

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

April 26, 2017

**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 6/30/16 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 6/30/16 shows a total overpayment of \$494, 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 AS SOON AS POSSIBLE to:

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

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

Ogden, UT 84201-1000

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****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).****2015**Department of the Treasury  
Internal Revenue Service

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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u><b>76,828,683</b></u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b> _____

**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 2015 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.** to enter my PIN **86191** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 ▶ **11/18/16****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.

**88517310041**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ **11/18/16**

**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 **8879-EO** (2015)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Three Square</b></p>		<b>D</b> Employer identification number <p style="text-align: center;"><b>30-0396918</b></p>	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>4190 N. Pecos Road</b></p>		<b>E</b> Telephone number <p style="text-align: center;"><b>702-644-3663</b></p>	
	City or town, state or province, country, and ZIP or foreign postal code <p><b>Las Vegas NV 89115</b></p>		<b>G</b> Gross receipts\$ <b>76,841,504</b>	
	<b>F</b> Name and address of principal officer: <p><b>Brian Burton</b> <b>4190 N. Pecos Road</b> <b>Las Vegas NV 89115</b></p>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶

**J** Website: ▶ **www.threesquare.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2006** **M** State of legal domicile: **NV**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>See Schedule O</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>161</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30619</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,583,634</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>336,783</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>72,885,280</b>	<b>73,422,798</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,187,944</b>	<b>1,473,908</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>488,340</b>	<b>231,362</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>495,442</b>	<b>1,700,615</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>76,057,006</b>	<b>76,828,683</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>56,345,891</b>	<b>61,623,083</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,312,505</b>	<b>6,113,699</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,895,309</b>	<b>241,694</b>	<b>63,825</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>4,405,762</b>	<b>10,766,297</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>66,305,852</b>	<b>78,566,904</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,751,154</b>	<b>-1,738,221</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>40,166,877</b>	<b>38,585,980</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,402,761</b>	<b>1,611,881</b>
		<b>38,764,116</b>	<b>36,974,099</b>

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>Brian Burton</b></p>	Date <p style="text-align: center;"><b>President &amp; CEO</b></p>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Katie Hampton</b>	Preparer's signature <b>Katie Hampton</b>	Date <b>04/26/17</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00292787</b>
	Firm's name ▶ <b>Houldsworth, Russo &amp; Company, P.C.</b>		Firm's EIN ▶ <b>88-0374623</b>	
	Firm's address ▶ <b>8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839</b>		Phone no. <b>702-269-9992</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  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 \$ **74,033,563** including grants of \$ **61,623,083** ) (Revenue \$ **1,473,908** )

**Three Square provides wholesome food to hungry people while passionately pursuing a hunger free community. In the fiscal year ending June 30, 2016 Three Square provided meals for more than 246,000 individuals each and every month through our agency partners and programs. Three Square distributed more than 40 million pounds of nutritious food and grocery products to 800 nonprofit program partners; sent 201,000 bags of food home with students through our Backpack for Kids program; distributed more than 1.5 million meals and snacks to children through our Kids Cafe and Summer Food Programs; partnered with 167 retail grocery stores who participated in our Fresh Rescue program; and assisted individuals in receiving approximately \$6.6 million in food assistance (continued 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 **▶ 74,033,563**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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	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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)	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		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	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	<b>X</b>	
<b>22</b> 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	<b>X</b>	
<b>23</b> 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	<b>X</b>	
<b>24a</b> 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		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> 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		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> 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		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	<b>20</b>		
<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>1c</b>			
<b>2a</b>	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		
<b>2a</b>	<b>161</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>X</b>	
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>4b</b>			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5b</b>			
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>			
<b>6a</b>	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?		<b>X</b>
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		<b>X</b>
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	



**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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.  
 Own website  Another's website  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: **►**

**Lawrence Scott**  
**Las Vegas**  
**4190 N. Pecos Road**

**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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Anita Romero	2.00									
Board Chair	0.00	X		X			0	0	0	
(2) George Smith	2.00									
Treasurer	0.00	X		X			0	0	0	
(3) Shawn L. Gerstenberger, PhD	2.00									
Secretary	0.00	X		X			0	0	0	
(4) Andy Abboud	2.00									
Director	0.00	X					0	0	0	
(5) Brian Ayala	2.00									
Director	0.00	X					0	0	0	
(6) Diana Bennett	2.00									
Director	0.00	X					0	0	0	
(7) Richard Broome	2.00									
Director	0.00	X					0	0	0	
(8) Michael J. Brown	2.00									
Director	0.00	X					0	0	0	
(9) Louis Castle	2.00									
Director	0.00	X					0	0	0	
(10) Richard T. Crawford	2.00									
Director	0.00	X					0	0	0	
(11) Marsha Gilford	2.00									
Director	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Dallas Haun</b>	2.00									
Director	0.00	X					0	0	0	
(13) <b>Eric Hilton</b>	2.00									
Director	0.00	X					0	0	0	
(14) <b>Bill Hornbuckle</b>	2.00									
Director	0.00	X					0	0	0	
(15) <b>Fran Inman</b>	2.00									
Director	0.00	X					0	0	0	
(16) <b>Marianne Johnson</b>	2.00									
Director	0.00	X					0	0	0	
(17) <b>Kara Kelley</b>	2.00									
Director	0.00	X					0	0	0	
(18) <b>Jacqui Krum</b>	2.00									
Director	0.00	X					0	0	0	
(19) <b>Robyn Ratcliffe Manzini</b>	2.00									
Director	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>568,169</b>		<b>44,172</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>568,169</b>		<b>44,172</b>	

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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	<b>X</b>	
<b>5</b> 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		<b>X</b>

**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
<b>Grizzard Communications</b> <b>Los Angeles CA 91206</b>	<b>110 N Maryland Avenue</b> <b>Fundraising</b>	<b>506,168</b>
<b>Penske Truck Leasing Co LP</b> <b>Reading PA 19603</b>	<b>Rt 10 Green Hills</b> <b>Leased vehicles</b>	<b>321,812</b>
<b>Choptank Transport, Inc.</b> <b>Preston MD 21655</b>	<b>3601 Choptank Road</b> <b>Freight</b>	<b>107,820</b>

**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 **3**

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>Punam Mathur</b>	2.00									
Director	0.00	X						0	0	
(21) <b>Rose McKinney-James</b>	2.00									
Director	0.00	X						0	0	
(22) <b>Sam McMullen</b>	2.00									
Director	0.00	X						0	0	
(23) <b>Dick Rizzo</b>	2.00									
Director	0.00	X						0	0	
(24) <b>Judy Stokey</b>	2.00									
Director	0.00	X						0	0	
(25) <b>John M. Sullivan</b>	2.00									
Director	0.00	X						0	0	
(26) <b>Frank Woodbeck</b>	2.00									
Director	0.00	X						0	0	
(27) <b>Brian Burton</b>	40.00									
President & CEO	0.00			X				244,977	0	
<b>1b Sub-total</b>								<b>244,977</b>	<b>10,553</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> 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		
<b>5</b> 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		

**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 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>Andrew Schuricht</b> CFO	40.00 0.00			X				141,231	0	11,409
(29) <b>Larry Scott</b> CFO	40.00 0.00			X				11,043	0	1,585
(30) <b>Daniel Williams</b> COO	40.00 0.00				X			170,918	0	20,625
<b>1b Sub-total</b>								<b>323,192</b>		<b>33,619</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> 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		
<b>5</b> 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		

