

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
 Open to Public Inspection

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

<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 align="center"><b>Three Square</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> City or town, state or province, country, and ZIP or foreign postal code <p><b>Las Vegas NV 89115</b></p>	<b>D</b> Employer identification number <p align="center"><b>30-0396918</b></p> <b>E</b> Telephone number <p align="center"><b>702-644-3663</b></p> <b>G</b> Gross receipts \$ <b>103,510,007</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) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>U</b>
<b>J</b> Website: <b>www.threesquare.org</b>		<b>L</b> Year of formation: <b>2006</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>		<b>M</b> State of legal domicile: <b>NV</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>Three Square's mission is to provide wholesome food to hungry people, while passionately pursuing a hunger free community.</b></p>				
Activities & Governance	<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>22</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>		
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>214</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>34302</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>3,205,831</b>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>35,518</b>			
Revenue		<b>Prior Year</b>		<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>91,167,293</b>	<b>95,575,455</b>		
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,722,281</b>	<b>1,419,474</b>		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,248,740</b>	<b>884,156</b>		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,661,265</b>	<b>3,284,068</b>		
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>96,799,579</b>	<b>101,163,153</b>		
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>67,361,847</b>	<b>78,667,446</b>		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>7,325,256</b>	<b>7,933,841</b>		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>192,742</b>	<b>494,297</b>		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> <b>5,029,241</b>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>10,692,021</b>	<b>6,458,537</b>		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>85,571,866</b>	<b>93,554,121</b>			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>11,227,713</b>	<b>7,609,032</b>			
Net Assets of Fund Balances		<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>47,076,422</b>	<b>56,460,540</b>		
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,459,066</b>	<b>2,402,187</b>		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>45,617,356</b>	<b>54,058,353</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 align="center"><b>Brian Burton</b></p>	Date		
	Type or print name and title	<b>President &amp; CEO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	<b>Katie Hampton</b>	<b>Katie Hampton</b>	<b>11/22/19</b>	self-employed <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</b>	Phone no. <b>702-269-9992</b>		
	Firm's address } <b>Las Vegas, NV 89123-2839</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:

**Three Square's mission is to provide wholesome food to hungry people, while passionately pursuing a hunger free community.**

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 \$ **87,238,158** including grants of \$ **78,667,446** ) (Revenue \$ **1,419,474** )  
**Three Square provides wholesome food to hungry people, while passionately pursuing a hunger free community. Three Square is a member of the Feeding America national network of food banks, serving Clark, Lincoln, Esmeralda and Nye Counties in Southern Nevada. During the fiscal year ending June 30, 2019, Three Square distributed more than 41 million meals, the equivalent of more than 49 million pounds of food and grocery products, through our agency partners and programs such as Backpack for Kids, Kids Café, Summer Food Programs and grocery rescue program. Additionally, Three Square assisted individuals in receiving in food assistance through our SNAP Outreach program. Three Square is supported by the community, and our volunteers contributed more than 149,000 hours to help feed hungry people.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

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

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

4e Total program service expenses **u 87,238,158**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	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.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<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		
	2a <b>214</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>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</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>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>b</b>	If "Yes," enter the name of the foreign country: <b>U</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<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>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>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</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>1a</b> 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 22		
<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>b</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>a</b>	The governing body?	<b>X</b>	
<b>b</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>b</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>10b</b>			
<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>b</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>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</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>12c</b>		<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>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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>b</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?		
<b>16b</b>			

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **U**

**Tifani Walker**  
**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) Frank Woodbeck	2.00									
Board Chair	0.00	X		X			0	0	0	
(2) Dallas Haun	2.00									
Secretary	0.00	X		X			0	0	0	
(3) Douglas Christiansen	2.00									
Treasurer	0.00	X		X			0	0	0	
(4) Eric Aldrian	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) Cami Christensen	2.00									
Director	0.00	X					0	0	0	
(9) Richard T. Crawford	2.00									
Director	0.00	X					0	0	0	
(10) Rebecca Darling	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>Shawn Gerstenberger</b>	2.00									
..... Director	0.00	X						0	0	0
(13) <b>Forrest Griffin</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>Ryann Juden</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>Sean McGarry</b>	2.00									
..... Director	0.00	X						0	0	0
(19) <b>John Moon</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>890,056</b>		<b>64,100</b>
<b>d Total (add lines 1b and 1c)</b> .....								<b>890,056</b>		<b>64,100</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 **5**

