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.
▶ Go to *www.irs.gov/Form990PF* for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE TRIANGLE FUND

% MARKET STREET SERVICES LLC

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
80 EAST MARKET STREET STE 202

City or town, state or province, country, and ZIP or foreign postal code
CORNING, NY 14830

A Employer identification number
31-1591261

B Telephone number (see instructions)

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here............ ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here .... ▶ ☐

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

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 6,388,264

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

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)	138,521			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	407	407		
	4	Dividends and interest from securities	126,420	126,420		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	-49,071			
	b	Gross sales price for all assets on line 6a 54,214				
	7	Capital gain net income (from Part IV, line 2)		0		
	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	216,277	126,827		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0			
	14	Other employee salaries and wages	49,898			49,898
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	45,000	45,000		
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	10,920	3,920		
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	6,779			6,101
	21	Travel, conferences, and meetings	2,022			2,022
	22	Printing and publications	1,627			1,627
	23	Other expenses (attach schedule)	29,979	14,085		6,915
	24	**Total operating and administrative expenses.** Add lines 13 through 23	146,225	63,005		66,563
	25	Contributions, gifts, grants paid	215,238			215,238
	26	**Total expenses and disbursements.** Add lines 24 and 25	361,463	63,005		281,801
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-145,186			
	b	**Net investment income** (if negative, enter -0-)		63,822		
	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)	110	265	119,755
	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)	5,856,438	5,674,345	6,268,509
	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)	5,856,548	5,674,610	6,388,264
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 FASB ASC 958, check here** ▶ ☐ **and complete lines 24, 25, 29 and 30.**			
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ ☑ **and complete lines 26 through 30.**			
	26	Capital stock, trust principal, or current funds	5,856,548	5,674,610	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	5,856,548	5,674,610	
	30	**Total liabilities and net assets/fund balances** (see instructions)	5,856,548	5,674,610	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	5,856,548
2	Enter amount from Part I, line 27a	2	-145,186
3	Other increases not included in line 2 (itemize) ▶	3	1,968
4	Add lines 1, 2, and 3	4	5,713,330
5	Decreases not included in line 2 (itemize) ▶	5	38,720
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	5,674,610

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	49 SHS CHEVRON CORP	D	1978-12-10	2019-03-19
b	1177 SHS CORNING, INC.	D	1941-01-01	2019-03-01
c	77 SHS QUEST DIAGNOSTICS, INC.	D	1975-12-16	2019-02-01
d				
e				

	(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	6,181		133	6,048
b	41,306		58	41,248
c	6,727		35	6,692
d				
e				

	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	
a				6,048
b				41,248
c				6,692
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	-49,071
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))
2018	303,024	6,117,824	0.049531
2017	267,908	5,113,192	0.052395
2016	242,174	4,600,831	0.052637
2015	252,265	4,892,946	0.051557
2014	234,471	4,874,406	0.048102

2	**Total** of line 1, column (d)	2	0.254222
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.050844
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	5,995,837
5	Multiply line 4 by line 3	5	304,852
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	638
7	Add lines 5 and 6	7	305,490
8	Enter qualifying distributions from Part XII, line 4	8	281,801

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	1,276
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	1,276
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	1,276
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 3,844		
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	3,844
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	2,568
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 2,568 **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).	1b		No
	*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?.	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? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T.*	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?*If "Yes," complete Part II, col. (c), and Part XV.*	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? *If "No," attach explanation* .	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

			Yes	No
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?	13	Yes	

Website address ▶

14 The books are in care of ▶MARKET STREET SERVICES LLC Telephone no. ▶(800) 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 |

			Yes	No
16	At any time during calendar year 2019, 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		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. 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.