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 293,244				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 5,240,234				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 67,889,320				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	59,610,292				
	<b>h Total.</b> Add lines 1a-1f	▶ 73,422,798				
<b>Program Service Revenue</b>	<b>2a</b> Shared maintenance fees	Busn. Code 541900	1,473,908	1,473,908		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 1,473,908				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	231,362		231,362	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6a</b> Gross rents	(i) Real	83,250			
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	83,250				
	<b>d</b> Net rental income or (loss)	▶	83,250		83,250	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	▶				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	▶					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	17,306				
	<b>b</b> Less: direct expenses	<b>b</b> 12,821				
<b>c</b> Net income or (loss) from gaming activities	▶	4,485		4,485		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Busn. Code				
<b>11a</b> Catering Service	900099	1,195,890		1,195,890		
<b>b</b> Private Food Service	900099	222,907		222,907		
<b>c</b> Life Wireless Revenue	900099	156,852		156,852		
<b>d</b> All other revenue		37,231		3,500	33,731	
<b>e Total.</b> Add lines 11a-11d	▶	1,612,880				
<b>12 Total revenue.</b> See instructions.	▶	76,828,683	1,473,908	1,583,634	348,343	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	57,863,872	57,863,872		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	3,759,211	3,759,211		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	617,412	387,982	91,932	137,498
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,520,329	2,840,575	673,077	1,006,677
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	524,673	334,920	76,394	113,359
<b>10</b> Payroll taxes	451,285	283,588	67,196	100,501
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	15,000		15,000	
<b>c</b> Accounting	43,968	1,793	42,175	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7	63,825			63,825
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	461,801	82,994	175,233	203,574
<b>12</b> Advertising and promotion	197,167	47,519	1,600	148,048
<b>13</b> Office expenses	536,526	116,127	114,168	306,231
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	710,593	613,567	61,689	35,337
<b>17</b> Travel	442,829	413,431	10,870	18,528
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,583	11,773	7,360	9,450
<b>20</b> Interest	33,583	33,512	39	32
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	947,347	824,440	67,950	54,957
<b>23</b> Insurance	174,742	141,568	15,416	17,758
<b>24</b> 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.)				
<b>a</b> Food distribution expense	6,498,568	5,835,922		662,646
<b>b</b> Program materials	285,689	262,606	14,687	8,396
<b>c</b> Supplies	151,476	139,129	5,173	7,174
<b>d</b> Income tax expense	114,506		114,506	
<b>e</b> All other expenses	123,919	39,034	83,567	1,318
<b>25</b> Total functional expenses. Add lines 1 through 24e	78,566,904	74,033,563	1,638,032	2,895,309
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>1,052,483</b>	<b>1</b>	<b>1,135,604</b>
	<b>2</b> Savings and temporary cash investments	<b>178,293</b>	<b>2</b>	<b>124,728</b>
	<b>3</b> Pledges and grants receivable, net	<b>9,338,054</b>	<b>3</b>	<b>7,995,434</b>
	<b>4</b> Accounts receivable, net	<b>127,121</b>	<b>4</b>	<b>187,706</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>5,378,359</b>	<b>8</b>	<b>3,603,120</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>485,815</b>	<b>9</b>	<b>446,802</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>23,864,016</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>7,138,556</b>	<b>10c</b>	<b>16,725,460</b>
	<b>11</b> Investments—publicly traded securities	<b>6,213,075</b>	<b>11</b>	<b>8,361,526</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>28,690</b>	<b>15</b>	<b>5,600</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>40,166,877</b>	<b>16</b>	<b>38,585,980</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>810,156</b>	<b>17</b>	<b>712,599</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>592,605</b>	<b>25</b>	<b>899,282</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,402,761</b>	<b>26</b>	<b>1,611,881</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>20,028,680</b>	<b>27</b>	<b>17,645,359</b>
	<b>28</b> Temporarily restricted net assets	<b>16,735,436</b>	<b>28</b>	<b>17,328,740</b>
	<b>29</b> Permanently restricted net assets	<b>2,000,000</b>	<b>29</b>	<b>2,000,000</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>38,764,116</b>	<b>33</b>	<b>36,974,099</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>40,166,877</b>	<b>34</b>	<b>38,585,980</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>76,828,683</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>78,566,904</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-1,738,221</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>38,764,116</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-51,796</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>36,974,099</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?	<b>X</b>	
<b>3b</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.	<b>X</b>	

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

**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.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 (Form 990 or 990-EZ).)
- 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,532,976	41,137,731	58,093,784	72,885,280	73,422,798	295,072,569
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	49,532,976	41,137,731	58,093,784	72,885,280	73,422,798	295,072,569
<b>5</b> 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)						65,216,226
<b>6 Public support.</b> Subtract line 5 from line 4.						229,856,343

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	49,532,976	41,137,731	58,093,784	72,885,280	73,422,798	295,072,569
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,297	129,782	143,276	231,073	314,612	935,040
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	11,491			41,713	1,581,134	1,634,338
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32,283	26,317	26,727	202,974	33,731	322,032
<b>11 Total support.</b> Add lines 7 through 10						297,963,979
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,473,908

**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**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	77.14%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	76.28%

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (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.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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.		
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 <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 or 990-EZ).		
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 <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> <b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> <b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		





**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

**Other income** \$ **238,802**

**Recycling revenue** \$ **83,230**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2015**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>Three Square</b>	<b>30-0396918</b>

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % 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	California Association of FB's 1624 Franklin Street #722 Oakland CA 94612	\$ 4,222,360	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Niagara Bottling, LLC 2560 E Philadelphia Street Ontario CA 91761	\$ 4,044,111	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> <b>Three Square</b>	<b>Employer identification number</b> <b>30-0396918</b>
--	--

**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
1	Food ..... ..... .....	\$ 4,222,360	..... ..... .....
2	Food ..... ..... .....	\$ 4,044,111	..... ..... .....
.....	..... ..... .....	\$ .....	..... ..... .....
.....	..... ..... .....	\$ .....	..... ..... .....
.....	..... ..... .....	\$ .....	..... ..... .....
.....	..... ..... .....	\$ .....	..... ..... .....

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization is described below.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

If the organization answered "Yes," on 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," on 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," on 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 <b>Three Square</b>	Employer identification number <b>30-0396918</b>
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**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 ▶ \$
- 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 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 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 ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 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)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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  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  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		<b>0</b>													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		<b>11,599</b>													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		<b>11,599</b>													
<b>d</b> Other exempt purpose expenditures		<b>78,555,305</b>													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		<b>78,566,904</b>													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		<b>1,000,000</b>													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		<b>250,000</b>													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		<b>0</b>													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		<b>0</b>													
<b>j</b> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	<b>1,000,000</b>	<b>1,000,000</b>	<b>1,000,000</b>	<b>1,000,000</b>	<b>4,000,000</b>
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					<b>6,000,000</b>
<b>c</b> Total lobbying expenditures	<b>10,338</b>	<b>4,885</b>	<b>13,565</b>	<b>11,599</b>	<b>40,387</b>
<b>d</b> Grassroots nontaxable amount	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>1,000,000</b>
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					<b>1,500,000</b>
<b>f</b> Grassroots lobbying expenditures				<b>0</b>	

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 2016 are considered "direct" rather than "grassroots".