	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? <i>If "Yes," complete Schedule J for such individual</i> .....		<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? <i>If "Yes," complete Schedule J for such individual</i> .....	<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? <i>If "Yes," complete Schedule J for such person</i> .....		<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>RKD Alpha Dog</b> <b>Lincoln</b> NE 68512	8001 S 13th St <b>Fundraising</b>	573,997
<b>The Geary Company</b> <b>Las Vegas</b> NV 89120	31316 E Russell Rd <b>Advertising</b>	153,055

**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 **2**



**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>				
	<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>	21,202,733			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	74,372,722			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		73,639,399			
	<b>h Total.</b> Add lines 1a-1f	<b>U</b>	95,575,455			
<b>Program Service Revenue and Other Similar Amounts</b>	<b>2a</b> Shared maintenance fees	Busn. Code 541900	1,419,474	1,419,474		
	<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	<b>U</b>	1,419,474			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>U</b>	584,109			584,109
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties	<b>U</b>					
<b>Other Revenue</b>	<b>6a</b> Gross rents	(i) Real	66,000			
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)		66,000			
	<b>d</b> Net rental income or (loss)	<b>U</b>	66,000			66,000
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,646,901			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.		2,346,854			
	<b>c</b> Gain or (loss)		300,047			
	<b>d</b> Net gain or (loss)	<b>U</b>	300,047	300,047		
	<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>U</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>U</b>				
<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	<b>U</b>				
Miscellaneous Revenue		Busn. Code				
<b>11a</b> Catering		900099	3,205,831	3,205,831		
<b>b</b> Other income		900099	12,237		12,237	
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>U</b>		3,218,068			
<b>12 Total revenue.</b> See instructions.	<b>U</b>		101,163,153	1,719,521	3,205,831	662,346

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	67,493,671	67,493,671		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,173,775	11,173,775		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	687,484	162,438	381,218	143,828
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,967,014	4,625,309	391,199	950,506
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,574	52,139	2,254	10,181
9 Other employee benefits	646,854	483,597	55,398	107,859
10 Payroll taxes	567,915	410,442	63,999	93,474
11 Fees for services (non-employees):				
a Management				
b Legal	27,482	19,862	3,097	4,523
c Accounting	43,008		43,008	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	494,297			494,297
f Investment management fees	113,240		113,240	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	220,749	215,029	1,927	3,793
12 Advertising and promotion	224,500	49,835		174,665
13 Office expenses	412,014	91,219	79,233	241,562
14 Information technology	69,489	19,696	26,935	22,858
15 Royalties				
16 Occupancy	873,315	658,926	29,311	185,078
17 Travel	587,005	550,666	8,304	28,035
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,475	5,560	4,515	8,400
20 Interest	87,479	87,479		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	821,054	727,263	25,842	67,949
23 Insurance	234,131	206,357	10,170	17,604
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Catered Meals food dist	2,355,445			2,355,445
b Program materials	191,235	175,352	470	15,413
c Dues and subscriptions	40,637	11,564	29,073	
d Catered meals bad debts	35,789			35,789
e All other expenses	103,490	17,979	17,529	67,982
25 Total functional expenses. Add lines 1 through 24e	93,554,121	87,238,158	1,286,722	5,029,241
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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>2,692,251</b>	<b>1</b>	<b>4,820,342</b>
	<b>2</b> Savings and temporary cash investments .....	<b>5,109,094</b>	<b>2</b>	<b>3,509,306</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>4,520,080</b>	<b>3</b>	<b>1,879,169</b>
	<b>4</b> Accounts receivable, net .....	<b>453,044</b>	<b>4</b>	<b>1,090,665</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>1,883,781</b>	<b>8</b>	<b>4,215,016</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>320,374</b>	<b>9</b>	<b>256,380</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 25,116,192</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b 8,982,311</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities .....	<b>15,196,666</b>	<b>11</b>	<b>16,133,881</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>16,901,132</b>	<b>12</b>	<b>24,555,781</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>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>47,076,422</b>	<b>16</b>	<b>56,460,540</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>962,904</b>	<b>17</b>	<b>1,203,453</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>496,162</b>	<b>25</b>	<b>1,198,734</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>1,459,066</b>	<b>26</b>	<b>2,402,187</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>17,614,788</b>	<b>27</b>	<b>23,250,104</b>
	<b>28</b> Temporarily restricted net assets .....	<b>26,002,568</b>	<b>28</b>	<b>28,808,249</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>45,617,356</b>	<b>33</b>	<b>54,058,353</b>	
<b>34</b> Total liabilities and net assets/fund balances .....	<b>47,076,422</b>	<b>34</b>	<b>56,460,540</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>101,163,153</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>93,554,121</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>7,609,032</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>45,617,356</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>831,965</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>54,058,353</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>	

