Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning 07/01/14 , and ending 06/30/15

30-0396918

Three Square

Net Asset / Fund Balance at Beginning of Year				29,351,538
Revenue				
Contributions		72,885,280		
Program service revenue		2,187,944		
Investment income		488,340		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	10,569			
Direct expenses	11,142			
Net income		-573		
Other income		496,015		
Total revenue			76,057,006	
Expenses				
Program services		62,382,734		
Management and general		1,488,238		
Fundraising		2,434,881		
Total expenses			66,305,853	
Excess / (deficit)				9,751,153
Changes				-338,576
Net Asset / Fund Balance at End of Year				38,764,115

Reconciliation of Revenue

Total revenue per financial statements	75,739,854
Less:	
Unrealized gains	-338,576
Donated services	10,282
Recoveries	
Other	11,142
Plus:	
Investment expenses	
Other	
Total revenue per return	76,057,006

Reconciliation of Expenses

Total expenses per financial statements	66,327,277
Less:	
Donated services	10,282
Prior year adjustments	
Losses	
Other	11,142
Plus:	
Investment expenses	
Other	
Total expenses per return	66,305,853

Balance Sheet

	Beginning	Ending	Differences
Assets	30,694,093	40,166,877	
Liabilities	1,342,555	1,402,762	
Net assets	29,351,538	38,764,115	9,412,577

Miscellaneous Information

Amended return	
Return / extended due date	05/15/16
Failure to file penalty	

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839
702-269-9992

May 10, 2016

CONFIDENTIAL

Three Square
4190 N. Pecos Road
Las Vegas, NV 89115

Dear Mr. Burton:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/15 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Your Form 990-T for the tax year ended 6/30/15 shows a total overpayment of $4,402, which is to be refunded in its entirety. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by May 16, 2016 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.

Ogden, UT 84404

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Houldsworth, Russo & Company, P.C.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 7/01, 2014, and ending 6/30, 20 15

u Do not send to the IRS. Keep for your records.

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2014

Name of exempt organization: Three Square

Employer identification number: 30-0396918

Name and title of officer: Brian Burton, President & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	76,057,006
2a Form 990-EZ check here ▶		**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶		**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶		**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Houldsworth, Russo & Company, P.C. (**ERO firm name**) to enter my PIN 12345 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 01/25/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88517312345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Katie Hampton

Date } 01/25/16

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 990 — Return of Organization Exempt From Income Tax

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

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

u Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047 — **2014** — Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization: Three Square

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 4190 N. Pecos Road — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Las Vegas NV 89115

D Employer identification number: 30-0396918

E Telephone number: 702-644-3663

G Gross receipts $ 76,068,148

F Name and address of principal officer:
Brian Burton
4190 N. Pecos Road
Las Vegas NV 89115

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) t (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: u www.threesquare.org

H(c) Group exemption number u

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other u

L Year of formation: 2006 **M** State of legal domicile: NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box u [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	139
6	Total number of volunteers (estimate if necessary)	6	23760
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	247,815
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-59,411

Revenue / Expenses

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	58,093,784	72,885,280
9	Program service revenue (Part VIII, line 2g)	2,490,795	2,187,944
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,746	488,340
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	306,802	495,442
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,184,127	76,057,006
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	53,290,389	56,360,612
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,833,024	5,312,506
16a	Professional fundraising fees (Part IX, column (A), line 11e)		241,694
b	Total fundraising expenses (Part IX, column (D), line 25) u 2,434,881		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,279,483	4,391,041
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	62,402,896	66,305,853
19	Revenue less expenses. Subtract line 18 from line 12	-1,218,769	9,751,153

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	30,694,093	40,166,877
21	Total liabilities (Part X, line 26)	1,342,555	1,402,762
22	Net assets or fund balances. Subtract line 21 from line 20	29,351,538	38,764,115

Part II Signature Block

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.

Sign Here

Signature of officer — Date

Brian Burton — President & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Katie Hampton	Katie Hampton	05/10/16		P00292787

Firm's name } Houldsworth, Russo & Company, P.C. — Firm's EIN } 88-0374623

Firm's address } 8675 S Eastern Ave Ste A, Las Vegas, NV 89123-2839 — Phone no. 702-269-9992

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 62,382,734 including grants of$ 56,360,612) (Revenue $ 2,187,944)

Three Square provides wholesome food to hungry people while passionately pursuing a hunger free community. In the fiscal year ending June 30, 2014 Three Square provided meals for more than 137,000 individuals each and every month through our agency partners and programs. Three Square distributed more than 35 million pounds of nutritious food and grocery products to 800 nonprofit program partners; sent 192,000 bags of food home with students through our Backpack for Kids program; distributed more than 1.2 million meals and snacks to children through our Kids Cafe and Summer Food Programs; partnered with 169 retail grocery stores who participated in our Fresh Rescue program; and assisted individuals in receiving approximately $6.8 million in food assistance (cont. on Schedule O)

4b (Code:) (Expenses $ including grants of$) (Revenue $)

4c (Code:) (Expenses $ including grants of$) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of$) (Revenue $)

4e Total program service expenses u 62,382,734

Part IV Checklist of Required Schedules

			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	X	
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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	X	
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
d	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	X	
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	X	
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 employees? If "Yes," complete Schedule J	23	X	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
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	X	
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		X
b	If "Yes," enter the name of the foreign country: u				
	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
c	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		X
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).**				
a	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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.

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a: 26 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b: 26			
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		X
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		X
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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X

Section 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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed u None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in 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: u

Lawrence Scott 4190 N. Pecos Road
Las Vegas NV 89115 702-644-3663

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Anita Romero Board Chair	2.00 0.00	X		X				0	0	0
(2) John M. Sullivan Treasurer	2.00 0.00	X		X				0	0	0
(3) Shawn L. Gerstenberger, PhD Secretary	2.00 0.00	X		X				0	0	0
(4) Andy Abboud Director	2.00 0.00	X						0	0	0
(5) Brian Ayala Director	2.00 0.00	X						0	0	0
(6) Diana Bennett Director	2.00 0.00	X						0	0	0
(7) Michael J. Brown Director	2.00 0.00	X						0	0	0
(8) Louis Castle Director	2.00 0.00	X						0	0	0
(9) Marsha Gilford Director	2.00 0.00	X						0	0	0
(10) Dallas Haun Director	2.00 0.00	X						0	0	0
(11) Eric Hilton Director	2.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) Bill Hornbuckle Director	2.00 0.00	X						0	0	0
(13) Fran Inman Director	2.00 0.00	X						0	0	0
(14) Marianne Johnson Director	2.00 0.00	X						0	0	0
(15) Jacqui Krum Director	2.00 0.00	X						0	0	0
(16) Kara Kelley Director	2.00 0.00	X						0	0	0
(17) Robyn Ratcliffe Manzini Director	2.00 0.00	X						0	0	0
(18) Punam Mathur Director	2.00 0.00	X						0	0	0
(19) Tom McCartney Director	2.00 0.00	X						0	0	0
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u	699,679		50,068
d Total (add lines 1b and 1c)							u	699,679		50,068

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u4

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Grizzard Communications 110 N Maryland Avenue Los Angeles CA 91206	Fundraising	738,549
Choptank Transport, Inc. 3601 Choptank Road Preston MD 21655	Freight	357,848
Penske Truck Leasing Co, LP 3700 N Rancho Drive Las Vegas NV 89130	Leased Vehicles	307,456
The Geary Company 3136 E Russell Road Las Vegas NV 89120	Web Services	125,775
Crown Lift Trucks 141 N Gibson Road Henderson NV 89014	Warehouse Equip	111,624

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 5

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) Rose McKinney-James Director	2.00 0.00	X						0	0	0
(13) Sam McMullen Director	2.00 0.00	X						0	0	0
(14) Dick Rizzo Director	2.00 0.00	X						0	0	0
(15) Tariq Shaukat Director	2.00 0.00	X						0	0	0
(16) George Smith Director	2.00 0.00	X						0	0	0
(17) Judy Stokey Director	2.00 0.00	X						0	0	0
(18) Frank Woodbeck Director	2.00 0.00	X						0	0	0
(19) Brian Burton President & CEO	40.00 0.00			X				234,032	0	9,870
1b Sub-total u								234,032		9,870
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) Andrew Schuricht CFO	40.00 0.00			X				154,987	0	12,586
(13) Daniel Williams COO	40.00 0.00				X			155,660	0	8,658
(14) Matthew Muldoon CDO	40.00 0.00					X		155,000	0	18,954
(15)										
(16)										
(17)										
(18)										
(19)										

