

Carlos Cerezo Jr CPA PA

166 San Remo Drive
Jupiter, FL 33458
ccerezocpa@outlook.com
Phone: (561)315-9659 | Fax:

July 04, 2020

Triangle Club Inc. 1369 Okeechobee Road West Palm Beach, FL 33401

Triangle Club Inc.:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Triangle Club Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (561)315-9659.

Sincerely,

Carlos Cerezo Jr. CPA Carlos Cerezo Jr CPA PA

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Triangle Club Inc. 1369 Okeechobee Road West Palm Beach, FL 33401

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (561)315-9659.

Sincerely,

Carlos Cerezo Jr. CPA Carlos Cerezo Jr CPA PA

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public

Inspection

<u>A</u>	For the	2019 calendar y	ear, or tax year begin	ning	, 2019, a	and ending		, 20	
В	Check if a	applicable:	C Name of organization Tr	iangle Club Inc.			D Emplo	yer identification number	
	Address	change	Doing business as				59-091973		
	Name cha	ange	Number and street (or P.	O. box if mail is not delivered to street a	ddress)	Room/suite	E Teleph	one number	
	Initial retu	ırn	1369 Okeechobee	e Road				(561)832-1110	
	Final retu	rn/terminated	City or town, state or prov	vince, country, and ZIP or foreign postal	code		G Gross	receipts	
	Amended	d return	West Palm Beach	n, FL 33401			\$	593,614	
	Application	on pending	F Name and address of pri	ncipal officer: Richard Wolff	E	H(a) Is this a	group return fc	or subordinates? Yes X No	
			Same as C above	9		H(b) Are all	subordinates	s included? Yes No	
ı	Tax-exem	npt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No,	" attach a list	t. (see instructions)	
J	Website:	▶ thetr	iangleclubwpb.c	om		H(c) Grou	p exemption	number ►	
K	Form of o	organization: X Cor	poration Trust Ass	ociation Other ►	L Year of format	tion: 1961 M	State of lega	al domicile: FL	
Pa	art I	Summary				•			
	1	Briefly describe	the organization's miss	on or most significant activities	E: The Club is	maintained h	by and	for the benefit	
		of individu	uals in "12-Ste	p" Related Programs					
Governance				trying to recover					
rna									
Š	2	Check this box	if the organization	discontinued its operations or	disposed of more than	25% of its net asse	ets.		
ŏ	3	Number of votin	g members of the gove	rning body (Part VI, line 1a)			. 3	7	
ος (γ	4		-	s of the governing body (Part				7	
itie	5		_	calendar year 2019 (Part V, I			. 5	39	
Activities &	6			necessary)			. 6		
⋖	7a			Part VIII, column (C), line 12				0	
	b			from Form 990-T, line 39 .				0	
e						Prior Year		Current Year	
	8	Contributions an	d grants (Part VIII, line	. 8	5,476	171,092			
	9			e 2g)			3,620	116,484	
Revenue	10			A), lines 3, 4, and 7d)			3	12	
Re	11			ies 5, 6d, 8c, 9c, 10c, and 11e)			1,629	101,332	
	12		add lines 8 through 11 (0,728	388,920			
	13			X, column (A), lines 1-3)			.,	0	
	14	Benefits paid to			0				
	15			benefits (Part IX, column (A),	lines 5-10)		9,357	204,425	
ses	16a			column (A), line 11e)			,,,,,,,	0	
Expenses	b		expenses (Part IX, col		0				
Ä	17	1	(Part IX, column (A), lir			-	3,664	202,395	
	18			equal Part IX, column (A), line			3,021	406,820	
	19	•		18 from line 12	•		2,293)	(17,900)	
			7			Beginning of Cur		End of Year	
etso	20	Total assets (Pa	ort X. line 16)				9,689	473,916	
Net Assets or	21	,					2,915	15,042	
Š	Ĕ 22	•	*	line 21 from line 20			6,774	458,874	
Pa	art II	Signature				'			
		ies of perjury, I declare	that I have examined this retu	rn, including accompanying schedules a		t of my knowledge and be	elief, it is		
true	e, correct,	and complete. Declarat	tion of preparer (other than off	cer) is based on all information of which	preparer has any knowledge.				
Sig	gn	Signature of o	officer				Date	e	
He	re	Paul Ma	asaracchio, Tre	asurer					
		Type or print	name and title						
		Print/Type prepare	r's name	Preparer's signature	Date	Check	if	PTIN	
Pa	id	Carlos Ce	rezo Jr. CPA		07-04-20		mployed	P00569437	
Pr	eparei			erezo Jr CPA PA		Firm's EIN ▶			
	e Only			Remo Drive		Phone no.			
	•			FL 33458					
Ma	y the IR	S discuss this retu	_	own above? (see instructions)				X Yes No	