**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) Anita Romero	2.00									
Director	0.00	X					0	0	0	
(21) Judy Stokey	2.00									
Director	0.00	X					0	0	0	
(22) Al Welch	2.00									
Director	0.00	X					0	0	0	
(23) Brian Burton	40.00									
President & CEO	0.00			X			291,746	0	13,179	
(24) Larry Scott	40.00									
COO	0.00			X			183,091	0	21,471	
(25) Tifani Walker	40.00									
CFO	0.00			X			148,628	0	10,297	
(26) Michelle Beck	40.00									
CDO	0.00					X	163,777	0	16,583	
(27) Jodi Tyson	40.00									
VP Strat Initiatives	0.00					X	102,814	0	2,570	
<b>1b Sub-total</b>							<b>890,056</b>		<b>64,100</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 **u**

	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? <i>If "Yes," complete Schedule J for such individual</i>		
<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? <i>If "Yes," complete Schedule J for such individual</i>		
<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? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

⌵ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1–10 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>						

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

Schedule A (Form 990 or 990-EZ) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,885,280	73,422,798	78,428,934	91,167,293	95,575,455	411,479,760
<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	72,885,280	73,422,798	78,428,934	91,167,293	95,575,455	411,479,760
<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)						39,951,971
<b>6 Public support.</b> Subtract line 5 from line 4.						371,527,789

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	72,885,280	73,422,798	78,428,934	91,167,293	95,575,455	411,479,760
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231,073	314,612	704,705	411,683	650,109	2,312,182
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	28,676	336,783	180,788	216,105	37,231	799,583
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	202,974	33,731	29,671	65,289	12,237	343,902
<b>11 Total support.</b> Add lines 7 through 10						414,935,427
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	3,141,755
<b>13 First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.54 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	88.50 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
  - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 (explain in Part VI). **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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

**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** \$ **286,615**

**Recycling revenue** \$ **45,050**

**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

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.  Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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>
---	---

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions)  \$
- 3 Volunteer hours for political campaign activities (see instructions)

**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) 2018

**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>29,853</b>													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		<b>29,853</b>													
<b>d</b> Other exempt purpose expenditures .....		<b>87,208,305</b>													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		<b>87,238,158</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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	11,599	24,250	6,623	29,853	72,325
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures				0	

**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 campaign activity 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 2019 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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

Three Square

30-0396918

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <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  Yes  No

**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 .....	11,119,607	8,996,669	6,100,244	4,242,625	2,527,484
<b>b</b> Contributions .....	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
<b>c</b> Net investment earnings, gains, and losses .....	1,068,894	621,327	1,015,555	134,298	-249,819
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....		421,613	58,310	242,625	
<b>f</b> Administrative expenses .....		76,775	60,820	34,054	35,040
<b>g</b> End of year balance .....	14,188,501	11,119,608	8,996,669	6,100,244	4,242,625

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  **11.28** %
  - b** Permanent endowment  **14.10** %
  - c** Temporarily restricted endowment  **74.62** %
- 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:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> unrelated organizations .....  |     | <b>X</b> |
| <b>(ii)</b> related organizations .....   |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |          |
- 3b**  Yes  No
- 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 .....		18,010,458	4,779,215	13,231,243
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		6,002,482	4,203,096	1,799,386
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **16,133,881**

**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.) <b>u</b>		

**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.) <b>u</b>		

**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.) <b>u</b>	

**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>1,087,373</b>	
(3) <b>Long-term debt</b>	<b>99,068</b>	
(4) <b>Refundable Advance</b>	<b>12,293</b>	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>1,198,734</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.