1b Sub-total ▶	465,647		40,198
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 71,196				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,800,009				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 69,014,075				
	g Noncash contributions included in lines 1a-1f: $ 53,204,724					
	h **Total.** Add lines 1a–1f u		72,885,280			
Program Service Revenue		Busn. Code				
	2a Shared maintenance fees	541900	2,187,944	2,187,944		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f u		2,187,944			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) u		488,340			488,340
	4 Income from investment of tax-exempt bond proceeds u					
	5 Royalties u					
		(i) Real / (ii) Personal				
	6a Gross rents	(i) 66,800				
	b Less: rental exps.					
	c Rental inc. or (loss)	(i) 66,800				
	d Net rental income or (loss) u		66,800			66,800
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) u					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events u					
	9a Gross income from gaming activities. See Part IV, line 19	a 10,569				
	b Less: direct expenses	b 11,142				
	c Net income or (loss) from gaming activities u		-573		-573	
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory u					
	Miscellaneous Revenue	Busn. Code				
	11a Private Food Service	900099	236,707		236,707	
	b Special Food Purchases	900099	150,684			150,684
	c Recycling revenue	900099	22,147			22,147
	d All other revenue		19,677		11,681	7,996
	e **Total.** Add lines 11a–11d u		429,215			
	12 **Total revenue.** See instructions. u		76,057,006	2,187,944	247,815	735,967

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	56,360,612	56,360,612		
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	515,683	329,425	72,875	113,383
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	3,996,861	2,557,950	563,177	875,734
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	414,993	266,339	57,016	91,638
10 Payroll taxes	384,969	246,286	54,254	84,429
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	44,996		44,996	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	241,694			241,694
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.)	258,585	17,521	67,970	173,094
12 Advertising and promotion	191,944	27,948	2,170	161,826
13 Office expenses	696,369	70,287	121,967	504,115
14 Information technology	112,593	44,665	44,509	23,419
15 Royalties				
16 Occupancy	534,887	460,077	42,674	32,136
17 Travel	469,801	446,539	12,633	10,629
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,757	7,962	5,026	6,769
20 Interest	35,398	35,103	254	41
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	930,825	810,215	67,914	52,696
23 Insurance	175,972	140,576	16,014	19,382
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Meals	254,529	36,482	186,007	32,040
b Program materials	230,893	230,723	59	111
c COGS	156,856	156,856		
d Bad Debt	77,994		77,994	
e All other expenses	199,642	137,168	50,729	11,745
25 **Total functional expenses.** Add lines 1 through 24e	66,305,853	62,382,734	1,488,238	2,434,881
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			2,424,888	1	1,052,483
	2	Savings and temporary cash investments			299,360	2	178,293
	3	Pledges and grants receivable, net			1,068,931	3	9,338,054
	4	Accounts receivable, net			268,507	4	127,121
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,496,355	8	5,378,359
	9	Prepaid expenses and deferred charges			508,040	9	485,815
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	23,761,141			
	b	Less: accumulated depreciation	10b	6,396,154	17,583,383	10c	17,364,987
	11	Investments—publicly traded securities			4,989,941	11	6,213,075
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			54,688	15	28,690
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			30,694,093	16	40,166,877
Liabilities	17	Accounts payable and accrued expenses			724,670	17	810,157
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				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 of Schedule D			617,885	25	592,605
	26	**Total liabilities.** Add lines 17 through 25			1,342,555	26	1,402,762
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here** u ☒ **and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			19,331,477	27	20,028,679
	28	Temporarily restricted net assets			8,020,061	28	16,735,436
	29	Permanently restricted net assets			2,000,000	29	2,000,000
		Organizations that do not follow SFAS 117 (ASC 958), check here u ☐ **and complete lines 30 through 34.**					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			29,351,538	33	38,764,115
	34	Total liabilities and net assets/fund balances			30,694,093	34	40,166,877

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,057,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,305,853
3	Revenue less expenses. Subtract line 2 from line 1	3	9,751,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,351,538
5	Net unrealized gains (losses) on investments	5	-338,576
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,764,115

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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		X
	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	X	
	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			
c	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Three Square

Employer identification number: 30-0396918

Part I 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 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: ....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **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.**

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 ☐ **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.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,995,791	49,532,976	41,137,731	58,093,784	72,885,280	264,645,562
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	42,995,791	49,532,976	41,137,731	58,093,784	72,885,280	264,645,562
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)						61,833,491
6 **Public support.** Subtract line 5 from line 4.						202,812,071

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	42,995,791	49,532,976	41,137,731	58,093,784	72,885,280	264,645,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,321	116,297	129,782	143,276	555,140	1,049,816
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,815	11,491			41,713	57,019
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	128,313	32,283	26,317	26,727	180,827	394,467
11 **Total support.** Add lines 7 through 10						266,146,864

12 Gross receipts from related activities, etc. (see instructions) — 12 — 2,187,944

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) — 14 — 76.20 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 — 15 — 80.96 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2014**	**(iii) Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income	$	54,153
Community room sales	$	118,389
Recycling revenue	$	41,098

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Name of the organization	Employer identification number
Three Square	30-0396918

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^1/_3$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ . . . .

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Three Square

Employer identification number: 30-0396918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Engelstad Family Foundation 5851 W Charleston Las Vegas NV 89102	$ 10,000,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Smith's Food and Drug Stores, Inc. 1550 S Redwood Rd Salt Lake City UT 84104	$ 3,174,495	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3	Albertson's 7075 Flying Cloud Drive Eden Prarie MN 55344	$ 8,310,770	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4	Walmart 702 SW 8th St Bentonville AR 72716	$ 5,156,039	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5	The Pepsi Bottling Group 700 Anderson Hill Road Purchase NY 10577	$ 1,571,883	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6	California Association of Food Banks 1624 Franklin Street #722 Oakland CA 94612	$ 12,235,140	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization Three Square

Employer identification number 30-0396918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Niagra Bottling, LLC 2560 E Philadelphia Street Ontario CA 91761	$ 6,494,226	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8	Feeding Washington 8435 161st Avenue Northeast Redmond WA 98052	$ 1,531,505	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: Three Square

Employer identification number: 30-0396918

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Food	$ 3,174,495	
3	Food	$ 8,310,770	
4	Food	$ 5,156,039	
5	Food	$ 1,571,883	
6	Food	$ 12,235,140	
7	Food	$ 6,494,226	

Name of organization
Three Square

Employer identification number
30-0396918

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Food	$ 1,531,505	
		$	
		$	
		$	
		$	
		$	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ.

u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
Three Square	30-0396918

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . u $ ....

3 Volunteer hours . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . u $ ....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . u $ ....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . u $ ....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . u $ ....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . u $ ....

4 Did the filing organization file **Form 1120-POL** for this year? . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check u ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check u ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures **(The term "expenditures" means amounts paid or incurred.)**	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	13,565	
c Total lobbying expenditures (add lines 1a and 1b)	13,565	
d Other exempt purpose expenditures	66,292,288	
e Total exempt purpose expenditures (add lines 1c and 1d)	66,305,853	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	4,935	10,338	4,885	13,565	33,723
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,648			0	4,648

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-A, Explanation of Four Year Averaging

Three Square is not a part of any Affiliated Group which would require disclosure on the Form 990. All expenditures related to lobbying during the FY 2015 are considered "direct" rather than "grassroots".