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Three Square

Employer identification number

30-0396918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**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" on 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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	4,242,625	2,527,484	2,202,115	2,000,000	
<b>b</b> Contributions .....	2,000,000	2,000,000			2,000,000
<b>c</b> Net investment earnings, gains, and losses .....	134,298	-249,819	350,870	202,115	
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	242,625				
<b>f</b> Administrative expenses .....	34,054	35,040	25,501		
<b>g</b> End of year balance .....	6,100,244	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 ▶ **1.64 %**
- b** Permanent endowment ▶ **32.79 %**
- c** Temporarily restricted endowment ▶ **65.57 %**

The percentages on 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:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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" on 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
<b>1a</b> Land .....		1,103,252		1,103,252
<b>b</b> Buildings .....		17,859,989	3,399,231	14,460,758
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		4,900,775	3,739,325	1,161,450
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **16,725,460**

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on 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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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) <b>Capital Lease Payable</b>	<b>461,909</b>	
(3) <b>Long-term debt</b>	<b>261,196</b>	
(4) <b>Income taxes payable</b>	<b>114,506</b>	
(5) <b>Refundable Advance</b>	<b>61,671</b>	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>899,282</b>	

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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>76,795,373</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>-51,796</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>5,665</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>12,821</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>-33,310</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>76,828,683</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>76,828,683</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>78,585,390</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>5,665</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>12,821</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>18,486</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>78,566,904</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>78,566,904</b>

**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** \$ **17,306**

**Gain on Bingo** \$ **-4,485**

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

**Bingo Expenses** \$ **12,821**



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  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?  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?		(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
		Yes	No			
1 DeAnna Ackerman 1 PO Box 94564 Las Vegas NV 89193	Fundraise		X	0	51,000	-51,000
2 Nancy Pope Consulting 1006 Chavez Road NW Los Ranchos NM 87107	Fundraise		X	0	12,825	-12,825
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					<b>63,825</b>	<b>-63,825</b>

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

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		<b>1</b> Gross revenue .....	<b>17,306</b>		
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....	<b>3,460</b>			<b>3,460</b>
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses	<b>9,361</b>			<b>9,361</b>
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				<b>12,821</b>	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				<b>4,485</b>	

**9** Enter the state(s) in which the organization conducts gaming activities: **NV**  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain:  
**Three Square compiles with the Gaming Control Board of Nevada when conducting Bingo and these activities do not require a**

**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:
 

13a	100.00	%
13b		%

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

Name ▶ Lawrence Scott  
 4190 N. Pecos Road  
 Address ▶ Las Vegas NV 89115

- 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 ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶  
 Address ▶

16 Gaming manager information:

Name ▶  
 Gaming manager compensation ▶ \$  
 Description of services provided ▶  
 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 ▶ \$

**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).

**Sch G, Part III, Line 9b - Not Licensed to Operate Explanation gaming license.**

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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?  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" on 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)	<b>Abundant Life SDA Church</b> 1720 J St. Las Vegas NV 89106	52-0643036	501c3		218,028	Ave cost	Food	Food bank
(2)	<b>Apostolic Assembly #3</b> PO Box 365001 North Las Vegas NV 89036	95-6087955	501c3		118,796	Ave cost	Food	Food bank
(3)	<b>Boys and Girls Club So NV</b> P.O. Box 26689 Las Vegas NV 89126	88-0093150	501c3		71,189	Ave Cost	Food	Food bank
(4)	<b>Blood of the Lamb</b> 1103 N Nellis Blvd. Las Vegas NV 89110	88-0417814	501c3		327,142	Ave Cost	Food	Food bank
(5)	<b>Boys Town</b> 821 Mojave Rd Las Vegas NV 89110	88-0417814	501c3		46,330	Ave cost	Food	Food bank
(6)	<b>Brown Bag Ministry First Pres.</b> 1515 W Charleston Blvd Las Vegas NV 89102	23-2032710	501c3		9,861	Ave cost	Food	Food bank
(7)	<b>C3 Church</b> 501 North Mojave Road Las Vegas NV 89101	20-0692977	501c3		1,025,973	Ave Cost	Food	Food Bank
(8)	<b>Caliente Senior Citizens</b> PO Box 508 Panaca NV 89042	94-3015900	501c3		649,884	Ave Cost	Food	Food Bank
(9)	<b>Calvary Chapel Spring Valley</b> 7175 W. Oquendo Las Vegas NV 89113	88-0218925	501c3		107,223	Ave Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 171
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

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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?  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" on 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)	Calvary Downtown Outreach PO Box 127 Las Vegas NV 89125	32-0051365	501c3		530,144	Ave Cost	Food	Food Bank
(2)	Care and Share Food Bank for So CO 2605 Preamble Point Colorado Springs CO 80915	84-0731930	501c3		131,745	Ave Cost	Food	Food Bank
(3)	Casa de Luz 2412 Tam Drive Las Vegas NV 89102	91-2005503	501c3		404,292	Ave Cost	Food	Food Bank
(4)	Catholic Charities 1501 Las Vegas Boulevard North Las Vegas NV 89101	88-0059425	501c3		3,590,205	Ave Cost	Food	Food Bank
(5)	Central Christian Church 1001 New Beginnings Drive Henderson NV 89011	88-0118790	501c3		299,387	Ave Cost	Food	Food Bank
(6)	Centro de Adoracion 2900 East Patrick Lane #7 Las Vegas NV 89120	54-2158603	501c3		347,242	Ave Cost	Food	Food Bank
(7)	Christ Ambassadors Church 2270 Losee Rd N. Las Vegas NV 89030	45-3839346	501c3		91,493	Ave Cost	Food	Food Bank
(8)	Christian Center PO Box 60215 Boulder City NV 89006	95-1684062	501c3		67,901	Ave Cost	Food	Food Bank
(9)	Church of Pentecost 3180 W. Sahara Ave. Ste. C21-C23 Las Vegas NV 89102	13-3518705	501c3		11,680	Ave Cost	Food	Food Bank

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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?  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" on 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)	City Mission PO Box 60563 Pasadena CA 91116	91-2159725	501c3		9,886	Ave Cost	Food	Food Bank
(2)	College Park Baptist Church 2101 East Owens Ave. Las Vegas NV 89030	62-0535346	501c3		353,015	Ave Cost	Food	Food Bank
(3)	Colorado River Food Bank 240 E. Laughlin Civic Dr Laughlin NV 89029	88-0345703	501c3		851,412	Ave Cost	Food	Food Bank
(4)	Communitites In Schools 8350 West Sahara Ave. Suite 110 Las Vegas NV 89117	88-0292094	501c3		111,757	Ave Cost	Food	Food Bank
(5)	Community Baptist Church 245 E. Foster Ave. Henderson NV 89011	88-0173406	501c3		757,266	Ave Cost	Food	Food Bank
(6)	Community Lutheran Church 3720 East Tropicana Ave. Las Vegas NV 89121	88-0116459	501c3		17,241	Ave Cost	Food	Food Bank
(7)	Covenant of Love 1100 N. Martin Luther King Blvd Las Vegas NV 89106	01-0868265	501c3		338,919	Ave Cost	Food	Food Bank
(8)	Create A Change Now 2251 N Rampart Blvd. #347 Las Vegas NV 89128	36-4662192	501c3		57,237	Ave Cost	Food	Food Bank
(9)	Discovery Church 4310 Losee Rd. North Las Vegas NV 89030	44-0577787	501c3		6,380	Ave Cost	Food	Food Bank

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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?  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" on 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)	<b>East Valley Family Services</b> 1830 E Sahara Ave. Ste. 101 Las Vegas NV 89104	90-0183363	501c3		572,079	Ave Cost	Food	Food Bank
(2)	<b>Easter Seals Southern Nevada</b> 6200 West Oakey Blvd, Las Vegas NV 89146	94-2815686	501C3		19,220	Ave Cost	Food	Food Bank
(3)	<b>Emergency Aid of Boulder City</b> PO Box 60673 Boulder City NV 89006	94-2772532	501c3		338,057	Ave Cost	Food	Food Bank
(4)	<b>Epicenter on the Parkway</b> 2000 S Maryland Pkwy, Ste. 2 Las Vegas NV 89104	20-1943208	501c3		273,860	Ave Cost	Food	Food Bank
(5)	<b>Expertise, Inc.</b> 1911 Stella Lake St Las Vegas NV 89106	88-0451057	501c3		57,841	Ave Cost	Food	Food Bank
(6)	<b>Faith Fellowship Foursquare</b> 2190 N. Blagg Rd. Pahrump NV 89060	95-1684062	501c3		90,798	Ave Cost	Food	Food Bank
(7)	<b>Family Worship Center</b> 4000 Spring Rd Las Vegas NV 89108	62-0484177	501c3		354,376	Ave Cost	Food	Food Bank
(8)	<b>First AME</b> 2446 Revere Street North Las Vegas NV 89030	88-0390053	501c3		1,017,839	Ave Cost	Food	Food Bank
(9)	<b>First Baptist Church of Las Vegas</b> 4400 Oakey Blvd Las Vegas NV 89102	62-0535346	501c3		68,538	Ave Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I  
(Form 990)**