1	Total revenue, gains, and other support per audited financial statements		1	101,893,865
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	831,965	
	b Donated services and use of facilities	2b	11,987	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	843,952	
3	Subtract line 2e from line 1		3	101,049,913
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	113,240	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	113,240	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	101,163,153

**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.

1	Total expenses and losses per audited financial statements		1	93,452,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	11,987	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	11,987	
3	Subtract line 2e from line 1		3	93,440,881
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	113,240	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	113,240	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	93,554,121

**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 V, Line 4 - Intended Uses for Endowment Funds**

Endowments are intended to fund operations on an on-going basis.

**Part X - FIN 48 Footnote**

We are a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and are generally exempt from income taxes on related income pursuant to the appropriate section of the Internal Revenue Code. In the preparation of tax returns, tax positions are taken based on interpretation of federal, state and local income tax laws. In accordance with accounting standards, management periodically reviews and evaluates the status of uncertain tax positions and makes estimates of amounts, including interest and penalties, ultimately due or owed. No amounts have

**Part XIII Supplemental Information** *(continued)*

been identified, or recorded as uncertain tax positions. Federal, state, and local tax returns generally remain open for examination by the various taxing authorities for a period of three to six years. During the years ended June 30, 2019 and 2018, we had unrelated business income from catering services, resulting in income tax expense and liability.

**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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 10 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 RKD Alpha Dog 1 8001 S 13th St Lincoln NE 68512	Fundraisin		X	1,239,967	480,473	759,494
2 Gateway Communications 16805 NE Mason Ct Portland OR 97230	Fundraisin		X	21,526	13,824	7,702
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>1,261,493</b>	<b>494,297</b>	<b>767,196</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.

**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 .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

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

**b** If "No," explain: .....  
 .....

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

**b** If "Yes," explain: .....  
 .....



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name **u** .....

Address **u** .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization **u\$** ..... and the amount of gaming revenue retained by the third party **u\$** .....
- c If "Yes," enter name and address of the third party:

Name **u** .....

Address **u** .....

16 Gaming manager information:

Name **u** .....

Gaming manager compensation **u\$** .....

Description of services provided **u** .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u\$** .....

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

**Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation**

**RKD Alpha Dog**

**Fees paid to fundraiser**

**Gateway Communications**

**Fees paid to fundraiser**

**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.  
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OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1)	<b>Acelero Learning Head Start</b> 4366 W Cheyenne Las Vegas NV 89106	32-0285851	501c3		679,982	Ave. Cost	Food	Food Bank
(2)	<b>Amargosa Seniors Inc.</b> 443 E. Desert Senior Ln Amargosa Valley NV 89020	81-2685236	501c3		136,736	Ave. Cost	Food	Food Bank
(3)	<b>Apostolic Assembly #3</b> PO Box 365001 North Las Vegas NV 89036	95-6087955	501c3		105,638	Ave. Cost	Food	Food Bank
(4)	<b>Balm Of Gilead Global Ministries, I</b> PO Box 73245 Las Vegas NV 89170	73-6109354	501c3		219,793	Ave. Cost	Food	Food Bank
(5)	<b>Beatty Baptist Church</b> 1501 NV-374 Beatty NV 89003	62-0535346	501c3		56,762	Ave. Cost	Food	Food Bank
(6)	<b>Blind Center of Nevada</b> 1001 N. Bruce St. Las Vegas NV 89101	88-6005096	501c3		75,377	Ave. Cost	Food	Food Bank
(7)	<b>Blood of the Lamb</b> 1103 N. Nellis Blvd. Las Vegas NV 89110	88-0417814	501c3		530,507	Ave. Cost	Food	Food Bank
(8)	<b>Brown Bag Ministry First</b> 1515 W Charleston Blvd Las Vegas NV 89102	23-2032710	501c3	140,237		Ave. cost		Senior Hunger
(9)	<b>C3 Church</b> 501 North Mojave Road Las Vegas NV 89101	20-0692977	501c3		265,746	Ave. Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Ⓛ 167
- 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) (2018)