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	Employer identification number
Three Square	30-0396918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u

4 Number of states where property subject to conservation easement is located u

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 u $

(ii) Assets included in Form 990, Part X u $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 u $

b Assets included in Form 990, Part X u $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,527,484	2,202,115	2,000,000		
b Contributions	2,000,000			2,000,000	
c Net investment earnings, gains, and losses	-249,819	350,870	202,115		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	35,040	25,501			
g End of year balance	4,242,625	2,527,484	2,202,115	2,000,000	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment u 5.72 %
b Permanent endowment u 47.14 %
c Temporarily restricted endowment u 47.14 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,103,252		1,103,252
b Buildings		17,859,989	2,933,945	14,926,044
c Leasehold improvements				
d Equipment		4,797,900	3,462,209	1,335,691
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				17,364,987

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital Lease Payable	552,455
(3) Refundable Advance	40,150
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	592,605

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	75,739,854
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-338,576		
b	Donated services and use of facilities	2b	10,282		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	11,142		
e	Add lines **2a** through **2d**			2e	-317,152
3	Subtract line **2e** from line **1**			3	76,057,006
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	76,057,006

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	66,327,277
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	10,282		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	11,142		
e	Add lines **2a** through **2d**			2e	21,424
3	Subtract line **2e** from line **1**			3	66,305,853
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	66,305,853

Part XIII **Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Bingo revenue $ 10,570

Loss on Bingo $ 572

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Bingo Expenses $ 11,142

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Three Square

Employer identification number 30-0396918

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Grizzard Communications Group 110 N Maryland Avenue Glendale CA 91206	Strategic		X	1,392,624	166,980	1,225,644
2	Nancy Pope Consulting 1006 Chavez Road NW Los Ranchos NM 87107	Fundraise		X	0	40,714	-40,714
3	Advanced Development Services PO Box 94564 Las Vegas NV 89193	Fundraise		X	70,000	34,000	36,000
4							
5							
6							
7							
8							
9							
10							
Total				▶	1,462,624	241,694	1,220,930

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

All states

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ..... % ☐ No	☐ Yes ..... % ☐ No	☐ Yes ..... % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name u

Address u

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization u$ and the amount of gaming revenue retained by the third party u$

c If "Yes," enter name and address of the third party:

Name u

Address u

16 Gaming manager information:

Name u

Gaming manager compensation u$

Description of services provided u

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Three Square

Employer identification number 30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Helping Hands of Vegas Valley 2320 Paseo del Prado B-112 Las Vegas NV 89102	88-0466726	501c3		6,409	FMV	Equipment	Equipment
(2) Our Saviors Lutheran Church 59 Lynn Lane Henderson NV 89015	23-7085364	501c3	8,312				Transportation
(3) Various		501c3		56,345,891	Average	Food/groceries	Distrib food/groceries
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 175

3 Enter total number of other organizations listed in the line 1 table u 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

As a result of the initial application process and site visit, Three Square determines whether a 501(c)3 organization that would like to be an Agency Partner meets the eligibility requirements set by Feeding America. If the organization is deemed eligible, its representatives participate in an orientation session in which relevant policies and procedures are explained. Three Square monitors its Agency Partners at least once every two years for required handling, storage, preparation and distribution of food. Three Square also makes unannounced visits to Agency Partners to check on policy compliance or to investigate any complaints received.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV - Additional Information

The non-cash assistance provided to non-profit organizations consists of food and other supplies granted to the non-profit organizations and food and other supplies given to the non-profit organizations for a fee, either a discounted per pound fee or a fee to cover the costs of the food purchased by Three Square. The shared maintenance fees recognized during the fiscal year total $2,490,795.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Three Square

Employer identification number: 30-0396918

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Brian Burton	(i)	193,132	40,000	900	9,870	0	243,902	0
President & CEO	(ii)	0	0	0	0	0	0	0
2 Andrew Schuricht	(i)	134,327	20,000	660	12,586	0	167,573	0
CFO	(ii)	0	0	0	0	0	0	0
3 Daniel Williams	(i)	135,000	20,000	660	8,658	0	164,318	0
COO	(ii)	0	0	0	0	0	0	0
4 Matthew Muldoon	(i)	135,000	20,000	0	18,954	0	173,954	0
CDO	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization: Three Square

Employer identification number: 30-0396918

Part I — Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	30974919	52,657,362	Price per pound
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other u(Miscellaneous)	X	53	62,173	
26	Other u(Software)	X	1	485,189	
27	Other u( )				
28	Other u( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Supplemental Information

Three Square donors contributed 30,974,919 pounds of food, which was valued at $52,657,362.

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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Three Square	30-0396918

Form 990 - Organization's Mission

Established in 2007 to provide hunger relief, Three Square Food Bank offers wholesome, nutritious food to nonprofit and faith-based organizations, schools and feeding sites that serve a wide range of Southern Nevadans. A national model project inspired by Founder Eric Hilton with a grant provided by the Conrad N. Hilton Foundation, Three Square is a community collaborative partnership with businesses, non-profit agencies, food distributors, higher education institutions, the Clark County School District, governmental entities, the media and thousands of volunteers to efficiently and effectively serve hope to those in our community struggling with hunger.

Form 990, Part III, Line 4a - First Accomplishment

through our SNAP Outreach program. Three Square is supported by the community, and our volunteers contributed more than 128,000 hours to help feed hungry people. Three Square is a member of the Feeding America national network of food banks, serving Clark, Lincoln, Esmeralda and Nye Counties in Southern Nevada.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is sent to the audit and finance committee for review and approval. The audit and finance committee recommends approval to the board of directors at the following board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Name of the organization	Employer identification number
Three Square	30-0396918

Directors and key employees are required to read and sign the organization's conflict of interest policy annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive committee of the board is also the compensation committee and meets annually to review the performance and compensation of the CEO and others.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The executive committee of the board is also the compensation committee and meets annually to review the performance and compensation of the CEO and others.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy and financial statements are available at www.threesquare.org. Financial statements are also printed in Three Square's annual report.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Bingo revenue	$	10,570
Loss on Bingo	$	572
Bingo Expenses	$	-11,142

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2014 or other tax year beginning 07/01/14 , and ending 06/30/15 .

u Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

OMB No. 1545-0687

2014

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
40,166,877

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Three Square

Number, street, and room or suite no. If a P.O. box, see instructions.
4190 N. Pecos Road

City or town, state or province, country, and ZIP or foreign postal code
Las Vegas NV 89115

D Employer identification number (Employees' trust, see instructions.)
30-0396918

E Unrelated business activity codes (See instructions.)
541900 | 541900

F Group exemption number (See instructions.) u

G Check organization type u ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.
u Private Food Service

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

J The books are in care of u Lawrence Scott   Telephone number u 702-644-3663

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 247,276				
b	Less returns and allowances ______ c Balance u	1c	247,276		
2	Cost of goods sold (Schedule A, line 7)	2	166,819		
3	Gross profit. Subtract line 2 from line 1c	3	80,457		80,457
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) See Stmt 1	12	11,681		11,681
13	**Total.** Combine lines 3 through 12	13	92,138		92,138

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)	14	
15	Salaries and wages	15	83,508
16	Repairs and maintenance	16	8,550
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	6,921
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 ______		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a ______	22b	0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	9,094
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 2	28	43,476
29	**Total deductions.** Add lines 14 through 28	29	151,549
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-59,411
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-59,411
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)	33	1,000
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-59,411

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	36	
37	**Proxy tax.** See instructions	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800 (see instructions)	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (att. sch.)			42	
43	**Total tax.** Add lines 41 and 42			43	0
44a	Payments: A 2013 overpayment credited to 2014	44a			
b	2014 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c	4,402		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total u	44g			
45	**Total payments.** Add lines 44a through 44g			45	4,402
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached u ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed u			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u			48	4,402
49	Enter the amount of line 48 you want: **Credited to 2015 estimated tax u** Refunded u			49	4,402

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

		Yes	No
1	At any time during the 2014 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 u		X
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year u$		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation u Cost Method

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	166,819	7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	166,819
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No: X
4a	Additional sec. 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5	166,819				

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.

u Signature of officer | Date | u 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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Katie Hampton	Katie Hampton	05/10/16		P00292787

Firm's name } Houldsworth, Russo & Company, P.C. — Firm's EIN } 88-0374623

Firm's address } 8675 S Eastern Ave Ste A, Las Vegas, NV 89123-2839 — Phone no. 702-269-9992

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

1. Description of property
(1) N/A
(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)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

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

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) N/A			
(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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . u					
Total dividends-received deductions included in column 8 . . . . u					

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 inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(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)				
			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).
Totals . . . . u				

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) N/A				
(2)				
(3)				
(4)				
Totals u	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) N/A						
(2)						
(3)						
(4)						
Totals u	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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) u						

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) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 u			

Federal Statements

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

Description	Amount
Private Food Service	$ 236,707
Life Wireless Revenue	11,681
Total	$ 248,388

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Occupancy	$ 50
Travel	676
Accounting	1,500
Short-term rentals/leases	15,618
Supplies	57
Meals	90
Office	311
Other Professional Fees	13,985
Printing and Publications	47
Non-cash Prizes	2,426
Other Direct Fundraising/Gaming	8,716
Total	$ 43,476