			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	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ 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 2019 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 2019.)*	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 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

				Yes	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			
	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**		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No			

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	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** 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."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, 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	
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	5,894,013
b	Average of monthly cash balances.	1b	193,131
c	Fair market value of all other assets (see instructions).	1c	0
d	**Total** (add lines 1a, b, and c).	1d	6,087,144
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	6,087,144
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	91,307
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,995,837
6	**Minimum investment return.** Enter 5% of line 5.	6	299,792

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	299,792
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	1,276		
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b			
c	Add lines 2a and 2b.			2c	1,276
3	Distributable amount before adjustments. Subtract line 2c from line 1.			3	298,516
4	Recoveries of amounts treated as qualifying distributions.			4	
5	Add lines 3 and 4.			5	298,516
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	298,516

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	281,801
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	281,801
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	281,801

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7					298,516
2 Undistributed income, if any, as of the end of 2019:					
a Enter amount for 2018 only.				0	
b Total for prior years: 2017 , 2016 , 2015			0		
3 Excess distributions carryover, if any, to 2019:					
a From 2014.	16,956				
b From 2015.	11,701				
c From 2016.	14,069				
d From 2017.	15,724				
e From 2018.	3,791				
f **Total** of lines 3a through e.		62,241			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 281,801					
a Applied to 2018, 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 2019 distributable amount.					281,801
e Remaining amount distributed out of corpus		0			
5 Excess distributions carryover applied to 2019. *(If an amount appears in column (d), the same amount must be shown in column (a).)*		16,715			16,715
6 **Enter the net total of each column as indicated below:**					
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		45,526			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020					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 2014 not applied on line 5 or line 7 (see instructions) . . .		241			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a		45,285			
10 Analysis of line 9:					
a Excess from 2015. . . .	11,701				
b Excess from 2016. . . .	14,069				
c Excess from 2017. . . .	15,724				
d Excess from 2018. . . .	3,791				
e Excess from 2019. . . .					

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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 THE FOUNDATION'S REQUEST FOR A 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 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* See Additional Data Table				
Total . . . . ▶ **3a**				215,238
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

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			14	407	
4 Dividends and interest from securities.			14	126,420	
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	-49,071	
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).				77,756	

13 **Total.** Add line 12, columns (b), (d), and (e). **13** 77,756

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

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

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-10-28	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Steven E Agan		2020-10-29		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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAMES D HOUGHTON 80 EAST MARKET STREET STE 202 CORNING, NY 14830	DIRECTOR 0.5	0	0	0
NINA B HOUGHTON 80 EAST MARKET STREET STE 202 CORNING, NY 14830	VICE PRESIDENT 1.0	0	0	0
ROBERT W HOUGHTON 80 EAST MARKET STREET STE 202 CORNING, NY 14830	PRESIDENT 1.0	0	0	0
MACY A MCGINNESS 80 EAST MARKET STREET STE 202 CORNING, NY 14830	DIRECTOR 0.5	0	0	0
AMORY HOUGHTON III 80 EAST MARKET STREET STE 202 CORNING, NY 14830	DIRECTOR 0.5	0	0	0
Joanne C Houghton 80 EAST MARKET STREET STE 202 CORNING, NY 14830	TREASURER 1.0	0	0	0
Megan H Mowbray 80 EAST MARKET STREET STE 202 CORNING, NY 14830	Director 0.5	0	0	0
Tessa M Emery 80 EAST MARKET STREET STE 202 CORNING, NY 14830	Director 0.5	0	0	0
SARAH K BOLSTER-HOUGHTON 80 EAST MARKET STREET STE 202 CORNING, NY 14830	DIRECTOR 0.5	0	0	0
Caitlin Fuller 80 EAST MARKET STREET STE 202 CORNING, NY 14830	Secretary 1.0	0	0	0
Carrie Bolster Houghton 80 EAST MARKET STREET STE 202 CORNING, NY 14830	Director 0.5	0	0	0