**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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Department of the Treasury  
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Name of the organization

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**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 noncash assistance	(h) Purpose of grant or assistance
(1)	Caliente Senior Citizens PO Box 508 Panaca NV 89042	94-3015900	501c3		989,302	Ave. Cost	Food	Food Bank
(2)	Calvary Downtown Outreach PO Box 127 Las Vegas NV 89125	32-0051365	501c3		526,763	Ave. Cost	Food	Food Bank
(3)	Casa de Luz 2412 Tam Dr. Las Vegas NV 89102	91-2005503	501c3		366,358	Ave. Cost	Food	Food Bank
(4)	Catholic Charities 1501 Las Vegas Boulevard North Las Vegas NV 89101	88-0059425	501c3		2,673,951	Ave. Cost	Food	Food Bank
(5)	Central Christian Church 1001 New Beginnings Dr. Henderson NV 89011	88-0118790	501c3	50	699,317	Ave. Cost	Food	Food/Senior Hunger
(6)	Centro de Adoracion 2900 East Patrick Lane #7 Las Vegas NV 89120	54-2158603	501c3		6,533	Ave. Cost	Food	Food Bank
(7)	Christ Ambassadors Church 2270 Losee Rd North Las Vegas NV 89030	45-3839346	501c3		34,504	Ave. Cost	Food	Food Bank
(8)	Christian Center PO Box 60215 Boulder City NV 89006	95-1684062	501c3		106,000	Ave. Cost	Food	Food Bank
(9)	Church on the Street 913 E Ogden Ave Las Vegas NV 89101	44-0577787	501c3	4,463	11,222	Ave. Cost	Food	Food/Senior Hunger

- 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) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**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 noncash assistance	(h) Purpose of grant or assistance
(1)	City Impact Center 968 E Sahara Las Vegas NV 89104	26-2216119	501c3		1,793,191	Ave. Cost	Food	Food Bank
(2)	Colorado River Food Bank 240 E. Laughlin Civic Dr. Laughlin NV 89029	88-0345703	501c3		1,115,434	Ave. Cost	Food	Food Bank
(3)	Communities In Schools 8350 West Sahara Ave. Suite 110 Las Vegas NV 89117	88-0292094	501c3		117,908	Ave. Cost	Food	Food Bank
(4)	Community Lutheran Church 3720 East Tropicana ave Las Vegas NV 89121	88-0116459	501c3		40,871	Ave. Cost	Food	Food Bank
(5)	Coordinated Living of Southern NV 6021 S. Fort Apache Rd. Las Vegas NV 89148	46-1525782	501c3		491,161	Ave. Cost	Food	Food Bank
(6)	Covenant of Love 1100 N. Martin Luther King Blv Las Vegas NV 89106	01-0868265	501c3		128,421	Ave. Cost	Food	Food Bank
(7)	Create a Change Now 2251 N. Rampart Blvd #347 Las Vegas NV 89128	36-4662192	501c3		512,120	Ave. Cost	Food	Food Bank
(8)	CredoLV 4495 W Hacienda Ave, Ste 4 Las Vegas NV 89118	83-1068427	501c3		86,265	Ave. Cost	Food	Food Bank
(9)	Dynamic Helping Hands Incorporation 3530 E Flamingo Ste 285 Las Vegas NV 89121	82-2851143	501c3		14,257	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) (2018)

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**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