8619 Three Square
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FYE: 6/30/2015

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Federal Asset Report
Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
1	Delivery Truck	4/30/07	48,998				48,998	3	MO	S/L	48,998	0
2	Security Camera	11/26/07	5,843				5,843	3	MO	S/L	5,843	0
3	Tomato Slicer	2/26/07	662				662	5	MO	S/L	662	0
4	Pan 600 (Case of 6)	2/26/07	1,506				1,506	5	MO	S/L	1,506	0
5	Pan 400 (Case of 6)	2/26/07	1,140				1,140	5	MO	S/L	1,140	0
6	Pan 200 (Case of 6)	2/26/07	870				870	5	MO	S/L	870	0
7	Clear Storage Box	2/26/07	918				918	5	MO	S/L	918	0
8	Clear Storage Box	2/26/07	537				537	5	MO	S/L	537	0
9	Can Rack w/ Casters	2/26/07	539				539	5	MO	S/L	539	0
10	Sheet Pans Full (Case of 12)	2/26/07	576				576	5	MO	S/L	576	0
11	Floor Mats	2/26/07	568				568	5	MO	S/L	568	0
12	Electric Slicer	2/26/07	2,029				2,029	5	MO	S/L	2,029	0
13	Mobile Bowl and Stand	3/12/07	955				955	5	MO	S/L	955	0
14	Vacuum Pack	3/14/07	3,600				3,600	5	MO	S/L	3,600	0
15	Camcart (Cambro)	3/14/07	2,065				2,065	5	MO	S/L	2,065	0
16	Cam Dolly	3/14/07	890				890	5	MO	S/L	890	0
17	Enclosed Cabined	3/14/07	2,665				2,665	5	MO	S/L	2,665	0
18	Igloo Cooler	3/14/07	1,125				1,125	5	MO	S/L	1,125	0
19	Phone System	11/13/07	3,500				3,500	5	MO	S/L	3,500	0
20	Sign Deposit	11/28/07	1,875				1,875	5	MO	S/L	1,875	0
21	Phone System	11/28/07	3,524				3,524	5	MO	S/L	3,524	0
22	Locks & Doors	12/06/07	9,252				9,252	5	MO	S/L	9,252	0
23	Labor	12/06/07	3,450				3,450	5	MO	S/L	3,450	0
24	Sign	12/17/07	1,875				1,875	5	MO	S/L	1,875	0
25	Credit Card Deposit	12/24/07	1,000				1,000	5	MO	S/L	1,000	0
26	Faciliteq	12/27/07	3,984				3,984	5	MO	S/L	3,984	0
27	Up Time, Inc	10/24/07	14,839				14,839	5	MO	S/L	14,839	0
28	Laptop	11/21/07	2,374				2,374	5	MO	S/L	2,374	0
29	Up Time, Inc	12/11/07	3,288				3,288	5	MO	S/L	3,288	0
30	Copier	12/31/07	8,539				8,539	5	MO	S/L	8,539	0
31	Donor Perfect	11/14/07	6,770				6,770	5	MO	S/L	6,770	0
32	America's Second Harvest	11/30/07	18,615				18,615	5	MO	S/L	18,615	0
33	Building Transfer	8/31/07	14,408				14,408	39	MO	S/L	2,340	369
34	Nicols Scales	12/28/07	1,660				1,660	5	MO	S/L	1,660	0
35	Electrical Installation	11/29/07	4,580				4,580	15	MO	S/L	1,857	306
36	Miniblinds & Shades	12/18/07	2,232				2,232	3	MO	S/L	2,232	0
37	Building(87% of initial value allocated)	11/16/07	4,260,532				4,260,532	39	MO	S/L	676,024	109,244
38	Web Design	8/31/07	25,364				25,364	5	MO	S/L	25,364	0
39	Land (allocated as 13% of initial cost and F'	11/16/07	639,468				639,468	0	--	Land	0	0
40	Computer (2)	1/23/08	2,637				2,637	5	MO	S/L	2,637	0
41	Computer (1)	3/28/08	1,218				1,218	5	MO	S/L	1,218	0
42	Laptop	4/16/08	1,159				1,159	5	MO	S/L	1,159	0
43	Warehouse Computer	8/21/08	1,223				1,223	5	MO	S/L	1,223	0
44	Additional Server Back Up and Rack	10/09/08	17,159				17,159	5	MO	S/L	17,159	0
45	HP Promo 6510b	12/05/08	1,607				1,607	5	MO	S/L	1,607	0
46	Used UPS	12/09/08	2,200				2,200	5	MO	S/L	2,200	0
47	Audio/Visual PIV 324/462	5/05/08	4,956				4,956	5	MO	S/L	4,956	0
48	Server Upgrade PIV1125	10/14/08	3,218				3,218	5	MO	S/L	3,218	0
49	Computers/Printers PIV 660/661	6/19/08	7,240				7,240	5	MO	S/L	7,240	0
50	Desk Office Set up	1/07/08	9,498				9,498	5	MO	S/L	9,498	0
51	Conference room Furniture	1/22/08	7,869				7,869	5	MO	S/L	7,869	0
52	New alarm system	2/26/08	3,480				3,480	3	MO	S/L	3,480	0
53	DESK OFFICE SETUP	3/03/08	2,280				2,280	5	MO	S/L	2,280	0
54	Zebra Bar Code Label Printer	4/17/08	1,195				1,195	5	MO	S/L	1,195	0
55	Lockers	6/30/08	1,278				1,278	5	MO	S/L	1,278	0
56	Lockers	6/30/08	900				900	5	MO	S/L	900	0
57	Bins for Back Program	8/01/08	32,604				32,604	3	MO	S/L	32,604	0
58	Furniture Program Office	8/06/08	4,778				4,778	5	MO	S/L	4,778	0
59	Bins for Backpack	9/11/08	1,143				1,143	3	MO	S/L	1,143	0
60	Food Drive Barrels	11/10/08	6,539				6,539	3	MO	S/L	6,539	0
61	Barrel Wraps	11/26/08	1,175				1,175	3	MO	S/L	1,175	0
62	Pallet Jacks PIV-088	1/11/08	1,127				1,127	5	MO	S/L	1,127	0
63	Forklift Platform PIV-072	1/15/08	1,020				1,020	5	MO	S/L	1,020	0
64	Wire Deck PIV-074	1/15/08	9,549				9,549	5	MO	S/L	9,549	0
65	Rider Pallet PIV-105	1/25/08	9,019				9,019	5	MO	S/L	9,019	0
66	Watering Cart PIV-087	1/29/08	1,695				1,695	5	MO	S/L	1,695	0
67	T-72 - 3 Door Refrigerator PIV 119	2/07/08	3,196				3,196	5	MO	S/L	3,196	0
68	Advance Aggressor PIV 172	2/22/08	18,343				18,343	5	MO	S/L	18,343	0

8619 Three Square
30-0396918
FYE: 6/30/2015

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Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
69	Warehouse Equipment PIV 267	2/29/08	19,824				19,824	5	MO	S/L	19,824	0
70	Sit Down Lift Truck PIV 342	3/17/08	33,800				33,800	5	MO	S/L	33,800	0
71	Reach Truck PIV 343	3/17/08	34,550				34,550	5	MO	S/L	34,550	0
72	Tilt trucks (2) PIV 423	4/14/08	1,166				1,166	5	MO	S/L	1,166	0
73	Refrigerator and 3 Freezers PIV 444	4/29/08	2,485				2,485	5	MO	S/L	2,485	0
74	Gaylords for food Drive PIV 464	4/30/08	766				766	5	MO	S/L	766	0
75	Gaylords for Food Storage PIV 499	5/08/08	4,598				4,598	5	MO	S/L	4,598	0
76	Lift Truck Scale PIV 616	5/28/08	8,533				8,533	5	MO	S/L	8,533	0
77	Installation Charges for Scale PIV 664	6/19/08	300				300	5	MO	S/L	300	0
78	Tilt Truck-Hvy Dty-1 YD-2000#	10/10/08	1,166				1,166	5	MO	S/L	1,166	0
79	Wire Deck for Warehouse	12/31/08	20,904				20,904	5	MO	S/L	20,904	0
80	Freight on Wire Decking	12/31/08	6,144				6,144	5	MO	S/L	6,144	0
81	2007 GMC 24' Ref Truck F411888 958VAF	1/11/08	90,839				90,839	6	MO	S/L	90,839	0
82	2007 GMC 24' Ref Truck F412502 128VDF	3/01/08	90,999				90,999	6	MO	S/L	88,471	2,528
83	2007 GMC 24' Ref Truck F412614 129VDF	3/01/08	90,999				90,999	6	MO	S/L	88,471	2,528
84	2007 GMC 24' Ref Truck F412516 130VDF	3/17/08	90,999				90,999	6	MO	S/L	87,207	3,792
85	2007 GMC 24' Ref Truck F414518 131VDF	3/17/08	90,999				90,999	6	MO	S/L	87,207	3,792
86	2009 GMC 26' Ref Truck H124609	10/17/08	92,672				92,672	6	MO	S/L	79,801	12,871
87	2006 GMC 26' Ref Truck F431618	6/17/08	90,499				90,499	6	MO	S/L	82,958	7,541
88	2006 GMC 26' Ref Truck F431905	6/17/08	90,499				90,499	6	MO	S/L	82,958	7,541
89	1998 Cargo Van	9/20/08	2,925				2,925	1	MO	S/L	2,925	0
90	Esoftware Implementation	1/17/08	5,294				5,294	5	MO	S/L	5,294	0
91	Donor Perfect	2/04/08	1,290				1,290	5	MO	S/L	1,290	0
92	Five User Sessions	6/12/08	7,958				7,958	5	MO	S/L	7,958	0
93	Computer Software	10/15/08	19,792				19,792	5	MO	S/L	19,792	0
95	Bollards	1/08/08	5,790				5,790	15	MO	S/L	2,316	386
96	New Office Expansion	9/01/08	39,341				39,341	15	MO	S/L	13,988	2,623
97	Land	7/01/09	463,784				463,784	0	--	Land	0	0
98	Building	7/01/09	13,387,177				13,387,177	39	MO	S/L	1,373,044	343,261
99	Equipment (Assets 2009)	7/01/09	1,294,732				1,294,732	5	MO	S/L	1,182,979	111,753
100	Equipment (2010 Additions)	3/01/10	99,825				99,825	5	MO	S/L	79,860	19,965
101	2010 Vehicle Addition	3/01/10	139,836				139,836	6	MO	S/L	93,224	23,306
102	2011 to tie to audit	6/30/11	670,299				670,299	5	MO	S/L	585,794	84,505
	Total Other Depreciation		22,266,704				22,266,704				5,217,765	736,311
	Total ACRS and Other Depreciation		22,266,704				22,266,704				5,217,765	736,311
	Grand Totals		22,266,704				22,266,704				5,217,765	736,311
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		22,266,704				22,266,704				5,217,765	736,311