Form 990PF Part XV Line 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*				
ROCKWELL MUSEUM OF ART 111 CEDAR STREET CORNING, NY 14830	NONE	PC	ALLEY ART, GARDEN OF FIRE, IDENTITY OF ARTIST, TRANSPORTATION GRANT	18,500
SOUTHSIDE COMMUNITY CENTER PO BOX 4187 ELMIRA, NY 14904	NONE	PC	PROGRAM COORDINATOR SALARY, TRANSPORTATION GRANT, GENERAL SUPPORT	15,720
PROACTION OF STEUBEN AND YATES INC 117 E STEUBEN ST SUITE 11 BATH, NY 14810	NONE	PC	Youth Job Club Program, Hornell Family Resource Center	24,500
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
CORNING MUSEUM OF GLASS ONE MUSEUM WAY CORNING, NY 14830	NONE	PC	GLASS MAKING PROGRAM	5,000
FRIENDS OF ADDISON YOUTH CENTER INC 21 COMMUNITY DRIVE ADDISON, NY 14801	NONE	PC	DIRECTOR'S SALARY, GENERAL SUPPORT	10,275
ABBY'S PAWS FOR A CAUSE 1153 W 2nd Street Elmira, NY 14905	NONE	PC	READING PAWTNERS PROGRAM	8,500
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
HORNELL AREA CONCERN FOR YOUTH INC 30 SENECA STREET HORNELL, NY 14843	NONE	PC	HORNELL YOUTH CENTER, CANISTEO YOUTH CENTER, GENERAL SUPPORT	22,275
CORNING PAINTED POST AREA SCHOOL DISTRICT 165 CHARLES STREET PAINTED POST, NY 14870	NONE	PC	HIGH SCHOOL LEARNING CENTER STUDENT WAGE	12,000
TANGLEWOOD NATURE CENTER AND MUSEUM 443 Coleman Avenue ELMIRA, NY 14903	NONE	PC	ENVIRONMENTAL EDUCATION	7,500
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
UNITED WAY OF THE SOUTHERN TIER 300 NASSER CIVIC CENTER PLAZA 220 CORNING, NY 14830	NONE	PC	STEUBEN SUMMER LEARNING	5,000
FAMILY SERVICE SOCIETY INC 280 PRINCETON AVENUE EXT CORNING, NY 14830	NONE	PC	LAURA R. HOUGHTON YOUTH CENTER KIDS CAFE, TRANSPORTATION GRANT	15,960
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA SUITE 200 CORNING, NY 14830	NONE	PC	NURTURING CONNECTIONS PROGRAM	10,000
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
CORNING COMMUNITY YMCA 127 CENTERWAY CORNING, NY 14830	NONE	PC	SWIMMING LESSONS WITH SALVATION	1,640
CAREER DEVELOPMENT COUNCIL 459 PHILO ROAD ELMIRA, NY 14903	NONE	PC	Architectural Awareness Program	4,000
CITY OF CORNING PARKS AND RECREATION 500 NASSER CIVIC CENTER PLAZA CORNING, NY 14830	NONE	PC	SUMMER PARKS PROGRAM	3,000
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
HORSEHEADS FAMILY RESOUCE CENTER 1034 W BROAD ST HORSEHEADS, NY 14845	NONE	PC	PARENT EDUCATION AND MONITORED VISITS	12,000
REGIONAL SCIENCE AND DISCOVERY CENTER 55 FERRIS STREET STE 301 CORNING, NY 14830	NONE	PC	STEM AT ERNIE DAVIS YOUTH CENTER	3,000
CHEMUNG COUNTY HISTORICAL SOCIETY 415 E WATER STREET ELMIRA, NY 14901	NONE	PC	STEAM AHEAD CHEMUNG SHARED SERVICES	4,000
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
SALVATION ARMY CORNING 32 DENISON PKWY E CORNING, NY 14830	NONE	PC	GENERAL OPERATING FUND, TRANSPORTATION GRANT	10,350
TRUE CHRISTIANITY INC 25 VARGO ROAD HORSEHEADS, NY 14845	NONE	PC	TRANSFORMATION CENTER, TRANSPORTATION GRANT, GENERAL SUPPORT	9,113
LET ELMIRA LIVE346 WOODLAWN AVE ELMIRA, NY 14901	NONE	PC	TRANSPORTATION GRANT	235
Total . . . . ▶ **3a**				215,238

