13 through 23	22,668	0		0
	25	Contributions, gifts, grants paid	24,000			0
	26	**Total expenses and disbursements.** Add lines 24 and 25	46,668	0		0
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	441			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2015)

EEA

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a Paid during the year				
ROBERT SCHULLER MINISTRIES 11377 ORANGE LOPP Brookston, IN 47923				0
JIMMY SWAGGERT MINISTRIES PO BOX 262550 Baton Rouge, LA 70826				16,000
BETHESDA MINITRIES INTRNL 6658 EDGEWOOD DR Brighton, MI 48116				4,000
LYN TREE CLUB 1529 N 10TH ST Lafayette, IN 47901				1,000
OPERATION INJURIED SOLDIERS 10079 COLONIAL INDUSTRIAL DRIVE South Lyon, MI 48178				1,000
GREATER LAFAYETTE HONOR FLIGHT PO BOX 275 Lafayette, IN 47902				1,000
ABWE PO BOX 8585 Harrisburg, PA 17105				1,000
Total ▶ 3a				24,000
b Approved for future payment				
Total ▶ 3b				

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
TRIANGLE FOUNDATION INC

Employer identification number
35-1904937

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
1	DUSTIN CLAYTON 10620 EAST 100 SOUTH Lafayette, IN 47905	$ 5,258	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	SHELBY FARMS 8724 N 575 EAST Mooreland, IN 47360	$ 36,828	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Federal Supporting Statements

2015 PG01

Name(s) as shown on return: TRIANGLE FOUNDATION INC

Your Social Security Number: 35-1904937

Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
OFFICE EXPS	695	0	0	0
ADVERTISING EXPS	1,336	0	0	0
OUTSIDE SERVICES	15,266	0	0	0
LICENSES	1,578	0	0	0
Totals	18,875	0	0	0

PG01

Form 990PF - Part I - Line 16(a) - Legal Fees Schedule

Statement #107~

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
LEGAL AND PROFESSIONAL	350	0	0	0
Totals	350	0	0	0

Federal Supporting Statements

2015 PG01

Name(s) as shown on return

TRIANGLE FOUNDATION INC

Your Social Security Number

35-1904937

Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
R/E TAXES	3,443	0	0	0
Totals	3,443	0	0	0

0425869705
Nov. 01, 2017 LTR 2697C 0 R
35-1904937 201512 44
00016209

TRIANGLE FOUNDATION INC
% JNW MANAGEMENT CORP
8606 ALLISONVILLE RD STE 109
INDIANAPOLIS IN 46250

003682

DECLARATION

Under penalties of perjury, I declare I've examined the return identified in this letter, including any accompanying schedules and statements, and any supplemental statements attached hereto, which are intended as supplements to the return, and to the best of my knowledge and belief, it's true, correct, and complete. I understand this declaration will become a permanent part of the return.

Signature of officer or trustee

11/07/17
Date

Vice President
Title

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