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Delivery Truck	4/30/07	0				0	0	HY		0	0
2	Security Camera	11/26/07	0				0	0	HY		0	0
3	Tomato Slicer	2/26/07	0				0	0	HY		0	0
4	Pan 600 (Case of 6)	2/26/07	0				0	0	HY		0	0
5	Pan 400 (Case of 6)	2/26/07	0				0	0	HY		0	0
6	Pan 200 (Case of 6)	2/26/07	0				0	0	HY		0	0
7	Clear Storage Box	2/26/07	0				0	0	HY		0	0
8	Clear Storage Box	2/26/07	0				0	0	HY		0	0
9	Can Rack w/ Casters	2/26/07	0				0	0	HY		0	0
10	Sheet Pans Full (Case of 12)	2/26/07	0				0	0	HY		0	0
11	Floor Mats	2/26/07	0				0	0	HY		0	0
12	Electric Slicer	2/26/07	0				0	0	HY		0	0
13	Mobile Bowl and Stand	3/12/07	0				0	0	HY		0	0
14	Vacuum Pack	3/14/07	0				0	0	HY		0	0
15	Camcart (Cambro)	3/14/07	0				0	0	HY		0	0
16	Cam Dolly	3/14/07	0				0	0	HY		0	0
17	Enclosed Cabined	3/14/07	0				0	0	HY		0	0
18	Igloo Cooler	3/14/07	0				0	0	HY		0	0
19	Phone System	11/13/07	0				0	0	HY		0	0
20	Sign Deposit	11/28/07	0				0	0	HY		0	0
21	Phone System	11/28/07	0				0	0	HY		0	0
22	Locks & Doors	12/06/07	0				0	0	HY		0	0
23	Labor	12/06/07	0				0	0	HY		0	0
24	Sign	12/17/07	0				0	0	HY		0	0
25	Credit Card Deposit	12/24/07	0				0	0	HY		0	0
26	Faciliteq	12/27/07	0				0	0	HY		0	0
27	Up Time, Inc	10/24/07	0				0	0	HY		0	0
28	Laptop	11/21/07	0				0	0	HY		0	0
29	Up Time, Inc	12/11/07	0				0	0	HY		0	0
30	Copier	12/31/07	0				0	0	HY		0	0
31	Donor Perfect	11/14/07	0				0	0	HY		0	0
32	America's Second Harvest	11/30/07	0				0	0	HY		0	0
33	Building Transfer	8/31/07	0				0	0	HY		0	0
34	Nicols Scales	12/28/07	0				0	0	HY		0	0
35	Electrical Installation	11/29/07	0				0	0	HY		0	0
36	Miniblinds & Shades	12/18/07	0				0	0	HY		0	0
37	Building(87% of initial value allocated)	11/16/07	0				0	0	HY		0	0
38	Web Design	8/31/07	0				0	0	HY		0	0
39	Land (allocated as 13% of initial cost and F'	11/16/07	0				0	0	HY		0	0
40	Computer (2)	1/23/08	0				0	0	HY		0	0
41	Computer (1)	3/28/08	0				0	0	HY		0	0
42	Laptop	4/16/08	0				0	0	HY		0	0
43	Warehouse Computer	8/21/08	0				0	0	HY		0	0
44	Additional Server Back Up and Rack	10/09/08	0				0	0	HY		0	0
45	HP Promo 6510b	12/05/08	0				0	0	HY		0	0
46	Used UPS	12/09/08	0				0	0	HY		0	0
47	Audio/Visual PIV 324/462	5/05/08	0				0	0	HY		0	0
48	Server Upgrade PIV1125	10/14/08	0				0	0	HY		0	0
49	Computers/Printers PIV 660/661	6/19/08	0				0	0	HY		0	0
50	Desk Office Set up	1/07/08	0				0	0	HY		0	0
51	Conference room Furniture	1/22/08	0				0	0	HY		0	0
52	New alarm system	2/26/08	0				0	0	HY		0	0
53	DESK OFFICE SETUP	3/03/08	0				0	0	HY		0	0
54	Zebra Bar Code Label Printer	4/17/08	0				0	0	HY		0	0
55	Lockers	6/30/08	0				0	0	HY		0	0
56	Lockers	6/30/08	0				0	0	HY		0	0
57	Bins for Back Program	8/01/08	0				0	0	HY		0	0
58	Furniture Program Office	8/06/08	0				0	0	HY		0	0
59	Bins for Backpack	9/11/08	0				0	0	HY		0	0
60	Food Drive Barrels	11/10/08	0				0	0	HY		0	0
61	Barrel Wraps	11/26/08	0				0	0	HY		0	0
62	Pallet Jacks PIV-088	1/11/08	0				0	0	HY		0	0
63	Forklift Platform PIV-072	1/15/08	0				0	0	HY		0	0
64	Wire Deck PIV-074	1/15/08	0				0	0	HY		0	0
65	Rider Pallet PIV-105	1/25/08	0				0	0	HY		0	0
66	Watering Cart PIV-087	1/29/08	0				0	0	HY		0	0
67	T-72 - 3 Door Refrigerator PIV 119	2/07/08	0				0	0	HY		0	0
68	Advance Aggressor PIV 172	2/22/08	0				0	0	HY		0	0

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
69	Warehouse Equipment PIV 267	2/29/08	0				0	0	HY		0	0
70	Sit Down Lift Truck PIV 342	3/17/08	0				0	0	HY		0	0
71	Reach Truck PIV 343	3/17/08	0				0	0	HY		0	0
72	Tilt trucks (2) PIV 423	4/14/08	0				0	0	HY		0	0
73	Refrigerator and 3 Freezers PIV 444	4/29/08	0				0	0	HY		0	0
74	Gaylords for food Drive PIV 464	4/30/08	0				0	0	HY		0	0
75	Gaylords for Food Storage PIV 499	5/08/08	0				0	0	HY		0	0
76	Lift Truck Scale PIV 616	5/28/08	0				0	0	HY		0	0
77	Installation Charges for Scale PIV 664	6/19/08	0				0	0	HY		0	0
78	Tilt Truck-Hvy Dty-1 YD-2000#	10/10/08	0				0	0	HY		0	0
79	Wire Deck for Warehouse	12/31/08	0				0	0	HY		0	0
80	Freight on Wire Decking	12/31/08	0				0	0	HY		0	0
81	2007 GMC 24' Ref Truck F411888 958VAF	1/11/08	0				0	0	HY		0	0
82	2007 GMC 24' Ref Truck F412502 128VDF	3/01/08	0				0	0	HY		0	0
83	2007 GMC 24' Ref Truck F412614 129VDF	3/01/08	0				0	0	HY		0	0
84	2007 GMC 24' Ref Truck F412516 130VDF	3/17/08	0				0	0	HY		0	0
85	2007 GMC 24' Ref Truck F414518 131VDF	3/17/08	0				0	0	HY		0	0
86	2009 GMC 26' Ref Truck H124609	10/17/08	0				0	0	HY		0	0
87	2006 GMC 26' Ref Truck F431618	6/17/08	0				0	0	HY		0	0
88	2006 GMC 26' Ref Truck F431905	6/17/08	0				0	0	HY		0	0
89	1998 Cargo Van	9/20/08	0				0	0	HY		0	0
90	Esoftware Implementation	1/17/08	0				0	0	HY		0	0
91	Donor Perfect	2/04/08	0				0	0	HY		0	0
92	Five User Sessions	6/12/08	0				0	0	HY		0	0
93	Computer Software	10/15/08	0				0	0	HY		0	0
95	Bollards	1/08/08	0				0	0	HY		0	0
96	New Office Expansion	9/01/08	0				0	0	HY		0	0
97	Land	7/01/09	0				0	0	HY		0	0
98	Building	7/01/09	0				0	0	HY		0	0
99	Equipment (Assets 2009)	7/01/09	0				0	0	HY		0	0
100	Equipment (2010 Additions)	3/01/10	0				0	0	HY		0	0
101	2010 Vehicle Addition	3/01/10	0				0	0	HY		0	0
102	2011 to tie to audit	6/30/11	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