) (Revenue \$

including grants of \$

401,693

(Expenses \$

9) Triangle Club Inc. Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	4	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Х	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Х
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
Ü	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
•	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
t a	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) 19) Triangle Club Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) 59-0919735 Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>x</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them.)	4.5		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 142	<u> </u>	140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i>	140		
13	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	13		<u>X</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.	10		
	ii 165, complete Form 4720, constante O.	_	000 /	

Form 990 (2019) Page 6 Triangle Club Inc. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year

	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
10	Describe on Schodula Quilether (and if as how) the organization made its governing documents, conflict of interest policy			

.,	List the states with which a copy of this form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request Other (explain on Schedule O)									
10	Describe on Schedule O whether (and if so how) the organization made its governing documents, conflict of interest policy									

and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)						
(A)	(B)	Position					(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)					compensation	compensation	of other
	per week					\neg	from the	from related	compensation from the
	(list any hours for	or	Institut	Ke	em	Fol	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and
	related	direc		Key employee	hest	Former			related organizations
	organizations	tor	onal	ploy	6 con				
	below	or director	Institutional trustee	ee	pen				
	dotted line)		8	1	Highest compensated employee				
		`			٩				
(1) Brian Edington	10.00								
Trustee		X					0	0	0
(2) James Hanseder	10.00								
Trustee		X					0	0	0
(3) Diane Jehle	10.00								
Trustee		Х					0	0	0
(4) John Brewer	10.00								
Trustee		Х					0	0	0
(5) Jack_Barrett	10.00								
Trustee		Х					0	0	0
(6) Robyn Trainer	10.00								
Trustee		Х					0	0	0
(7) Kelly Knopick	10.00						_	_	_
Trustee		Х					0	0	0
(8) Richard Wolff	10.00						_	_	_
President			Х				0	0	0
(9) Craig Glover	10.00								
Vice President			Х				0	0	0
(10)Paul_Masaracchio	10.00						_	_	_
Treasurer			X				0	0	0
(11)Deborah Beriro	10.00						_	_	_
Secretary			X				0	0	0
(12)									
<u>(13)</u>									
(14)									

Part	VII Section A. Officers, Directors, Trustee	ss, Rey Ellip	Joyees	5, ai		C)	esi CC	nip	ensated Employe	COMMING	<i>u)</i>			
	(A) Name and title		(B) Po: (do not check m box, unless per hours officer and a di er week ist any					n)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amou of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI				
<u>(15)</u>														
(16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
(21)										7				
(22)														
(23)_														
(24)														
(25)				_										
1b c	Subtotal	ion A .						. •						
d 2	Total (add lines 1b and 1c)	ed to those	isted a	bove	 e) wh	o re	· · ·	· ▶ d mo	ore than \$100,000	of	0			0
-	reportable compensation from the organization												Yes	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .		-				-					3		x
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater the													
_	individual											4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										vear			
	(A)	oriodilori for	trio oar	oriac	ai ye	ai c	indii ig	*****	(B)	"Zation's tax	your.	(C)		
-	Name and business address	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ted a	above)) wh	0					