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(1)	<b>First CME</b> 6010 Smoke Ranch Rd Las Vegas NV 89108	88-0358490	501c3		546,701	Ave Cost	Food	Food Bank
(2)	<b>First Congregational Church</b> 1200 N. Eastern Ave. Las Vegas NV 89101	13-1957221	501c3		6,479	Ave Cost	Food	Food Bank
(3)	<b>FISH Emergency Assistance</b> 2120 Revere St. N. Las Vegas NV 89030	88-6021870	501c3		753,520	Ave Cost	Food	Food Bank
(4)	<b>Food Bank of Northern Nevada</b> 550 Italy Dr McCarran NV 89434	94-2924979	501c3		276,876	Ave Cost	Food	Food Bank
(5)	<b>Fountain of Hope AME Church</b> 2955 E Russell Rd. Las Vegas NV 89120	81-0578416	501c3		43,341	Ave Cost	Food	Food Bank
(6)	<b>Freedom House Sober Living, Inc</b> 3852 Palos Verdes St Las Vegas NV 89119	27-3493596	501c3		49,334	Ave Cost	Food	Food Bank
(7)	<b>Fresh Start Baptist Church</b> PO Box 35502 Las Vegas NV 89143	88-0491395	501c3		102,659	Ave Cost	Food	Food Bank
(8)	<b>Frontier Southern Baptist</b> PO Box 365092 N. Las Vegas NV 89036	62-0535346	501c3		404,719	Ave Cost	Food	Food Bank
(9)	<b>Gay and Lesbian Community Center</b> 401 S. Maryland Pkwy Las Vegas NV 89101	94-3192750	501c3		24,285	Ave Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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(1)	Gethsemani Missionary Baptist 1490 E. University Ave. Las Vegas NV 89119	62-0535346	501c3		368,372	Ave Cost	Food	Food Bank
(2)	Giving Life Ministries 416 Perlite Way Henderson NV 89015	73-0748663	501c3		143,358	Ave Cost	Food	Food Bank
(3)	God's Groceries Food Ministry 101 S. Rancho Drive Las Vegas NV 89106	95-6134975	501c3		111,402	Ave Cost	Food	Food Bank
(4)	Gospel Lighthouse Church 5216 Delmonte Ave. Las Vegas NV 89146	88-0268938	501c3		965,962	Ave Cost	Food	Food Bank
(5)	Grace and Mercy Human Services 872 Blankenship Ave. Las Vegas NV 89106	43-2099408	501c3		100,663	Ave Cost	Food	Food Bank
(6)	Grace Baptist Church 5780 East Sahara Suite 150 Las Vegas NV 89142	62-0535346	501c3		1,157,864	Ave Cost	Food	Food Bank
(7)	Grace City Church 2121 E. Tropicana Ave. Las Vegas NV 89119	62-0535346	501c3		40,497	Ave Cost	Food	Food Bank
(8)	Grace Immanuel Missionary PO Box 270399 Las Vegas NV 89127	88-0194684	501c3		168,338	Ave Cost	Food	Food Bank
(9)	Grapevine Fellowship 2323 S Nellis Blvd Las Vegas NV 89104	95-1684062	501c3		488,430	Ave Cost	Food	Food Bank

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(1)	Greater Most High Church 5812 Ripple Creek North Las Vegas NV 89031	23-7002419	501c3		40,706	Ave Cost	Food	Food Bank
(2)	Greater New Jerusalem 1100 North D Street Las Vegas NV 89106	88-0204601	501c3		1,856,208	Ave Cost	Food	Food Bank
(3)	Harvest Time Ministries, Inc 8308 Donatello Ct. Las Vegas NV 89129	44-0612817	501c3		5,239	Ave Cost	Food	Food Bank
(4)	Harvesters Community Food Network 3801 Topping Ave. Kansas City MO 64129	43-1208665	501c3		118,957	Ave Cost	Food	Food Bank
(5)	HELP of Southern Nevada 1640 East Flamingo Rd. #100 Las Vegas NV 89117	88-0108496	501c3		62,993	Ave Cost	Food	Food Bank
(6)	HELP USA 1455 N Main St Las Vegas NV 89101	13-3922973	501c3		19,141	Ave Cost	Food	Food Bank
(7)	Helping Hands of NLV 3640 N 5th St Ste 130 N. Las Vegas NV 89030	88-0395530	501c3		1,517,106	Ave Cost	Food	Food Bank
(8)	Highland Hills Baptist Church 615 College Dr Henderson NV 89002	62-0535346	501c3		82,841	Ave Cost	Food	Food Bank
(9)	His Hands Ministries 2218 Toiyabe St Las Vegas NV 89156	20-1456061	501c3		81,220	Ave Cost	Food	Food Bank

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(1)	Holy Family Catholic Church 4490 Mountan Vista St Las Vegas NV 89121	53-0196617	501c3		23,698	Ave Cost	Food	Food Bank
(2)	HopeLink 178 Westminster Way Henderson NV 89015	94-3202139	501c3		24,800	Ave Cost	Food	Food Bank
(3)	Houston Food Bank 535 Portwall St. Houston TX 77029	74-2181456	501c3		1,234,227	Ave Cost	Food	Food Bank
(4)	I Have A Dream Foundation 6841 S. Eastern Ave., Ste 103 Las Vegas NV 89119	13-3355315	501c3		108,795	Ave Cost	Food	Food Bank
(5)	Iglesia Apostolica de la fe 2041 W. Bonanza Rd. Las Vegas NV 89106	20-2815842	501c3		62,728	Ave Cost	Food	Food Bank
(6)	Iglesia Crist Rey de Gloria 318 South 11th Street Las Vegas NV 89101	27-3767156	501c3		119,300	Ave Cost	Food	Food Bank
(7)	Iglesia Cristiana Agape 27 N Mojave Rd. Las Vegas NV 89101	45-3677490	501c3		134,894	Ave Cost	Food	Food Bank
(8)	Iglesia Ev Casa de Dios 3012 East Saint Louis Ave Las Vegas NV 89104	38-3748684	501c3		91,484	Ave Cost	Food	Food Bank
(9)	International Church of Las Vegas 8100 Westcliff Dr Las Vegas NV 89145	88-0233607	501c3		752,727	Ave Cost	Food	Food Bank

