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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE TRIANGLE FUND		A Employer identification number 31-1591261	
% MARKET STREET TRUST COMPANY			
Number and street (or P O box number if mail is not delivered to street address) 80 EAST MARKET STREET STE 202	Room/suite	B Telephone number (see instructions)	
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 ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ 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) \$ 4,728,238	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)	98,737			
	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	86,725	86,725		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	50,906			
	b Gross sales price for all assets on line 6a 56,684				
	7 Capital gain net income (from Part IV, line 2)		50,906		
	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	236,368	137,631		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages	39,863			39,863
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	130	0	0	0
	b Accounting fees (attach schedule)	30,000	30,000	0	0
	c Other professional fees (attach schedule)	1,000			
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,698	2,698		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	6,702			5,778
	21 Travel, conferences, and meetings	7,494			7,494
	22 Printing and publications	2,198			
	23 Other expenses (attach schedule)	21,962	8,101		
	24 Total operating and administrative expenses. Add lines 13 through 23	112,047	40,799	0	53,135
	25 Contributions, gifts, grants paid	189,039			189,039
	26 Total expenses and disbursements. Add lines 24 and 25	301,086	40,799	0	242,174
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-64,718			
	b Net investment income (if negative, enter -0-)		96,832		
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)	4,410	305	191,296		
	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)	4,863,793	4,753,074	4,536,942		
	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)	4,868,203	4,753,379	4,728,238			
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	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	4,868,203	4,753,379			
	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)	4,868,203	4,753,379				
31	Total liabilities and net assets/fund balances (see instructions) .	4,868,203	4,753,379				

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	4,868,203
2	Enter amount from Part I, line 27a	2	-64,718
3	Other increases not included in line 2 (itemize) ▶ _____	3	300
4	Add lines 1, 2, and 3	4	4,803,785
5	Decreases not included in line 2 (itemize) ▶ _____	5	50,406
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,753,379

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 95 SH BROWN FORMAN CORP CLASS B	D	1974-11-03	2016-06-23
b 86 SH CHEVRONTEXACO CORP	D	1978-12-10	2016-04-04
c 4270 SH CORNING, INC	D	1929-01-01	2016-04-01
d 82 SH GENERAL ELECTRIC COMPANY	D	1978-12-10	2016-01-25
e 103 SH QUEST DIAGNOSTICS, INC	D	1975-12-16	2016-01-25

(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)
a 9,268		22	9,246
b 8,615		233	8,382
c 92,714		5,442	87,272
d 2,313		35	2,278
e 6,776		46	6,730

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			9,246
b			8,382
c			87,272
d			2,278
e			6,730

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	50,906
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))
2015	252,265	4,892,946	0 051557
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

2 Total of line 1, column (d)	2	0 275764
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 055153
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	4,600,831
5 Multiply line 4 by line 3	5	253,750
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	968
7 Add lines 5 and 6	7	254,718
8 Enter qualifying distributions from Part XII, line 4	8	242,174

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 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	1	1,937
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	
3	Add lines 1 and 2.	3	1,937
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,937
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	8,915
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.	7	8,915
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶	10	6,978
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 6,978 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
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? <i>If "No," attach explanation</i> .	8b	Yes
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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 ► MARKET STREET TRUST COMPANY Telephone no ► (607) 962-6876			

Located at ► 80 EAST MARKET STREET STE 300 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 2016, 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?	16	Yes	No
	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 ► _____			

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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)? ☐	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 2016? ☐	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ 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 2016 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 2016). ☐	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 2016?	4b		No

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		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
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?	☐ Yes ☒ No	6b	No
	<i>If "Yes" to 6b, file Form 8870</i>			
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	

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	(e) Expense account, 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."