05/10/2016 4:25 PM

Future Depreciation Report FYE: 6/30/16

Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Tax	AMT
1	Delivery Truck	4/30/07	48,998	0	0
2	Security Camera	11/26/07	5,843	0	0
3	Tomato Slicer	2/26/07	662	0	0
4	Pan 600 (Case of 6)	2/26/07	1,506	0	0
5	Pan 400 (Case of 6)	2/26/07	1,140	0	0
6	Pan 200 (Case of 6)	2/26/07	870	0	0
7	Clear Storage Box	2/26/07	918	0	0
8	Clear Storage Box	2/26/07	537	0	0
9	Can Rack w/ Casters	2/26/07	539	0	0
10	Sheet Pans Full (Case of 12)	2/26/07	576	0	0
11	Floor Mats	2/26/07	568	0	0
12	Electric Slicer	2/26/07	2,029	0	0
13	Mobile Bowl and Stand	3/12/07	955	0	0
14	Vacuum Pack	3/14/07	3,600	0	0
15	Camcart (Cambro)	3/14/07	2,065	0	0
16	Cam Dolly	3/14/07	890	0	0
17	Enclosed Cabined	3/14/07	2,665	0	0
18	Igloo Cooler	3/14/07	1,125	0	0
19	Phone System	11/13/07	3,500	0	0
20	Sign Deposit	11/28/07	1,875	0	0
21	Phone System	11/28/07	3,524	0	0
22	Locks & Doors	12/06/07	9,252	0	0
23	Labor	12/06/07	3,450	0	0
24	Sign	12/17/07	1,875	0	0
25	Credit Card Deposit	12/24/07	1,000	0	0
26	Faciliteq	12/27/07	3,984	0	0
27	Up Time, Inc	10/24/07	14,839	0	0
28	Laptop	11/21/07	2,374	0	0
29	Up Time, Inc	12/11/07	3,288	0	0
30	Copier	12/31/07	8,539	0	0
31	Donor Perfect	11/14/07	6,770	0	0
32	America's Second Harvest	11/30/07	18,615	0	0
33	Building Transfer	8/31/07	14,408	370	0
34	Nicols Scales	12/28/07	1,660	0	0
35	Electrical Installation	11/29/07	4,580	305	0
36	Miniblinds & Shades	12/18/07	2,232	0	0
37	Building(87% of initial value allocated)	11/16/07	4,260,532	109,245	0
38	Web Design	8/31/07	25,364	0	0
39	Land (allocated as 13% of initial cost and FV	11/16/07	639,468	0	0
40	Computer (2)	1/23/08	2,637	0	0
41	Computer (1)	3/28/08	1,218	0	0
42	Laptop	4/16/08	1,159	0	0
43	Warehouse Computer	8/21/08	1,223	0	0
44	Additional Server Back Up and Rack	10/09/08	17,159	0	0
45	HP Promo 6510b	12/05/08	1,607	0	0
46	Used UPS	12/09/08	2,200	0	0
47	Audio/Visual PIV 324/462	5/05/08	4,956	0	0
48	Server Upgrade PIV1125	10/14/08	3,218	0	0
49	Computers/Printers PIV 660/661	6/19/08	7,240	0	0
50	Desk Office Set up	1/07/08	9,498	0	0
51	Conference room Furniture	1/22/08	7,869	0	0
52	New alarm system	2/26/08	3,480	0	0
53	DESK OFFICE SETUP	3/03/08	2,280	0	0
54	Zebra Bar Code Label Printer	4/17/08	1,195	0	0
55	Lockers	6/30/08	1,278	0	0
56	Lockers	6/30/08	900	0	0
57	Bins for Back Program	8/01/08	32,604	0	0
58	Furniture Program Office	8/06/08	4,778	0	0
59	Bins for Backpack	9/11/08	1,143	0	0
60	Food Drive Barrels	11/10/08	6,539	0	0
61	Barrel Wraps	11/26/08	1,175	0	0
62	Pallet Jacks PIV-088	1/11/08	1,127	0	0
63	Forklift Platform PIV-072	1/15/08	1,020	0	0
64	Wire Deck PIV-074	1/15/08	9,549	0	0
65	Rider Pallet PIV-105	1/25/08	9,019	0	0
66	Watering Cart PIV-087	1/29/08	1,695	0	0
67	T-72 - 3 Door Refrigerator PIV 119	2/07/08	3,196	0	0

Future Depreciation Report FYE: 6/30/16
Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
68	Advance Aggressor PIV 172	2/22/08	18,343	0	0
69	Warehouse Equipment PIV 267	2/29/08	19,824	0	0
70	Sit Down Lift Truck PIV 342	3/17/08	33,800	0	0
71	Reach Truck PIV 343	3/17/08	34,550	0	0
72	Tilt trucks (2) PIV 423	4/14/08	1,166	0	0
73	Refrigerator and 3 Freezers PIV 444	4/29/08	2,485	0	0
74	Gaylords for food Drive PIV 464	4/30/08	766	0	0
75	Gaylords for Food Storage PIV 499	5/08/08	4,598	0	0
76	Lift Truck Scale PIV 616	5/28/08	8,533	0	0
77	Installation Charges for Scale PIV 664	6/19/08	300	0	0
78	Tilt Truck-Hvy Dty-1 YD-2000#	10/10/08	1,166	0	0
79	Wire Deck for Warehouse	12/31/08	20,904	0	0
80	Freight on Wire Decking	12/31/08	6,144	0	0
81	2007 GMC 24' Ref Truck F411888 958VAP	1/11/08	90,839	0	0
82	2007 GMC 24' Ref Truck F412502 128VDP	3/01/08	90,999	0	0
83	2007 GMC 24' Ref Truck F412614 129VDP	3/01/08	90,999	0	0
84	2007 GMC 24' Ref Truck F412516 130VDP	3/17/08	90,999	0	0
85	2007 GMC 24' Ref Truck F414518 131VDP	3/17/08	90,999	0	0
86	2009 GMC 26' Ref Truck H124609	10/17/08	92,672	0	0
87	2006 GMC 26' Ref Truck F431618	6/17/08	90,499	0	0
88	2006 GMC 26' Ref Truck F431905	6/17/08	90,499	0	0
89	1998 Cargo Van	9/20/08	2,925	0	0
90	Esoftware Implementation	1/17/08	5,294	0	0
91	Donor Perfect	2/04/08	1,290	0	0
92	Five User Sessions	6/12/08	7,958	0	0
93	Computer Software	10/15/08	19,792	0	0
95	Bollards	1/08/08	5,790	386	0
96	New Office Expansion	9/01/08	39,341	2,623	0
97	Land	7/01/09	463,784	0	0
98	Building	7/01/09	13,387,177	343,261	0
99	Equipment (Assets 2009)	7/01/09	1,294,732	0	0
100	Equipment (2010 Additions)	3/01/10	99,825	0	0
101	2010 Vehicle Addition	3/01/10	139,836	23,306	0
102	2011 to tie to audit	6/30/11	670,299	0	0
	Total Other Depreciation		22,266,704	479,496	0
	Total ACRS and Other Depreciation		22,266,704	479,496	0
	Grand Totals		22,266,704	479,496	0

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Net Operating Loss Carryover Worksheet