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(1)	Islamic Relief USA 3655 Wheeler Ave. Alexandria VA 22304	32-0087926	501c3		8,411	Ave Cost	Food	Food Bank
(2)	Israelite Church of God 1285 Miller Ave. Las Vegas NV 89106	23-7002419	501c3		97,922	Ave Cost	Food	Food Bank
(3)	Jewish Family Services 4794 S. Eastern Ave Las Vegas NV 89119	88-0142948	501c3		39,499	Ave Cost	Food	Food Bank
(4)	Jude 22 530 S. 9th St Las Vegas NV 89101	88-0417094	501c3		427,234	Ave Cost	Food	Food Bank
(5)	Keeping Youth Educated, Inc 1380 E Silverado Ranch Blvd. Las Vegas NV 89183	68-0573791	501c3		249,239	Ave Cost	Food	Food Bank
(6)	Las Vegas Rescue Mission 480 W. Bonanza Rd. Las Vegas NV 89106	23-7222330	501c3		267,401	Ave Cost	Food	Food Bank
(7)	Life Springs Christian Church 2075 E Warm Springs Rd. Las Vegas NV 89119	88-0217908	501c3		18,569	Ave Cost	Food	Food Bank
(8)	Live-Right Congregation 1312 Melissa St. Las Vegas NV 89101	27-0586677	501c3		98,196	Ave Cost	Food	Food Bank
(9)	Living Grace Home PO Box 96991 Las Vegas NV 89193	26-3911446	501c3		20,099	Ave Cost	Food	Food Bank

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(1)	<b>Living Word Ministry</b> 976 Hassel Ave. Las Vegas NV 89106	88-0467512	501c3		63,283	Ave Cost	Food	Food Bank
(2)	<b>Lord of Harvest</b> 5818 Spring Mountain Rd. Las Vegas NV 89146	44-0577787	501c3		445,567	Ave Cost	Food	Food Bank
(3)	<b>Lutheran Social Services</b> 73 Spectrum Blvd. Las Vegas NV 89101	86-0845241	501c3		921,951	Ave Cost	Food	Food Bank
(4)	<b>Macedonia Outreach (MOSES)</b> 2600 Clayton St N. Las Vegas NV 89032	26-1201390	501c3		750,097	Ave Cost	Food	Food Bank
(5)	<b>Maranatha Spanish SDA</b> PO Box 336658 N. Las Vegas NV 89033	52-0643036	501c3		1,523,190	Ave Cost	Food	Food Bank
(6)	<b>Mexican Patriotic Committee</b> 2881 S Valley View Suite 17 Las Vegas NV 89102	88-0263462	501c3		13,094	Ave Cost	Food	Food Bank
(7)	<b>MLK Senior Center LVCCUL</b> 2420 N Martin Luther King Blvd N. Las Vegas NV 89032	20-0873314	501c3		705,030	Ave Cost	Food	Food Bank
(8)	<b>Moments of Blessing</b> 5225 Meikle Ln Las Vegas NV 89156	42-1549597	501c3		430,657	Ave Cost	Food	Food Bank
(9)	<b>Mother Teresa's Pantry</b> 5485 E Charleston Blvd. Las Vegas NV 89142	53-0196617	501c3		321,825	Ave Cost	Food	Food Bank

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(1)	Mountain View Church SDA 6001 W. Oakey Blvd Las Vegas NV 89146	52-0643036	501c3		16,288	Ave Cost	Food	Food Bank
(2)	Mt Liberty Baptist Church 330 North 9th Street Las Vegas NV 89101	88-0447301	501c3		933,149	Ave Cost	Food	Food Bank
(3)	My Father's House 3910 E Patrick Lane Las Vegas NV 89120	94-2674987	501c3		455,597	Ave Cost	Food	Food Bank
(4)	NACF Food Bank 610 Belrose St Las Vegas NV 89107	88-0510687	501c3		7,207	Ave Cost	Food	Food Bank
(5)	Neighborhood Housing Services of 1849 Civic Center Drive N. Las Vegas NV 89030	SN 88-0285930	501c3		32,215	Ave Cost	Food	Food Bank
(6)	Nellis Baptist Church /FISH PO Box 364029 N. Las Vegas NV 89036	62-0535346	501c3		332,110	Ave Cost	Food	Food Bank
(7)	Nevada Community Enrich Prog. 2550 University Ave. W. St. Paul MN 55114	41-1330242	501c3		147,639	Ave Cost	Food	Food Bank
(8)	Nevada Senior Services 901 N Jones Blvd. Las Vegas NV 89108	88-0206284	501c3		55,307	Ave Cost	Food	Food Bank
(9)	New Beginning Ministries 2314 E. Cheyenne Ave N. Las Vegas NV 89030	27-3552881	501c3		86,441	Ave Cost	Food	Food Bank

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(1)	Northeast Louisiana Food Bank 4600 Central Avenue Monroe LA 71203	72-1333809	501c3		118,780	Ave Cost	Food	Food Bank
(2)	Nye Communities Coalition 1020 E Wilson Rd. Pahrump NV 89048	45-0496090	501c3		24,094	Ave Cost	Food	Food Bank
(3)	Oasis Outreach Worship Center PO Box 1150 Pahrump NV 89041	88-0066557	501c3		112,428	Ave Cost	Food	Food Bank
(4)	Our Savior Church PO Box 91449 Henderson NV 89009	43-0658118	501c3		2,404,776	Ave Cost	Food	Food Bank
(5)	Pahrump New Hope Fellowship 781 West St. Pahrump NV 89048	95-1684062	501c3		1,184,241	Ave Cost	Food	Food Bank
(6)	Palms Pantry 1312 Melissa St. Las Vegas NV 89101	47-1938415	501c3		168,765	Ave Cost	Food	Food Bank
(7)	Paradise S.D,A Church 4575 Sandhill Rd. Las Vegas NV 89121	52-0643036	501c3		73,828	Ave Cost	Food	Food Bank
(8)	Pentecostal Temple Church 1117 F. St Las Vegas NV 89106	88-0277341	501c3		46,452	Ave Cost	Food	Food Bank
(9)	Portals to Glory Church of God 2301 Comstock Dr. N. Las Vegas NV 89032	73-1667956	501c3		42,203	Ave Cost	Food	Food Bank

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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?  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" on 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)	Prog. Pilgrims Fellowship PO Box 42666 Las Vegas NV 89116	14-1844048	501c3		1,137,182	Ave Cost	Food	Food Bank
(2)	Project 150 3600 N Rancho Dr Las Vegas NV 89130	45-6645161	501c3		103,560	Ave Cost	Food	Food Bank
(3)	R.A.M 911 G St Las Vegas NV 89106	88-0351437	501c3		235,053	Ave Cost	Food	Food Bank
(4)	Regional Food Bank of Oklahoma 3355 S. Purdue Ave. Oklahoma City OK 73137	73-1100380	501c3		718,611	Ave Cost	Food	Food Bank
(5)	Roadrunner Food Bank of New Mexico 5840 Office Blvd. NE Albuquerque NM 87109	85-0278525	501c3		181,192	Ave Cost	Food	Food Bank
(6)	Royal Outreach Ministry 7381 Prairie Falcon Rd. Las Vegas NV 89128	27-3769108	501c3		13,823	Ave Cost	Food	Food Bank
(7)	S.A.F.E. House Inc. 921 American Pacific Dr. Henderson NV 89014	88-0314066	501c3		164,572	Ave Cost	Food	Food Bank
(8)	Salvation Army PO Box 28369 Las Vegas NV 89126	94-1156347	501c3		1,930,365	Ave Cost	Food	Food Bank
(9)	Samaritan House, Inc. 1001 North 4th St Las Vegas NV 89101	88-0096054	501c3		14,804	Ave Cost	Food	Food Bank