[illegible]

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	
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	4,578,393
b	Average of monthly cash balances.	1b	92,501
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,670,894
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	4,670,894
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	70,063
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,600,831
6	Minimum investment return. Enter 5% of line 5.	6	230,042

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	230,042
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,937
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,937
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	228,105
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	228,105
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	228,105

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	242,174
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	242,174
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	242,174

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				228,105
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 2014, 2013, 2012		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	29,891			
b From 2012.	35,658			
c From 2013.	51,644			
d From 2014.	16,956			
e From 2015.	11,701			
f Total of lines 3a through e.	145,850			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>242,174</u>				
a Applied to 2015, 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 2016 distributable amount.				228,105
e Remaining amount distributed out of corpus	14,069			
5 Excess distributions carryover applied to 2016 (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	159,919			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions).	29,891			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	130,028			
10 Analysis of line 9				
a Excess from 2012.	35,658			
b Excess from 2013.	51,644			
c Excess from 2014.	16,956			
d Excess from 2015.	11,701			
e Excess from 2016.	14,069			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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))

NINA B HOUGHTON JAMES D HOUGHTON

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

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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	189,039
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

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	86,725	
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	50,906	
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).				137,631	
13 Total. Add line 12, columns (b), (d), and (e).			13		137,631

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

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

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No

Print/Type preparer's name STEVE E AGAN	Preparer's Signature	Date 2017-08-14	Check if self-employed ☐	PTIN P00545842
Firm's name ▶ Sayles & Evans				Firm's EIN ▶
Firm's address ▶ One West Church Street Elmira, NY 14901				Phone no (607) 734-2271

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				
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				
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 <i>Paid during the year</i>				
ROCKWELL MUSEUM OF ART 111 CEDAR STREET CORNING, NY 14830	NONE	PC	VARIOUS PROGRAMS	25,010
SOUTHSIDE COMMUNITY CENTER PO BOX 4187 ELMIRA, NY 14904	NONE	PC	VARIOUS PROGREAMS	17,275
PROACTION OF STEUBEN AND YATES INC 117 E STEUBEN ST SUITE 11 BATH, NY 14810	NONE	PC	Youth Job Club Program	4,000
CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING, NY 14830	NONE	PC	Studio Youth Programs	5,158
ADDISON YOUTH CENTER 21 COMMUNITY DRIVE ADDISON, NY 14801	NONE	PC	VARIOUS PROGRAMS	16,400
Total ► 3a				189,039

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>				
SPENCER-VAN ETTEN CENTRAL SCHOOL PO Box 307 Spencer, NY 14883	NONE	PC	P A V E ELEMENTARY ENRICHMENT PROGRAM	4,000
HORNELL AREA CONCERN FOR YOUTH INC 30 SENECA STREET HORNELL, NY 14843	NONE	PC	VARIOUS PROGRAMS	22,000
CORNING PAINTED POST AREA SCHOOL DISTRICT 165 CHARLES STREET PAINTED POST, NY 14870	NONE	PC	STUDENT WAGES PROGRAM	15,000
TANGLEWOOD NATURE CENTER AND MUSEUM 443 Coleman Avenue ELMIRA, NY 14903	NONE	PC	GENERAL SUPPORT	8,000
BATH SCHOOL DISTRICT 216 Maple Heights Bath, NY 14810	NONE	PC	Family Resource Center	10,000
Total ▶ 3a				189,039

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>				
FAMILY SERVICE SOCIETY INC 280 PRINCETON AVENUE EXT CORNING, NY 14830	NONE	PC	KID'S CAFE \$ 2016 YOUTH GRANT	15,360
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA SUITE 200 CORNING, NY 14830	NONE	PC	NURTURING CONNECTIONS PROGRAM	10,000
CORNING COMMUNITY YMCA 127 CENTERWAY CORNING, NY 14830	NONE	PC	CATCH KID'S CLUB	4,000
CAREER DEVELOPMENT COUNCIL 459 PHILO ROAD ELMIRA, NY 14903	NONE	PC	Architectural Awareness Program	2,821
CITY OF CORNING PARKS AND RECREATION 500 NASSER CIVIC CENTER PLAZA CORNING, NY 14830	NONE	PC	SUMMER PARKS PROGRAM	3,000
Total 3a				189,039