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- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	East Valley Family Services 1830 E. Sahara Ave. Ste 101 Las Vegas NV 89104	90-0183363	501c3		161,239	Ave. Cost	Food	Food Bank
(2)	Economic Opportunity Board of 2420 N Martin Luther King, Jr. Blvd North Las Vegas NV 89032	88-0096051	501c3		53,634	Ave. Cost	Food	Food Bank
(3)	Emergency Aid of Boulder City PO Box 60673 Boulder City NV 89006	94-2772532	501c3		500,248	Ave. Cost	Food	Food Bank
(4)	Epic Church 8755 W Warm Springs #105 Las Vegas NV 89148	44-0577787	501c3		235,043	Ave. Cost	Food	Food Bank
(5)	Epicerter on the Parkway 2000 S. Maryland Pkwy., Ste. 2 Las Vegas NV 89104	20-1943208	501c3		453,106	Ave. Cost	Food	Food Bank
(6)	Expertise, Inc. 1911 Stella Lake St. Las Vegas NV 89106	88-0451057	501c3		144,922	Ave. Cost	Food	Food Bank
(7)	F.Y.E.C. Development Ctr PO Box 270984 Las Vegas NV 89127	27-0297752	501c3		13,274	Ave. Cost	Food	Food Bank
(8)	Faith Fellowship Foursquare 2190 N. Blagg Rd. Pahrump NV 89060	95-1684062	501c3		78,085	Ave. Cost	Food	Food Bank
(9)	Family Worship Center 4000 Spring Rd. Las Vegas NV 89108	62-0484177	501c3		164,688	Ave. Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
- 3 Enter total number of other organizations listed in the line 1 table ⓪

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	FBC of Indian Springs PO Box 505 Indian Springs NV 89018	62-0535346	501c3		18,494	Ave. Cost	Food	Food Bank
(2)	Fellowship of God 1072 W Bartlett Ave Las Vegas NV 89106	45-4410187	501c3	50	6,522	Ave. Cost	Food	Food/Senior Hunger
(3)	First AME 2446 Revere Street North Las Vegas NV 89030	88-0390053	501c3		818,978	Ave. Cost	Food	Food Bank
(4)	First Baptist Church of LV 4400 Oakey Blvd. Las Vegas NV 89102	62-0535346	501c3		46,121	Ave. Cost	Food	Food Bank
(5)	First Person Complete Care 1200 S Fourth St, Ste 111 Las Vegas NV 89104	46-2155118	501c3		9,954	Ave. Cost	Food	Food Bank
(6)	FirstMed Health and Wellness 400 Shadow Ln, Ste 105 Las Vegas NV 89106	27-0759056	501c3	37,090	154	Ave. Cost	Food	Food/Senior Hunger
(7)	FISH Emergency Assistance 2120 Revere St. North Las Vegas NV 89030	88-6021870	501c3		429,267	Ave. Cost	Food	Food Bank
(8)	Food Bank of Northern Nevada 550 Italy Dr McCarren NV 89434	94-2924979	501c3		115,830	Ave. Cost	Food	Food Bank
(9)	Fountain of Hope AME Church 2955 E. Russell Rd. Las Vegas NV 89120	81-0578416	501c3		26,158	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) (2018)

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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 noncash assistance	(h) Purpose of grant or assistance
(1)	Freedom House Sober Living, Inc 3852 Palos Verdes St. Las Vegas NV 89119	27-3493596	501c3		46,568	Ave. Cost	Food	Food Bank
(2)	Fresh Start Baptist Church PO Box 35502 Las Vegas NV 89143	88-0491395	501c3		67,160	Ave. Cost	Food	Food Bank
(3)	Frontier Southern Baptist PO Box 365092 North Las Vegas NV 89036	62-0535346	501c3		456,177	Ave. Cost	Food	Food Bank
(4)	Gethsemani Missionary Baptist 1490 E. University Ave. Las Vegas NV 89119	62-0535346	501c3		213,589	Ave. Cost	Food	Food Bank
(5)	Giving Life Ministries 416 Perlite Way Henderson NV 89015	73-0748663	501c3		186,575	Ave. Cost	Food	Food Bank
(6)	God's Groceries Food Ministry 101 S. Rancho Dr. Las Vegas NV 89106	95-6134975	501c3	1,748	42,502	Ave. Cost	Food	Food/Senior Hunger
(7)	Goodness Gracious Ministries 1280 Dressen Ave Las Vegas NV 89123	47-4426746	501c3		5,282	Ave. Cost	Food	Food Bank
(8)	Gospel Lighthouse Church 5216 Delmonte Ave. Las Vegas NV 89146	88-0268938	501c3		681,899	Ave. Cost	Food	Food Bank
(9)	Grace and Mercy Human Services 872 Blankenship Ave. Las Vegas NV 89106	43-2099408	501c3		63,914	Ave. Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
- 3 Enter total number of other organizations listed in the line 1 table ⓪