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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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?  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" on 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)	Samoan independent A.O.G 3434 Kier Bldg 6 N. Las Vegas NV 89030	95-4673770	501c3		50,448	Ave Cost	Food	Food Bank
(2)	Sandy Valley Food Sharing 777 W Quartz Sandy Vally NV 89019	88-0343296	501c3		669,877	Ave Cost	Food	Food Bank
(3)	Sathya Sai Baba Center 3853 Climning Rose St. Las Vegas NV 89147	46-4261275	501c3		191,077	Ave Cost	Food	Food Bank
(4)	Second Baptist 500 W. Madison Las Vegas NV 89106	13-5563018	501c3		445,978	Ave Cost	Food	Food Bank
(5)	Silver State Housing 2655 S. Rainbow Blvd. Las Veags NV 89146	88-0438406	501c3		540,485	Ave Cost	Food	Food Bank
(6)	Society of St. Stephen 6151 W. Charleston Blvd. Las Vegas NV 89146	95-3954544	501c3		232,580	Ave Cost	Food	Food Bank
(7)	Society of St. Vincent 204 S. Boulder Hwy Henderson NV 89015	13-5562362	501c3		154,526	Ave Cost	Food	Food Bank
(8)	Spread the Word Nevada 1065 American Pacific Dr Suite 160 Henderson NV 89074	22-3829041	501c3		11,825	Ave Cost	Food	Food Bank
(9)	St. Elizabeth Ann Seton Catholic Ch 1811 Pueblo Vista Drive Las Vegas NV 89128	53-0196617	501c3		20,661	Ave Cost	Food	Food Bank

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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

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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?  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" on 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)	St. John Neumann Catholic Church 2575 W. El Campo Grande Ave. N. Las Vegas NV 89031	53-0196617	501c3		482,066	Ave Cost	Food	Food Bank
(2)	St. Joseph's 131 N 9th St. Las Vegas NV 89101	94-2855162	501c3		379,614	Ave Cost	Food	Food Bank
(3)	St. Mary's Food Bank 2831 N 31st Ave. Phoenix AZ 85009	23-7353532	501c3		408,986	Ave Cost	Food	Food Bank
(4)	St. Theresa HIV Outreach Ctr PO Box 90625 Henderson NV 89009-0625	53-0196617	501c3		3,303,121	Ave Cost	Food	Food bank
(5)	Teen Challenge of Nevada PO Box 1136 Sparks NV 89432	88-0381800	501c3		34,863	Ave Cost	Food	Food Bank
(6)	Templo Macdeonia ICIAR USA 825 Royal Moon Ave. Las Vegas NV 89123	06-1835772	501c3		192,301	Ave Cost	Food	Food Bank
(7)	The Champion Center 3900 East Bonanza Rd. Las Vegas NV 89110	44-0577787	501c3		1,459,241	Ave Cost	Food	Food Bank
(8)	The Church LV 3051 W. Horizon Ridge Pkwy Henderson NV 89052	91-1766582	501c3		360,855	Ave Cost	Food	Food Bank
(9)	The Fawn Residence 3870 Willowview Ct. Las Vegas NV 89147	20-0833777	501c3		37,421	Ave Cost	Food	Food Bank

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

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

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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?  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" on 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)	<b>The Gooden Foundation</b> 5546 Camino El Norte 2-333 N. Las Vegas NV 89031	38-3971938	501c3		7,986	Ave Cost	Food	Food Bank
(2)	<b>The Shade Tree</b> 1 West Owens N. Las Vegas NV 89030	88-0253276	501c3		382,717	Ave Cost	Food	Food Bank
(3)	<b>Truth Christian Ministries Inc</b> 5101 N. Rainbow Las Vegas NV 89130	20-4490662	501c3		2,249,516	Ave Cost	Food	Food Bank
(4)	<b>U.S. Veterans Initiative</b> 525 E Bonanza Rd. Las Vegas NV 89101	95-4382752	501c3		347,429	Ave Cost	Food	Food Bank
(5)	<b>United Labor Agency of NV</b> 1201 N Decatur Blvd. Las Vegas NV 89108	88-0344011	501c3		31,237	Ave Cost	Food	Food Bank
(6)	<b>United Methodist Social Min</b> 4412 S Maryland Pkwy. Las Vegas NV 89119	88-0225104	501c3		18,960	Ave Cost	Food	Food Bank
(7)	<b>UNLV</b> 4505 S. Maryland Pkwy Las Vegas NV 89154	94-2790134	501c3		21,002	Ave Cost	Food	Food Bank
(8)	<b>Utah Food Bank</b> 3150 S 900 West West Valley City UT 84119	87-0212453	501c3		593,920	Ave Cost	Food	Food Bank
(9)	<b>Valley Bible Fellowship</b> 4500 W. Sahara Blvd. Las Vegas NV 89102	27-0286845	501c3		406,219	Ave Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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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?  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" on 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)	Vegas View Community Food Bank 1906 Glider St N. Las Vegas NV 89030	23-7002419	501c3		645,215	Ave Cost	Food	Food Bank
(2)	Veteran's Village Pantry 840 S. Rancho Rd. #4-622 Las Vegas NV 89106	94-3209791	501c3		144,796	Ave Cost	Food	Food Bank
(3)	Virgin Valley Family Services PO Box 1436 Mesquite NV 89024	88-0464004	501c3		463,712	Ave Cost	Food	Food Bank
(4)	Vision de Dios 580 West Cheyenne Ave. Las Vegas NV 89030	20-2460712	501c3		454,927	Ave Cost	Food	Food Bank
(5)	Walter Hoving Home, Inc. 4641 Corral Place Las Vegas NV 89119	13-2753267	501c3		22,223	Ave Cost	Food	Food Bank
(6)	We Care Foundation 2216 S 6th St Las Vegas NV 89104	88-0086941	501c3		11,125	Ave Cost	Food	Food Bank
(7)	Westminster Presbyterian 4601 W. Lake Mead Blvd. Las Vegas NV 89108	23-6393377	501c3		221,013	Ave Cost	Food	Food Bank
(8)	Word of Life Christian Center 3520 N. Buffalo Dr Las Vegas NV 89129	91-6054380	501c3		7,822		Food	Food Bank
(9)	Youth Advocate Program 2535 W. Cheyenne N. Las Vegas NV 89032	23-1977514	501c3		19,379	Ave Cost	Food	Food Bank

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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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?  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" on 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)	<b>Youth With A Mission PO Box 36606 Las Vegas NV 89133</b>	<b>86-0858722</b>	<b>501c3</b>		<b>252,671</b>	<b>Ave Cost</b>	<b>Food</b>	<b>Food Bank</b>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

**Schedule I (Form 990) (2015)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 <b>Food distribution</b>	111000		3,759,211	Ave cost	Food
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" on 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 \$1,473,908.

.....  
 .....

**SCHEDULE J  
(Form 990)**

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**3** Indicate which, if any, of the following the filing organization used 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                             | <b>4a</b> |  | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....    | <b>4c</b> |  | <b>X</b> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <b>X</b> |
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <b>X</b> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Brian Burton President & CEO	(i)	244,977	0	0	10,553	0	255,530	0
	(ii)	0	0	0	0	0	0	0
2 Andrew Schuricht CFO	(i)	141,231	0	0	11,409	0	152,640	0
	(ii)	0	0	0	0	0	0	0
3 Daniel Williams COO	(i)	170,918	0	0	20,625	0	191,543	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**Three Square**

**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	<b>X</b>	<b>35671299</b>	<b>59,571,070</b>	<b>Price per pound</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>Miscellaneous</b> )	<b>X</b>	<b>42</b>	<b>39,222</b>	<b>FMV</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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?		<b>X</b>
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?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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 35,671,299 pounds of food, which was valued at \$59,571,070.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

**Three Square**

Employer identification number

**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 137,000 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](http://www.threesquare.org). Financial statements are also printed in Three Square's annual report.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Bingo Revenue	\$	17,306
Gain on Bingo	\$	-4,485
Bingo Expenses	\$	-12,821

Form **990-T**

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

OMB No. 1545-0687

**2015**

For calendar year 2015 or other tax year beginning **07/01/15**, and ending **06/30/16**

