

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  <b>56,460,540</b></p>	<p><b>Print</b> or <b>Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Three Square</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>4190 N. Pecos Road</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>Las Vegas NV 89115</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>30-0396918</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>541900</b></p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here  
 ▶ **Catering**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III–V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **Tifani Walker** Telephone number ▶ **702-644-3663**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
		<b>c Balance</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule) <b>See Stmt 1</b>	<b>3,205,831</b>		<b>3,205,831</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>3,205,831</b>		<b>3,205,831</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			<b>505,371</b>
16	Repairs and maintenance			<b>6,009</b>
17	Bad debts			<b>35,789</b>
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			<b>45,303</b>
20	Charitable contributions (See instructions for limitation rules) <b>See Stmt 2</b>			<b>4,058</b>
21	Depreciation (attach Form 4562)	<b>21</b>	<b>34,470</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b 34,470</b>
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			<b>59,376</b>
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule) <b>See Statement 3</b>			<b>2,478,937</b>
29	<b>Total deductions.</b> Add lines 14 through 28			<b>3,169,313</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>36,518</b>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
32	Unrelated business taxable income. Subtract line 31 from line 30			<b>36,518</b>

**Part III Total Unrelated Business Taxable Income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	<b>36,518</b>
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	<b>36,518</b>
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	<b>1,000</b>
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	<b>35,518</b>

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	<b>7,459</b>
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	<b>7,459</b>

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	<b>7,459</b>
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>47</b>	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	<b>7,459</b>
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	<b>45,600</b>
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>50g</b>	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	<b>45,600</b>
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>	<b>0</b>
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	<b>38,141</b>
<b>55</b>	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	<b>55</b>	<b>38,141</b>

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**President & CEO**

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>Katie Hampton</b>	Preparer's signature <i>Katie Hampton</i>	Date <b>11/21/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00292787</b>
Firm's name <b>Houldsworth, Russo &amp; Company, P.C.</b>	Firm's EIN <b>88-0374623</b>	Firm's address <b>8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839</b>		
Phone no. <b>702-269-9992</b>				

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions included in column 8</b>				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

<b>Form 990-T</b>	<b>Schedule M Charitable Contribution and Loss Calculation</b>	<b>2018</b>
Description <b>Unrelated Business Activity</b>		
Name <b>Three Square</b>		Taxpayer Identification Number <b>30-0396918</b>
Unincorporated Business Income Tax Code: <b>541900</b> Activity: <b>Other professional, technical se</b>		

<b>Worksheet 1 Activity Charitable Contribution Deduction</b>		
1 Activity Income (Schedule M, Line 13, col C) .....	1	3,205,831
2 Activity Expense (does not include amount needed for Line 20) .....	2	3,165,255
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0- .....	3	40,576
4 Current activity contribution limit (Multiplier used is 10 %) .....	4	4,058
5 Current year contributions .....	5	71,249,271
6 Prior year contributions (corporations only) .....	6	130,989,222
7 Total available contributions (Add lines 5 and 6) .....	7	202,238,493
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M) .....	8	4,058
9 Remaining contributions (subtract line 8 from line 7) .....	9	202,234,435
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount .....	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3) .....	11	202,234,435

<b>Worksheet 2 Activity Losses and Carryforward Amounts</b>		
1 Activity losses (do not include amounts before 2018) .....	1	
2 Amount of loss used in the current year .....	2	
3 Prior year losses carried over to next year .....	3	
4 Losses generated by current year activity .....	4	0
5 Total loss carried forward to 2019 .....	5	0

<b>Worksheet 3 Activity Charitable Contribution Carryforward</b>					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17	65,583,448		65,583,448	4,058	65,579,390
1st 06/30/18	65,405,774		65,405,774		65,405,774
Charitable Contribution Carryover To Current Year			130989222		
Current Year Amount 71,249,271					71,249,271
Charitable Contribution Carryover Available To Next Year					202234435

**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
Catering	\$ 3,205,831
Total	\$ 3,205,831

**Statement 2 - Form 990-T, Part II, Line 20 - Charitable Contributions**

<u>Description</u>	<u>Amount</u>
Current year Contributions	\$ 71,249,271
Prior year Contributions	130,989,222
Total Contributions Available	202,238,493
Less: Allocation to Taxable Fringe	
Less: Contributions Disallowed	202,234,435
Total Deduction Allowed	4,058

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Advertising	\$ 7,193
Occupancy	32,567
Travel	21,802
Catered Meals food dist	2,355,445
Catered Meals prog mat	12,995
Catered Meals dues	8,984
Catered Meals meals cost	2,732
Catered Meals employee co	9,299
Information Technology	1,898
Office	8,886
Insurance	7,635
Other Professional Fees	3,793
Printing and Publications	189
Conferences/Meetings	3,519
Tax preparation expense	2,000
Total	\$ 2,478,937