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>				
HORSEHEADS FAMILY RESOUCCE CENTER 1034 W BROAD ST HORSEHEADS, NY 14845	NONE	PC	PARENT EDUCATION AND MONITORED VISITS	6,000
KRAMER FAMILY FOUNDATION TERRY HILL ROAD ALPINE, NY 14805	NONE	PF	READING PAWTNERS PROGRAM	1,500
FRIENDS OF THE CHEMUNG RIVER WATERSHED 111 NM MAIN ST 7 ELMIRA, NY 14901	NONE	PC	RIVER HAWKS AND CLEAN WATER PROGRAM	2,000
SALVATION ARMY CORNING 32 DENISON PKWY E CORNING, NY 14830	NONE	PC	KID'S CAFE & SUMMER PROGRAMS	6,000
TRUE CHRISTIANITY INC 25 VARGO ROAD HORSEHEADS, NY 14845	NONE	PC	NEIGHBORHOOD TRANSFORMATION CENTER	5,000
Total ► 3a				189,039

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>				
LET ELMIRA LIVE 346 WOODLAWN AVE ELMIRA, NY 14901	NONE	PC	GENERAL SUPPORT AND FRONTLINE YOUTH CENTER	5,315
REGIONAL SCIENCE AND DISCOVERY CENTER 425 PENNSYLVANIA AVE ELMIRA, NY 14904	NONE	PC	2016 GRANT - ADDISON & CC	1,200
Total ▶ 3a				189,039

TY 2016 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 2016 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 2016 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	305	191,296
GENERAL ELECTRIC		

TY 2016 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		112,383	112,383
VANGUARD TOAL BD MKT INDEX INS		25,000	25,417
MS GLOBAL ALTERNATIVES FUND		1,330,523	1,215,020
MS GLOBAL CREDIT FUND		899,076	877,275
MS GLOBAL EQUITY FUND		2,386,092	2,306,847

TY 2016 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 2016 Legal Fees Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	130			

TY 2016 Other Decreases Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Description	Amount
APPRECIATION ON CONTRIBUTED STOCK	50,406

TY 2016 Other Expenses Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MS GLOBAL ALTERNATIVES FUND	3,543	3,543		
MS GLOBAL CREDIT FUND	2,383	2,383		
MS GLOBAL EQUITY FUND	2,175	2,175		
FILING FEES	250			
WORKMAN'S COMPENSATION	363			
PAYCHEX, MISC EXP	3,117			
PROFESSIONAL DEVELOPMENT	2,245			
INSURANCE	1,103			
MISCELLANEOUS EXPENSES	242			
ORGANIZATIONAL DEVELOPMENT	6,541			

TY 2016 Other Income Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Other Income Schedule

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

TY 2016 Other Increases Schedule

Name: THE TRIANGLE FUND
EIN: 31-1591261

Description	Amount
GRANT ADJUSTMENT	300

TY 2016 Other Professional Fees Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMPUTER REPAIR	1,000			

TY 2016 Taxes Schedule**Name:** THE TRIANGLE FUND**EIN:** 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES				
FOREIGN TAXES	2,698	2,698		

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 2016
	Name of the organization THE TRIANGLE FUND	Employer identification number 31-1591261

Organization type (check 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	☒ 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
--	---