Form **990-T** | For calendar year 2014, or tax year beginning 07/01/14, ending 06/30/15 | **2014**

Name: Three Square

Employer Identification Number: 30-0396918

Preceding Taxable Year	Prior Year: Adj. To NOL Inc/(Loss) After Adj.	Prior Year: NOL Utilized (Income Offset)	Prior Year: Carryovers to Current Year	Current Year: Income Offset By NOL Carryback / Carryover Utilized	Next Year: Carryover
17th 06/30/98					
16th 06/30/99					
15th 06/30/00					
14th 06/30/01					
13th 06/30/02					
12th 06/30/03					
11th 06/30/04					
10th 06/30/05					
9th 06/30/06					
8th 06/30/07					
7th 06/30/08					
6th 06/30/09					
5th 06/30/10					
4th 06/30/11					
3rd 06/30/12					
2nd 06/30/13	-3,394		3,394		3,394
1st 06/30/14	-9,643		9,643		9,643
NOL carryover available to current year			13,037		
Current year	-59,411				59,411
NOL carryover available to next year					72,448

Form **990**

Two Year Comparison Report

For calendar year 2014, or tax year beginning 07/01/14, ending 06/30/15

2013 & 2014

Name: Three Square

Taxpayer Identification Number: 30-0396918

		Line	2013	2014	Differences
Revenue	**1.** Contributions, gifts, grants	1.	55,519,351	69,085,271	13,565,920
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	2,574,433	3,800,009	1,225,576
	4. Program service revenue	4.	2,490,795	2,187,944	-302,851
	5. Investment income	5.	307,519	488,340	180,821
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-14,773		14,773
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.		-573	-573
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	306,802	496,015	189,213
	12. Total revenue. Add lines 1 through 11	12.	61,184,127	76,057,006	14,872,879
Expenses	**13.** Grants and similar amounts paid	13.	53,290,389	56,360,612	3,070,223
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	436,705	515,683	78,978
	16. Salaries, other compensation, and employee benefits	16.	4,396,319	4,796,823	400,504
	17. Professional fundraising fees	17.		241,694	241,694
	18. Other professional fees	18.	494,474	303,581	-190,893
	19. Occupancy, rent, utilities, and maintenance	19.	532,088	534,887	2,799
	20. Depreciation and Depletion	20.	1,044,444	930,825	-113,619
	21. Other expenses	21.	2,208,477	2,621,748	413,271
	22. Total expenses. Add lines 13 through 21	22.	62,402,896	66,305,853	3,902,957
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-1,218,769	9,751,153	10,969,922
Other Information	**24.** Total exempt revenue	24.	61,184,127	76,057,006	14,872,879
	25. Total unrelated revenue	25.	15,140	247,815	232,675
	26. Total excludable revenue	26.	3,075,203	2,923,911	-151,292
	27. Total assets	27.	30,694,093	40,166,877	9,472,784
	28. Total liabilities	28.	1,342,555	1,402,762	60,207
	29. Retained earnings	29.	29,351,538	38,764,115	9,412,577
	30. Number of voting members of governing body	30.	24	26	
	31. Number of independent voting members of governing body	31.	24	26	
	32. Number of employees	32.	114	139	
	33. Number of volunteers	33.	14500	23760	

Form **990T**

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15

Name: Three Square

Taxpayer Identification Number: 30-0396918

			2013	2014	Differences
Revenue	**1.** Gross profit/loss on business activities	1.		-156,250	-156,250
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	-36,362		36,362
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	103,004	11,681	-91,323
	11. Total trade or business income. Combine lines 1 through 10	11.	66,642	-144,569	-211,211
Expenses	**12.** Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	7,194	83,508	76,314
	14. Repairs and maintenance	14.		8,550	8,550
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.	550	6,921	6,371
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.		9,094	9,094
	22. Other deductions	22.	17,039	43,476	26,437
	23. Total deductions. Add lines 12 through 22	23.	24,783	151,549	126,766
	24. Taxable income before NOL. Subtract line 23 from 11	24.	41,859	-296,118	-337,977
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.			
	27. Unrelated business taxable income.	27.	41,859	-296,118	-337,977
Tax & Credits	**28.** Income tax (corporate or trust)	28.			
	29. Proxy tax	29.			
	30. Alternative minimum tax	30.			
	31. Total taxes	31.			
	32. Other credits	32.			
	33. General business credit	33.			
	34. Credit for prior year minimum tax	34.			
	35. Total credits	35.			
	36. Net tax after credits	36.			
	37. Recapture taxes	37.			
	38. Total Taxes	38.			
Due/Refund	**39.** Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.		4,402	4,402
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.		4,402	4,402
	44. Balance due/(Overpayment)	44.		-4,402	-4,402
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.		-4,402	-4,402

Form **990** — **Tax Return History** — **2014**

Name: Three Square

Employer Identification Number: 30-0396918

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			41,137,731	58,093,784	72,885,280	
Membership dues						
Program service revenue			1,904,438	2,490,795	2,187,944	
Capital gain or loss			-490	-14,773		
Investment income			372,692	307,519	488,340	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)					-573	
Other revenue			36,253	306,802	496,015	
Total revenue			43,450,624	61,184,127	76,057,006	
Grants and similar amounts paid			37,302,077	53,290,389	56,360,612	
Benefits paid to or for members						
Compensation of officers, etc.			281,162	436,705	515,683	
Other compensation			3,817,905	4,396,319	4,796,823	
Professional fees				494,474	545,275	
Occupancy costs			516,410	532,088	534,887	
Depreciation and depletion			1,057,917	1,044,444	930,825	
Other expenses			1,870,352	2,208,477	2,621,748	
Total expenses			44,845,823	62,402,896	66,305,853	
Excess or (Deficit)			-1,395,199	-1,218,769	9,751,153	
Total exempt revenue			43,450,624	61,184,127	76,057,006	
Total unrelated revenue			9,936	15,140	247,815	
Total excludable revenue			43,440,688	3,075,203	2,923,911	
Total Assets			31,002,104	30,694,093	40,166,877	
Total Liabilities			755,203	1,342,555	1,402,762	
Net Fund Balances			30,246,901	29,351,538	38,764,115	

Form **990T** | **Tax Return History** | **2014**

Name: Three Square

Employer Identification Number: 30-0396918

	2010	2011	2012	2013	2014	2015
Business activity profit/loss					-156,250	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*			-2,856	-36,362		
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income			12,792		11,681	
Total trade or business income.			9,936	-36,362	-144,569	
Compensation of officers, ect.						
Other salaries and wages			9,467	7,194	83,508	
Repairs and maintenance					8,550	
Bad debts						
Interest						
Taxes and licenses				550	6,921	
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs					9,094	

Form **990T**

Tax Return History

2014

Name: Three Square

Employer Identification Number: 30-0396918

	2010	2011	2012	2013	2014	2015
Other deductions			3,863	17,039	43,476	
Net operating loss deduction						
Specific deduction						
Income after expense and deductions			-3,394	-53,401	-296,118	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments					8,804	
Balance due/Overpayment					-8,804	

* Income shown net of expenses

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest income	$ 164,273		14			
Total	$ 164,273					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Americorps fees	$ 30,500	$ 2,086	$ 7,802	$ 20,612
Consulting	78,971	5,402	20,201	53,368
Graphic design fees	26,494	1,812	6,777	17,905
Misc professional fees	15,937	1,091	4,082	10,764
Public relations	90,254	6,173	23,087	60,994
Retirement plan fees	2,444		2,444	
Private Food Service				
Misc professional fees	13,985	957	3,577	9,451
Total	$ 258,585	$ 17,521	$ 67,970	$ 173,094

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Short-term rentals/leases	$ 61,542	$ 46,963	$ 14,159	$ 420
Dues and subscriptions	45,921	11,726	28,901	5,294
Grants	38,745	38,745		
Supplies	37,669	27,765	4,005	5,899
Short-term rentals/leases	15,618	11,918	3,593	107
Meals	90	13	66	11
Supplies	57	38	5	14
Total	$ 199,642	$ 137,168	$ 50,729	$ 11,745

Schedule A, Part II, Line 1(e)