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>38,585,980</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>Print or Type</b> <b>Three Square</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>4190 N. Pecos Road</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>Las Vegas NV 89115</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>30-0396918</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>541900   541900</b></p>
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**H** Describe the organization's primary unrelated business activity.  
▶ **Private Food Service**

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <b>1,596,455</b>			
<b>b</b>	Less returns and allowances			
<b>1c</b>	<b>c</b> Balance	<b>1,596,455</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>1,244,351</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>352,104</b>		<b>352,104</b>
<b>4a</b>	Capital gain net income (attach Schedule D)			
<b>4b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>4c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule)	<b>0</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>352,104</b>		<b>352,104</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			
<b>15</b>	Salaries and wages			
<b>16</b>	Repairs and maintenance			
<b>17</b>	Bad debts			
<b>18</b>	Interest (attach schedule)			
<b>19</b>	Taxes and licenses			
<b>20</b>	Charitable contributions (See instructions for limitation rules)			
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>0</b>
<b>23</b>	Depletion			
<b>24</b>	Contributions to deferred compensation plans			
<b>25</b>	Employee benefit programs			
<b>26</b>	Excess exempt expenses (Schedule I)			
<b>27</b>	Excess readership costs (Schedule J)			
<b>28</b>	Other deductions (attach schedule) <b>See Statement 1</b>			<b>14,321</b>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			<b>14,321</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>337,783</b>
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)			
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>337,783</b>
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			<b>1,000</b>
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.			<b>336,783</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____		
<b>c</b> Income tax on the amount on line 34 .....	<b>35c</b>	<b>114,506</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>36</b>	
<b>37 Proxy tax.</b> See instructions .....	<b>37</b>	
<b>38 Alternative minimum tax</b> .....	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies .....	<b>39</b>	<b>114,506</b>

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>40a</b>		
<b>b</b> Other credits (see instructions) .....	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d .....	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39 .....	<b>41</b>	<b>114,506</b>	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) .....	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 .....	<b>43</b>	<b>114,506</b>	
<b>44a</b> Payments: A 2014 overpayment credited to 2015 .....	<b>44a</b>		
<b>b</b> 2015 estimated tax payments .....	<b>44b</b>	<b>115,000</b>	
<b>c</b> Tax deposited with Form 8868 .....	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>44d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) .....	<b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	<b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g .....	<b>45</b>	<b>115,000</b>	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed .....	<b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	<b>48</b>	<b>494</b>	
<b>49</b> Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ <b>Refunded</b> ▶	<b>49</b>	<b>494</b>	

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

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
		<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

<b>1</b> Inventory at beginning of year .....	<b>1</b>	<b>0</b>	<b>6</b> Inventory at end of year .....	<b>6</b>	
<b>2</b> Purchases .....	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>	
<b>3</b> Cost of labor .....	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	Yes	No
<b>4a</b> Additional sec. 263A costs (attach schedule) .....	<b>4a</b>				
<b>b</b> Other costs (attach schedule) .....	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b .....	<b>5</b>				

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.

**Sign Here** ▶ \_\_\_\_\_ **President & CEO**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>Katie Hampton</b>	Preparer's signature <b>Katie Hampton</b>	Date <b>04/26/17</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00292787</b>
Firm's name ▶ <b>Houldsworth, Russo &amp; Company, P.C.</b>			Firm's EIN ▶ <b>88-0374623</b>	
Firm's address ▶ <b>8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839</b>			Phone no. <b>702-269-9992</b>	

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

(see instructions)

**1. Description of property**

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

**2. Rent received or accrued**

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

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

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

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

**Total dividends-received deductions** included in column 8 ▶

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

**Nonexempt Controlled Organizations**

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

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

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

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

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

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

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

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

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

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

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

# Federal Statements

## Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
Private Food Service	\$ 222,907
Life Wireless Revenue	156,852
Catering Service	1,195,890
Succeed & Feed	3,500
Total	<u>\$ 1,579,149</u>

## Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
Non-cash Prizes	\$ 3,460
Other Direct Fundraising/Gaming	9,361
Tax preparation expense	1,500
Total	<u>\$ 14,321</u>



## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>								
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	2,709	370
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	2,163	305
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	785,268	109,245
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 FV)	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 PIV 1125	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

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv 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 958VAP	1/11/08	90,839			90,839	6 MO S/L	90,839	0
82	2007 GMC 24' Ref Truck F412502 128VDP	3/01/08	90,999			90,999	6 MO S/L	90,999	0
83	2007 GMC 24' Ref Truck F412614 129VDP	3/01/08	90,999			90,999	6 MO S/L	90,999	0
84	2007 GMC 24' Ref Truck F412516 130VDP	3/17/08	90,999			90,999	6 MO S/L	90,999	0
85	2007 GMC 24' Ref Truck F414518 131VDP	3/17/08	90,999			90,999	6 MO S/L	90,999	0
86	2009 GMC 26' Ref Truck H124609	10/17/08	92,672			92,672	6 MO S/L	92,672	0
87	2006 GMC 26' Ref Truck F431618	6/17/08	90,499			90,499	6 MO S/L	90,499	0
88	2006 GMC 26' Ref Truck F431905	6/17/08	90,499			90,499	6 MO S/L	90,499	0
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	2,702	386
96	New Office Expansion	9/01/08	39,341			39,341	15 MO S/L	16,611	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	1,716,305	343,261
99	Equipment (Assets 2009)	7/01/09	1,294,732			1,294,732	5 MO S/L	1,294,732	0
100	Equipment (2010 Additions)	3/01/10	99,825			99,825	5 MO S/L	99,825	0
101	2010 Vehicle Addition	3/01/10	139,836			139,836	6 MO S/L	116,530	23,306
102	2011 to tie to audit	6/30/11	670,299			670,299	5 MO S/L	670,299	0
<b>Total Other Depreciation</b>			<u>22,266,704</u>			<u>22,266,704</u>		<u>5,954,076</u>	<u>479,496</u>
<b>Total ACRS and Other Depreciation</b>			<u>22,266,704</u>			<u>22,266,704</u>		<u>5,954,076</u>	<u>479,496</u>
<b>Grand Totals</b>			22,266,704			22,266,704		5,954,076	479,496
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>22,266,704</u>			<u>22,266,704</u>		<u>5,954,076</u>	<u>479,496</u>

Form <b>990</b>	<b>Tax Return History</b>	<b>2015</b>
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Name <b>Three Square</b>	Employer Identification Number <b>30-0396918</b>
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants .....		41,137,731	58,093,784	72,885,280	73,422,798	
Membership dues .....						
Program service revenue .....		1,904,438	2,490,795	2,187,944	1,473,908	
Capital gain or loss .....		-490	-14,773			
Investment income .....		372,692	307,519	488,340	231,362	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....				-573	4,485	
Other revenue .....		36,253	306,802	496,015	1,696,130	
<b>Total revenue</b> .....		<b>43,450,624</b>	<b>61,184,127</b>	<b>76,057,006</b>	<b>76,828,683</b>	
Grants and similar amounts paid .....		37,302,077	53,290,389	56,345,891	61,623,083	
Benefits paid to or for members .....						
Compensation of officers, etc. ....		281,162	436,705		617,412	
Other compensation .....		3,817,905	4,396,319	5,312,505	5,496,287	
Professional fees .....			494,474	657,868	584,594	
Occupancy costs .....		516,410	532,088	534,887	710,593	
Depreciation and depletion .....		1,057,917	1,044,444	930,825	947,347	
Other expenses .....		1,870,352	2,208,477	2,523,876	8,587,588	
<b>Total expenses</b> .....		<b>44,845,823</b>	<b>62,402,896</b>	<b>66,305,852</b>	<b>78,566,904</b>	
<b>Excess or (Deficit)</b> .....		<b>-1,395,199</b>	<b>-1,218,769</b>	<b>9,751,154</b>	<b>-1,738,221</b>	
<b>Total exempt revenue</b> .....		<b>43,450,624</b>	<b>61,184,127</b>	<b>76,057,006</b>	<b>76,828,683</b>	
Total unrelated revenue .....		9,936	15,140	247,815	1,583,634	
Total excludable revenue .....		43,440,688	3,075,203	2,923,911	1,822,251	
Total Assets .....		31,002,104	30,694,093	40,166,877	38,585,980	
Total Liabilities .....		755,203	1,342,555	1,402,761	1,611,881	
Net Fund Balances .....		30,246,901	29,351,538	38,764,116	36,974,099	

