

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2018</b> and Ending (mm/dd/yyyy) <b>12/31/2018</b>		
Check if Applicable: <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>REMEMBER THE TRIANGLE FIRE COALITION, IN</b>	Employer Identification Number (EIN): <b>45-5137219</b>
	Mailing Address: <b>PO BOX 1822</b>	NY Registration Number: <b>44-83-23</b>
	City / State / ZIP: <b>NEW YORK, NY 10113</b>	Telephone: <b>917 428-1089</b>
	Website: <b>WWW.REMEMBERTHETRIANGLEFIRE.ORG</b>	Email: <b>INFO@REMEMBERTHETRI</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<u>Margaret L. Browne</u>	<b>MEG BROWNE</b>	<b>May 19, 2019</b>
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	_____	_____	_____
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>50.</u>	Total fee: \$ <u>75.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

REMEMBER THE TRIANGLE FIRE COALITION, INC.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# Short Form Return of Organization Exempt From Income Tax

## 2018

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

<b>A For the 2018 calendar year, or tax year beginning</b>		<b>and ending</b>	
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>REMEMBER THE TRIANGLE FIRE COALITION, INC.</b>		<b>D Employer identification number</b> <b>45-5137219</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 1822</b>		<b>E Telephone number</b> <b>9174281089</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10113</b>		<b>F Group Exemption Number</b> ▶
	<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I Website:</b> ▶ <b>WWW.REMEMBERTHETRIANGLEFIRE.ORG</b>			
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ▶ \$ <b>44,466.</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	44,460.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	6.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,466.	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	1,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	41,317.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,699.
	16 Other expenses (describe in Schedule O)	16	8,758.
17 <b>Total expenses.</b> Add lines 10 through 16	17	52,774.	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,308.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,649.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	51,341.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

REMEMBER THE TRIANGLE FIRE COALITION,  
INC.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	59,649.	22	51,341.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	59,649.	25	51,341.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,649.	27	51,341.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III  Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <b>SEE SCHEDULE O</b>		28a	52,774.
(Grants \$ 1,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>			
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	52,774.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY ANNE TRASCIATTI PRESIDENT	10.00	0.	0.	0.
ROSE IMPERATO VICE PRESIDENT	10.00	0.	0.	0.
JOEL SOSINSKY SECRETARY	10.00	0.	0.	0.
MEG BROWNE TREASURER	40.00	0.	0.	0.
SHERRY KANE DIRECTOR	5.00	0.	0.	0.
SUZANNE PRED BASS DIRECTOR	3.00	0.	0.	0.
ROBIN BERSON DIRECTOR	1.00	0.	0.	0.
DANIEL LEVINSON WILK DIRECTOR	1.00	0.	0.	0.
KEVIN BAKER DIRECTOR	1.00	0.	0.	0.
MARTIN ABRAMOWITZ DIRECTOR	2.00	0.	0.	0.
ROB LINNE DIRECTOR	2.00	0.	0.	0.
LINDA STAGNO DIRECTOR	1.00	0.	0.	0.

**REMEMBER THE TRIANGLE FIRE COALITION,  
INC.**

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O .....	<b>33</b>		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) .....	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? .....	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O .....	<b>35b</b>	N/A	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .....	<b>35c</b>		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N .....	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ..... <b>37a</b> 0.			
<b>b</b> Did the organization file Form 1120-POL for this year? .....	<b>37b</b>		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .....	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved .....	<b>38b</b>	N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	<b>40b</b>		<b>X</b>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ..... ▶ 0.			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ..... ▶ 0.			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ NY			
<b>42a</b> The organization's books are in care of ▶ MEG BROWNE Telephone no. ▶ 917-428-1089 Located at ▶ 77 SEVENTH AVE, NEW YORK, NY ZIP + 4 ▶ 10011			
<b>b</b> 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)? .....	<b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? .....	<b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country: ▶			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ..... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ..... ▶ <b>43</b> N/A			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44a</b>		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>45a</b>		<b>X</b>
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions .....	<b>45b</b>		

	<b>Yes</b>	<b>No</b>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
46		<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	<b>X</b>	
47	<b>X</b>	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
48		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
49a		<b>X</b>
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<i>Margaret L. Browne</i> Signature of officer	May 11, 2019 Date
	MEG BROWNE, TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRIS KRINGAS	KRIS KRINGAS	05/11/19		P00747134
	Firm's name	Firm's EIN			
	MAIER MARKEY & JUSTIC LLP	13-3539062			
	Firm's address	Phone no.			
	222 BLOOMINGDALE ROAD SUITE 400 WHITE PLAINS, NY 10605	914-644-9200			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization	REMEMBER THE TRIANGLE FIRE COALITION, INC.	Employer identification number	45-5137219
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	6.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	976.
PAYPAL FEES	102.
SUBSCRIPTIONS	2,224.
INSURANCE	1,954.
NYS FILING FEE	75.
MEMORIAL BUILD EXPENSES	2,653.
TRAVEL	13.
BANK FEES	42.
MEALS	52.
WEBSITE MAINTENANCE	150.
FAMILY NEWSLETTER	500.
MISCELLANEOUS	17.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>8,758.</b>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE THE PUBLIC  
 ABOUT THE TRIANGLE SHIRTWAIST FACTORY FIRE THROUGH ITS ONGOING  
 PROJECTS, EDUCATIONAL OUTREACH, AND SOCIAL MEDIA SITES. IT SUPPORTS THE  
 ANNUAL REMEMBRANCE ACTIVITIES ON THE ANNIVERSARY OF THE FIRE EACH MARCH  
 25, AND ENCOURAGES ACTIVISM BY AND FOR WORKERS AROUND THE WORLD. TO  
 THAT END, THE REMEMBER THE TRIANGLE FIRE COALITION IS CURRENTLY WORKING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <b>REMEMBER THE TRIANGLE FIRE COALITION, INC.</b>	Employer identification number <b>45-5137219</b>
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**TO ESTABLISH A PERMANENT ART MEMORIAL TO THOSE WHO DIED IN THE FIRE, SO  
THAT THEIR SACRIFICE WILL NEVER BE FORGOTTEN.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN CONCERT WITH INDIVIDUALS AND ORGANIZATIONS ACROSS THE  
COUNTRY, THE REMEMBER THE TRIANGLE FIRE COALITION  
SUPPORTED THE CREATION OF COMMEMORATIVE EVENTS - ACTIVISM,  
EDUCATION, ART FOR THE MARCH 2011 CENTENNIAL. TODAY, IT IS  
SPEARHEADING THE BUILDING OF A PUBLIC ART MEMORIAL TO HONOR THE LEGACY  
OF THE TRIANGLE FACTORY WORKERS.**

**THE COALITION SUPPORTS:  
THE CREATION OF INNOVATIVE PARTICIPATORY ACTIVITIES, TO BUILD THE  
MUSCLES OF ACTIVE SOCIAL ENGAGEMENT.  
NEW COLLABORATIONS BETWEEN COMMUNITIES AND ESTABLISHING A PERMANENT  
MEMORIAL.**



Name of the organization <b>REMEMBER THE TRIANGLE FIRE COALITION, INC.</b>	Employer identification number <b>45-5137219</b>
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**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LOIS EVANS				
DIRECTOR	3.00	0.	0.	0.
ROBIN BERNSTEIN				
DIRECTOR	1.00	0.	0.	0.