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		Check if Schedule O contains a response or	note to any line in thi	is Part VIII			📙
		·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a	1				
	b	Membership dues					
nts nts		'	-				
Gra	C	Fundraising events					
ts, Am	d	Related organizations 10					
ᇐᇐ	е	Government grants (contributions) 16	9				
ns, Sim,	f	All other contributions, gifts, grants,					
utic er (and similar amounts not included above 1f	109,553				
들ㅎ	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 19	j \$				
O 10	h	Total. Add lines 1a-1f		171,092			
			Business Code				
o.	2a	Rental Income	532000	116,484	116,484		
<u>, </u>	b						
Program Service Revenue	С						
E Se ∃	d						
200	е						
P.	f	All other program service revenue					
				116,484			
		Investment income (including dividends, interest	-				
	3	other similar amounts)		12	12		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	62	Gross rents 6a	(II) Felsonal				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		` ' \					
	u	` ´					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory					
ø.	b	Less: cost or other basis					
Ž		and sales expenses 7b					
Revenue	l	Gain or (loss)					
er R	l						
Othe	ва	Gross income from fundraising					
0		events (not including \$ 55,475					
		of contributions reported on line					
		,	a 37,965				
	l .		b 32,173				
	l		<u> ▶</u>	5,792			5,792
	9a	Gross income from gaming					
		· · · · · · · · · · · · · · · · · · ·	a 6,831				
			b 8,418				
	С	Net income or (loss) from gaming activities .	▶	(1,587)	(1,587)		
	10a	Gross sales of inventory, less					
			Da 260,882				
			0b 164,103				
	С	Net income or (loss) from sales of inventory .		96,779	96,779		
			Business Code				
Miscellanous Revenue		Gift Shop	453220	348	348		
llan ent	b						
Sev.	C	All other records					
Ĕ		All other revenue					
		Total. Add lines 11a-11d		348	010 005		F 500
	12	Total revenue. See instructions	-	388,920	212,036	0	5,792

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to a	any line in this Part IX			<u> L</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	189,898	189,898		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,527	14,527		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,000		1,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,750		3,750	
12	Advertising and promotion	377		377	
13	Office expenses	22,643	22,643		
14	Information technology				
15	Royalties				
16	Occupancy	129,909	129,909		
17	Travel	200	200		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,000	22,000		
23	Insurance	21,271	21,271		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	055	055		
a	License and memberships	855	855		
b	Gift Shop Expense	390	390		
C					
d	All other evenesses				
е 25	All other expenses	406.000	105 505	=	_
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	406,820	401,693	5,127	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOR 08 2 (ASC 058 730) following SOR 08 2 (ASC 058 730)				
	following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Triangle Club Inc. 59-0919735 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 4,943 1,893 2 2 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 8 7,688 6,965 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 820,644 b Less: accumulated depreciation 10b 487,058 10c 355,586 465,058 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 499,689 16 16 473,916 17 3,054 17 783 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 19,861 25 14,259 26 26 22,915 15,042 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 476,774 458,874 32 476,774 458,874 Total liabilities and net assets/fund balances 33 473,916 499,689

EEA Form 990 (2019)

Form		-091973	35	Pa	age 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		388,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		406,	820
3	Revenue less expenses. Subtract line 2 from line 1	3		(17,	900
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		476,	774
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		458,	874
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
[Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
[☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2019) EEA

3a

3b

х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

Triangle Club Inc. 59-0919735 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

59-0919735 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	258,859	67 , 733	81,551	85,476	171,092	664,711
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	258,859	67,733	81,551	85,476	171,092	664,711
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						7,482
6	Public support. Subtract line 5 from line 4						657,229
Sec	ction B. Total Support					<u>.</u>	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	258,859	67,733	81,551	85,476	171,092	664,711
8	Gross income from interest, dividends,	1					
	payments received on securities loans,	1					
	rents, royalties and income from	,	1				
	similar sources	13	4	4	3	12	36
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	138,534	461,888	549,655	588,548	422,510	2,161,135
11	Total support. Add lines 7 through 10		-	-	-	·	2,825,882
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or			d, fourth, or fift	th tax year as a	section 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c			column (f))		14	23.26 %
	Public support percentage from 2018 Sched					15	29.53 %
16a	33 1/3% support test - 2019. If the organiza	ition did not che	eck the box on	line 13, and lir	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organiza	ition did not che	eck a box on lii	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .			▶ □
17a	10%-facts-and-circumstances test - 2019.	If the organiza	tion did not che	eck a box on li	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	he "facts-and-c	circumstances"	test, check thi	is box and sto	p here. Explain	in
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	ne organization	qualifies as a	publicly suppor	ted
	organization			•	•		_
k	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	_					
	Explain in Part VI how the organization meet						icly
	supported organization						
18	Private foundation. If the organization did n						_
	instructions						▶ □