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)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash 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
—		\$	
(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(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>	MARK KEATON	<u>\$ 6,636</u>	Person ☐
	40466 SOUTHEAST TRUBEL ROAD		Payroll ☐
	SANDY, OR97055		Noncash ☒ (Complete Part II for noncash contribution)
<u>2</u>	HOPE NEWELL	<u>\$ 6,000</u>	Person ☒
	4808 JOLYNN WOLF WAY		Payroll ☐
	FISHERVILLE, KY40023		Noncash ☒ (Complete Part II for noncash contribution)
<u>3</u>	BRIAN G OOTEN	<u>\$ 5,000</u>	Person ☒
	14960 SOUTH HENRICI ROAD		Payroll ☐
	OREGON CITY, OR97045		Noncash ☐ (Complete Part II for noncash contribution)
<u>4</u>	NINA B HOUGHTON	<u>\$ 6,546</u>	Person ☒
	6 LATIMER ROAD		Payroll ☐
	LOS ANGELES, CA90402		Noncash ☒ (Complete Part II for noncash contribution)
<u>5</u>	JAMES D HOUGHTON	<u>\$ 6,500</u>	Person ☒
	2 West Cedar Street		Payroll ☐
	BOSTON, MA02108		Noncash ☐ (Complete Part II for noncash contribution)
<u>6</u>	PETER PAGE	<u>\$ 5,000</u>	Person ☒
	6758 TIMBERLAND LANE		Payroll ☐
	SARASOTA, FL34241		Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	VARIOUS CONTRIBUTORS UNDER 5000	\$ 19,052	Person ☒
	80 E MARKET STREET		Payroll ☐
	CORNING, NY14830		Noncash ☒ (Complete Part II for noncash contribution)
<u>8</u>	JAMES R HOUGHTON	\$ 6,100	Person ☒
	2649 B SPENCER HILL ROAD		Payroll ☐
	CORNING, NY14830		Noncash ☐ (Complete Part II for noncash contribution)
<u>9</u>	AMORY HOUGHTON JR	\$ 12,000	Person ☒
	33 W THIRD STREET		Payroll ☐
	CORNING, NY14830		Noncash ☒ (Complete Part II for noncash contribution)
<u>10</u>	WILLIAM HALLENBECK JR	\$ 5,100	Person ☒
	1105 ABBEYS WAY		Payroll ☐
	TAMPA, FL33602		Noncash ☐ (Complete Part II for noncash contribution)
<u>11</u>	ALANSON B HOUGHTON II	\$ 5,000	Person ☒
	43 Blockade Drive		Payroll ☐
	Pawleys Island, SC29585		Noncash ☐ (Complete Part II for noncash contribution)
<u>12</u>	ROBERT W HOUGHTON	\$ 6,500	Person ☒
	92 Martin Street		Payroll ☐
	Acton, MA01720		Noncash ☒ (Complete Part II for noncash contribution)

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
13	ALANSON B HOUGHTON III	\$ 9,303	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	PO BOX 1257		
	SAG HARBOR, NY 11963		

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>	103 SH QUEST DIAGNOSTICS, INC FMV \$6,636 BASIS \$46	<u>\$ 6,636</u>	<u>2016-01-20</u>
<u>2</u>	64 SH CHEVRONTEXACO CORP FMV \$5,892 BASIS \$173	<u>\$ 5,892</u>	<u>2016-03-09</u>
<u>4</u>	299 SH CORNING, INC FMV \$6,046 BASIS \$1348	<u>\$ 6,046</u>	<u>2016-06-17</u>
<u>9</u>	5557 SH CORNING, INC FMV \$11,984 BASIS \$2	<u>\$ 11,984</u>	<u>2016-07-26</u>
<u>12</u>	311 SH CORNING, INC FMV \$5,988 BASIS \$22	<u>\$ 5,988</u>	<u>2016-03-09</u>
<u>13</u>	95 SH BROWN FORMAN CORP CLASS B FMV \$9,303 BASIS \$22	<u>\$ 9,303</u>	<u>2016-06-20</u>
<u>7</u>	2232 SH CORNING, INC 22 SH CHEVRONTEXACO CORP FMV \$3,649 , \$2,583 BASIS \$1 , \$60	<u>\$ 6,230</u>	<u>2016-12-13</u>