Form **990T****Tax Return History****2015**

Name

**Three Square**

Employer Identification Number

**30-0396918**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss .....				-146,287	17,306	
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		248,388		
<b>Total trade or business income.</b> .....		<b>9,936</b>	<b>-36,362</b>	<b>102,101</b>	<b>17,306</b>	
Compensation of officers, ect. ....						
Other salaries and wages .....		9,467	7,194	14,312		
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....			550	1,096		
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....				504		

Form **990T****Tax Return History****2015**

Name

**Three Square**

Employer Identification Number

**30-0396918**

	2011	2012	2013	2014	2015	2016
Other deductions .....		<b>3,863</b>	<b>17,039</b>	<b>43,476</b>	<b>14,321</b>	
Net operating loss deduction .....				<b>13,037</b>		
Specific deduction .....				<b>1,000</b>	<b>1,000</b>	
Income after expense and deductions .....		<b>-3,394</b>	<b>-61,145</b>	<b>28,676</b>	<b>1,985</b>	
Income tax (corporate or trust) .....				<b>4,301</b>	<b>114,506</b>	
Other taxes .....						
<b>Total taxes</b> .....				<b>4,301</b>	<b>114,506</b>	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....				<b>4,301</b>	<b>114,506</b>	
Estimated tax payments .....					<b>115,000</b>	
Other payments .....				<b>8,703</b>		
<b>Balance due/Overpayment</b> .....				<b>-4,402</b>	<b>-494</b>	

\* Income shown net of expenses

# Federal Statements

## Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest income	\$ 231,362		14			
Total	<u>\$ 231,362</u>					

**Federal Statements**

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Public relations	\$ 13,968	\$	\$	\$ 13,968
Retirement plan fees	2,581		2,581	
Computer support	90,168	32,406	37,419	20,343
Consulting	312,653	45,177	100,005	167,471
Recruiting fees	42,431	5,411	35,228	1,792
Total	<u>\$ 461,801</u>	<u>\$ 82,994</u>	<u>\$ 175,233</u>	<u>\$ 203,574</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Meals	\$ 68,061	\$ 24,594	\$ 31,158	\$ 12,309
Dues and subscriptions	40,303	14,440	24,033	1,830
Bad Debt	28,376		28,376	
Allocated to Bingo	-12,821			-12,821
Total	<u>\$ 123,919</u>	<u>\$ 39,034</u>	<u>\$ 83,567</u>	<u>\$ 1,318</u>

**Federal Statements**

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

Description	Amount
United Way	\$ 293,244
SNAP	386,623
SFSP	779,073
CACFP	3,690,257
NKH SIF	230,455
Clark County	
City of Las Vegas	50,000
OAG	30,826
NCOA	45,000
Navigator	28,000
In-Kind Food	51,304,599
In-Kind Donations	39,222
Donations	7,279,028
Food Bank of Northern Nevada	
Food	
Nevada Community Foundation	
Food donations	
Reynolds Foundations	
Cash Contribution	1,000,000
Target	
Food	
Weight Watchers of Las Vegas, Inc.	
Food	
Friedmutter	
Bldg acquisition/construction	
Wright Engineering	
Engineering services	
CANstruction	
Food	
Bellagio	
Food	
Feeding America	
Food	
Microsoft	
Software	
Ritz Carlton at Lake Las Vegas	
Food	
Safeway	



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

<u>Description</u>	<u>Amount</u>
Food	\$
Smith's Food and Drug Stores, Inc.	
Food	
Albertson's	
Food	
Fresh & Easy Markets	
Food	
St Mary's Food Bank	
Food	
Walmart	
Food	
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	

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

<u>Description</u>	<u>Amount</u>
Food	\$
Bushmans Inc.	
Food	
Fresh Cuts	
Food	
The Clorox Company	
Food	
Thinking Water	
Food	
California Association of FB's	
Food	4,222,360
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	

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

<u>Description</u>	<u>Amount</u>
Food	\$
Association of AZ Food Banks	
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	

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

<u>Description</u>	<u>Amount</u>
Food	\$
Glazier's Food Marketplace	
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	

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

<u>Description</u>	<u>Amount</u>
Food	\$
Whole Foods	
Food	
USF Reddaway	
Food	
Papa John's	
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)**

<u>Description</u>	<u>Amount</u>
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	
Columbia Fresh Produce Sales	
Food	
Pure Farm Produce, Inc.	
Food	
Mountain King Potatoes	
Food	
Federal Emergency Management Agency	
Food	
Second Harvest Food Bank	
Food	
California Association of Food Banks	
Food	
Niagara Bottling, LLC	
Food	
Total	4,044,111
	\$ <u>73,422,798</u>

# Federal Statements

## Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Albertson's	\$ 27,143,533	\$ 21,184,253
California Assoc of FB's	32,989,760	27,030,480
Columbia Fresh Produce Sales	2,961,130	
Con Agra	1,936,023	
Conrad N. Hilton Foundation	5,015,000	
Costco	1,218,362	
Engelstad Family Foundation	10,750,000	4,790,720
FEMA	1,389,560	
Fresh & Easy	1,533,577	
Kellogg Company	1,441,718	
MGM Resorts International	1,598,157	
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.	6,531,349	572,069
The Dream Fund at UCLA	4,100,000	
Walmart	13,018,927	7,059,647
Western Veg Produce Inc	1,824,497	
Winco	622,544	
Niagra Water	10,538,337	4,579,057
Feeding Washington	1,531,505	
Total	<u>\$ 144,416,145</u>	<u>\$ 65,216,226</u>

# Federal Statements

## Schedule A, Part II, Line 8(e)

Description	Amount
Interest income	\$ 231,362
Community Room-Room Rental	83,250
Total	<u>\$ 314,612</u>

## Schedule A, Part II, Line 9(e)

Description	Amount
Bingo	\$ 4,485
Private Food Service	222,907
Off-Site Catering	
Life Wireless Revenue	156,852
Catering Service	1,195,890
Succeed & Feed	3,500
Less: Deductions	-2,500
Total	<u>\$ 1,581,134</u>

## Schedule A, Part II, Line 12

Description	Amount
Shared maintenance fees	\$ 1,473,908
Realized gain on investments	
Total	<u>\$ 1,473,908</u>

**Bingo**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Licensing	\$ 15
Supplies	120
Meals	2,556
Salaries	6,196
Payroll taxes	474
Total	<u>\$ 9,361</u>

**Private Food Service**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Allocation of expenses	\$ <u>241,072</u>
Total	\$ <u><u>241,072</u></u>

**Life Wireless Revenue**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Allocation of expenses	\$ <u>135,166</u>
Total	\$ <u><u>135,166</u></u>

**Catering Service**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Allocation of expenses	\$ <u>847,123</u>
Total	\$ <u><u>847,123</u></u>

**Succeed & Feed**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Allocation of expenses	\$ 20,990
Total	\$ <u>20,990</u>



**Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
Tax preparation expense	\$ <u>1,500</u>
Total	\$ <u><u>1,500</u></u>