Description	Amount
United Way	$ 71,196
SNAP	376,021
SFSP	516,714
CACFP	2,761,146
NKH SIF	22,706
Clark County	86,422
City of Las Vegas	37,000
In-Kind Food	14,183,304
In-Kind Donations	62,173
In-Kind Donations	485,189
Donations	5,809,351
Nevada Community Foundation	
Food donations	
Food Bank of Northern Nevada	
Food	
Target	
Food	
Weight Watchers of Las Vegas, Inc.	
Food	
Friedmutter	
Bldg acquisition/construction	
Wright Engineering	
Engineering services	
CANstruction	
Food	
Bellagio	
Food	
Engelstad Family Foundation	
Cash Contribution	10,000,000
Feeding America	
Food	
Microsoft	
Software	
Ritz Carlton at Lake Las Vegas	
Food	
Safeway	
Food	
Smith's Food and Drug Stores, Inc.	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$ 3,174,495
Albertson's	
Food	8,310,770
Fresh & Easy Markets	
Food	
St Mary's Food Bank	
Food	
Walmart	
Food	5,156,039
Arctico Beverage Co	
Food	
California Emergency Foodlink	
Food	
Community Food Bank	
Food	
Columbia Fresh Produce Sales	
Food	
Food 4 Less	
Food	
Foodlink Tulare County	
Food	
Las Vegas Rescue Mission	
Food	
Meadow Gold Dairy	
Food	
Utah Food Bank	
Food	
Von's	
Food	
Sam's Club	
Food	
Costco	
Food	
MGM Resorts International	
Food	
The Pepsi Bottling Group	
Food	1,571,883
Bushmans Inc.	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Fresh Cuts	
Food	
The Clorox Company	
Food	
Thinking Water	
Food	
California Association of FB's	
Food	
ConAgra Foods	
Food	
Core Mark International	
Food	
CCSD	
Food	
NALC	
Food	
Quaker-Tropicana-Gatorade	
Food	
Nevada Beverage Company	
Food	
Windset Greenhouses (NV) Inc.	
Food	
Mandalay Bay	
Food	
Nestle USA	
Food	
Sysco Food SVCS of LV	
Food	
US Food Service	
Food	
Mountain King Potatoes	
Food	
FMI Food Show	
Food	
Borderland Food Bank	
Food	
Association of AZ Food Banks	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Dr. Pepper Snapple Group Food	
Kroger Investment Buying Food	
The Spokane Food Bank Food	
Mars Snack Food US, LLC Food	
United Fresh Food	
SH Food Bank Central Florida Food	
TMD Company Food	
Farm Fresh Foods Food	
Lombardo Produce Food	
Pepsi-Cola North America Food	
Kraft Foods Food	
Damage Recovery Systems, Inc. Food	
Lamb Weston Food	
Hickman's Family Farms Food	
Nevada Food Brokerage Food	
Winder Farms Food	
Trader Joe's Food	
Cadeau Express Food	
Glazier's Food Marketplace	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Sunflower Farmers Market	
Food	
X Radio Media Group	
Food	
Seneca Foods-Snack Chip Division	
Food	
Salvation Army	
Food	
Nature's Grain	
Food	
Ocean Spray Cranberries, Inc.	
Food	
Restaurant Depot	
Food	
Paradise Kitchen	
Food	
Sky Chef	
Food	
Nellis Airman Leadership School	
Food	
Soda Man Vending	
Food	
Jarrows Formulas, Inc.	
Food	
ESPN Zone	
Food	
Dollar Tree	
Food	
Mariana's	
Food	
Frito Lay Company	
Food	
General Mills	
Food	
Anderson Dairy	
Food	
Whole Foods	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
USF Reddaway	
Food	
Papa John's	
Food	
Desert Gold Food Company	
Food	
Southwest Airlines	
Food	
Catersource Event Solutions	
Food	
Food Sales West	
Food	
Mirage Hotel & Casino	
Food	
Event Inventors	
Food	
Susan G. Komen for the Cure	
Food	
American Family Insurance	
Food	
Harlan Bakeries	
Food	
Capriotti's	
Food	
Quality One Hour Air Conditioning	
Food	
Walmart Exel	
Food	
Western Veg-Produce, Inc	
Food	
P AND K SERVICES, LLC	
Food	
Coca Cola	
Food	
DS Waters of America, INC	
Food	
Healds Valley Farms LTD	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
CVS/Pharmacy	
Food	
The Houston Food Bank	
Food	
Kellogg Company	
Food	
Tyson Food, Inc	
Food	
Watermelons Unlimited LTD	
Food	
Abbott Nutrition	
Food	
Tropicana North America	
Food	
Rotary First Harvest	
Food	
Stahbush Island Farms, Inc	
Food	
Church of So. Las Vegas	
Food	
Del Monte Foods Company	
Food	
Fresh Produce, Inc	
Food	
Minndaks	
Food	
Proctor & Gamble	
Food	
Ventura Foods, LLC	
Food	
California Grocers Association	
Food	
Venetian Resort Hotel Casino	
Food	
La Bonita	
Food	
Kimberly-Clark Corporation	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Naked Juice	
Food	
City Center/ARIA	
Food	
McLane Company	
Fodo	
SFMNP	
Food	
SeaShare	
Food	
Ken's Foods Inc	
Food	
Scandinavian Premium Imports	
Food	
Dynamex	
Food	
Nellis AFB	
Food	
Armour-Ekrich Meats, LLC	
Fodo	
CMJJ Courmet, Inc.	
Food	
Best Friends Animal Society	
Food	
Euro Gourmet	
Food	
Lotus Broadcasting	
Food	
MGM Grand	
Food	
Siena Community Center	
Food	
CSAA (AAA)	
Food	
Bon Breads Baking Co., Inc.	
Food	
Nevada Bottled Water	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Blue Man Group	
Food	
7-Eleven	
Food	
Food for Kids	
Food	
Praml International	
Food	
Dawn Foods	
Food	
Olive Garden-Henderson	
Food	
Circus Circus	
Food	
Identifix Inc- SRG	
Food	
Green Planet Farms	
Food	
Sprint Nextel	
Food	
APG International	
Food	
Henderson International School	
Food	
Tony Wagner	
Food	
Monte Carlo Hotel & Casino	
Food	
Canraelli Middle School	
Food	
Eastside Cannery Hotel	
Food	
New York New York	
Food	
Prologis-Las Vegas	
Food	
Fill the Mayflower	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Food	$
Coronado Highschool	
Food	
Le Cordon Bleu	
Food	
JW Marriott	
Food	
Utah Food Bank	
Food	
Smith's Food and Drug Stores, Inc.	
Food	
California Association of Food Banks	
Food	12,235,140
Columbia Fresh Produce Sales	
Food	
Pure Farm Produce, Inc.	
Food	
Mountain King Potatoes	
Food	
Federal Emergency Management Agency	
Food	
Second Harvest Food Bank	
Food	
Niagra Bottling, LLC	
Food	6,494,226
Feeding Washington	
Food	1,531,505
Total	$ 72,885,280

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
Albertson's	$ 27,143,533	$ 21,820,596
California Assoc of FB's	28,767,400	23,444,463
Columbia Fresh Produce Sales	2,961,130	
Con Agra	1,936,023	
Conrad N. Hilton Foundation	5,055,000	
Costco	1,218,362	
Elaine P. Wynn and Family Found	2,348,000	
Engelstad Family Foundation	11,750,000	6,427,063
Feeding America	2,296,830	
FEMA	1,389,560	
Fresh & Easy	1,533,577	
Kellogg Company	1,441,718	
MGM Resorts International	1,755,471	
Mountain King Potatoes	4,512,748	
Pepsi Bottling Group	5,315,183	
Pure Farm Produce	3,588,792	
Sam's Club	2,320,799	
Second Harvest Food Bank	2,534,644	
Smith's Food and Drug Stores, Inc.	6,597,027	1,274,090
The Dream Fund at UCLA	4,100,000	
Walmart	13,018,927	7,695,990
Western Veg Produce Inc	1,824,497	
Winco	622,544	
Niagra Water	6,494,226	1,171,289
Feeding Washington	1,531,505	
Total	$ 142,057,496	$ 61,833,491

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest income	$ 164,273
Realized gain on investments	324,067
Community Room-Room Rental	66,800
Total	$ 555,140

Schedule A, Part II, Line 9(e)

Description	Amount
Bingo	$ -573
Private Food Service	45,741
Off-Site Catering	
Private School Lunches	
Life Wireless Revenue	-2,455
Less: Deductions	-1,000
Total	$ 41,713

Schedule A, Part II, Line 10(e)

Description	Amount
Other income	$ 7,996
Special Food Purchases	150,684
Recycling revenue	22,147
Total	$ 180,827

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
Shared maintenance fees	$ 2,187,944
Total	$ 2,187,944

Federal Statements

Bingo

Other Direct Fundraising or Gaming Expenses

Description	Amount
Salaries	$ 6,545
Payroll taxes	498
Licensing	20
Supplies	84
Meals	1,569
Total	$ 8,716