Form 990PF Part XV Line 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*				
CHEMUNG COUNTY CHILD CARE COUNCIL 1580 LAKE ST STE 200 ELMIRA, NY 14901	NONE	PC	HEADSTART SCHOOL READINESS	6,670
FAMILY SERVICES OF CHEMUNG COUNTY 1019 E WATER STREET ELMIRA, NY 14901	NONE	PC	COMPEER	6,000
Total . . . . ▶ **3a**				215,238

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

TY 2019 Depreciation Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Depreciation Schedule

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 2019 Investments Corporate Stock Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORNING INC	66	116,818
APPLE	199	2,937

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317010060

TY 2019 Investments - Other Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
JPM MONEY MARKET FUND		239,129	239,129
VANGUARD TOTAL ST MKT IND FD		269,000	326,287
MS GLOBAL ALTERNATIVES FUND		989,707	952,794
MS GLOBAL CREDIT FUND		974,572	941,973
MS GLOBAL EQUITY FUND		3,201,937	3,808,326

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317010060

TY 2019 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 2019 Other Decreases Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Description	Amount
APPRECIATION ON CONTRIBUTED STOCK	38,720

TY 2019 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	3,584	3,584		
MS GLOBAL CREDIT FUND	3,513	3,513		
MS GLOBAL EQUITY FUND	6,988	6,988		
FILING FEES	250			
DUES	1,950			
INTERNSHIP PROGRAM	1,817			
PROFESSIONAL DEVELOPMENT	3,206			
INSURANCE	1,489			
MISCELLANEOUS EXPENSES	267			
ORGANIZATIONAL DEVELOPMENT	6,915			6,915

TY 2019 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 2019 Other Increases Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Description	Amount
OTHER BOOK/TAX DIFFERENCES	1,968

TY 2019 Other Professional Fees Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	45,000	45,000		

TY 2019 Taxes Schedule

Name: THE TRIANGLE FUND

EIN: 31-1591261

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	3,920	3,920		
FEDERAL INCOME TAXES	7,000			

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Name of the organization	**Employer identification number**
THE TRIANGLE FUND	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 33 1/3% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.)

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

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
-		$	

(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

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
1	MARK KEATON 40466 SOUTHEAST TRUBEL ROAD SANDY, OR 97055	$ 6,637	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
2	HOPE NEWELL 1158 DEER VALLEY COURT FINCHVILLE, KY 40022	$ 6,124	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
3	BRIAN G OOTEN 14960 SOUTH HENRICI ROAD OREGON CITY, OR 97045	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
4	NINA B HOUGHTON 6 LATIMER ROAD LOS ANGELES, CA 90402	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
5	JAMES D HOUGHTON 2 West Cedar Street BOSTON, MA 02108	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
6	PETER PAGE 6758 TIMBERLAND LANE SARASOTA, FL 34241	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VARIOUS CONTRIBUTORS UNDER 5000 80 E MARKET STREET CORNING, NY 14830	$ 20,520	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
8	JAMES R HOUGHTON 80 E MARKET ST STE 300 CORNING, NY 14830	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
9	AMORY HOUGHTON JR 33 W THIRD STREET CORNING, NY 14830	$ 15,009	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
10	WILLIAM HALLENBECK JR 1105 ABBEYS WAY TAMPA, FL 33602	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
11	THE GRAUER FOUNDATION 23 SMITH ROAD GREENWICH, CT 06830	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
12	ROBERT W HOUGHTON 92 Martin Street Acton, MA 01720	$ 7,031	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ALANSON B HOUGHTON III 30 PROSPECT AVENUE SAG HARBOR, NY 11963	$ 9,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
14	JOE WIGGLESTON III 335 WENTWORTH TRAIL JOHNS CREEK, GA 30022	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
15	SUSAN COLE 2310 OXFORD AVENUE CARDIFF BY THE SEA, CA 92007	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
16	ALEXANDRA LASSALLE 7 MARY CRAPO WAY DARTMOUTH, MA 02748	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)