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Schedule I (Form 990) (2018)

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(1)	Grace Immanuel Missionary PO Box 270399 Las Vegas NV 89127	88-0194684	501c3		347,550	Ave. Cost	Food	Food Bank
(2)	Grapevine Fellowship 2323 S. Nellis Blvd. Las Vegas NV 89104	95-1684062	501c3		202,645	Ave. Cost	Food	Food Bank
(3)	Greater Most High Church 5812 Ripple Creek North Las Vegas NV 89031	23-7002419	501c3		14,833	Ave. Cost	Food	Food Bank
(4)	Greater New Jerusalem 1100 North D St. Las Vegas NV 89106	88-0204601	501c3	4,264	2,441,370	Ave. Cost	Food	Food/Senior Hunger
(5)	Harvesters Community Food Network 3801 Topping Ave Kansas City MO 64129	43-1208665	501c3		303,417	Ave. Cost	Food	Food Bank
(6)	HELP of Southern NV 1640 East Flamingo Rd. #100 Las Vegas NV 89117	88-0108496	501c3		9,777	Ave. Cost	Food	Food Bank
(7)	Helping Hands of NLV 3640 N. 5th St. Ste 130 North Las Vegas NV 89030	88-0395530	501c3	90	189,141	Ave. Cost	Food	Food/Senior Hunger
(8)	Helping Hands of Vegas Valley 2320 Paseo del Prado B-112 Las Vegas NV 89102	88-0466726	501c3		239,663	Ave. Cost	Food	Food Bank
(9)	Henderson Presb. Church PO Box 91346 Henderson NV 89009	23-6393377	501c3		104,076	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) (2018)



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

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Highland Hills Baptist Church 615 College Dr. Henderson NV 89002	62-0535346	501c3	50	36,861	Ave. Cost	Food	Food/Senior Hunger
(2)	Holy Family Catholic Church 4490 Mountain Vista St. Las Vegas NV 89121	53-0196617	501c3		24,854	Ave. Cost	Food	Food Bank
(3)	Home Sweet Home 2700 E Sunset Rd Las Vegas NV 89120	36-4867719	501c3		31,208	Ave. Cost	Food	Food Bank
(4)	Hope for the People 433 Max Court Henderson NV 89011	81-4554188	501c3		358,682	Ave. Cost	Food	Food Bank
(5)	HopeLink 178 Westminster Way Henderson NV 89015	94-3202139	501c3		272,746	Ave. Cost	Food	Food Bank
(6)	Iglesia Beraca 6745 Petrified Forest St North Las Vegas NV 89084	81-1811752	501c3		508,932	Ave. Cost	Food	Food Bank
(7)	Iglesia Ev. Casa de Dios 3012 East Saint Louis Ave. Las Vegas NV 89104	38-3748684	501c3		65,312	Ave. Cost	Food	Food Bank
(8)	International Church of LV 8100 Westcliff Dr. Las Vegas NV 89145	88-0233607	501c3	142,748	2,243,249	Ave. Cost	Food	Food/Senior Hunger
(9)	Israelite Church of God 1285 Miller Ave. Las Vegas NV 89106	23-7002419	501c3		209,276	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) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047  
**2018**  
**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

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- 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.

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(1)	Jewish Family Services 4794 S. Eastern Ave Las Vegas NV 89119	88-0142948	501c3		216,290	Ave. Cost	Food	Food Bank
(2)	Joy Divine Community Church 151 Humahuca St., Unit 6 Pahrump NV 89060	26-4691118	501c3		65,293	Ave. Cost	Food	Food Bank
(3)	Las Vegas Rescue Mission 480 W. Bonanza Rd. Las Vegas NV 89106	23-7222330	501c3		303,423	Ave. Cost	Food	Food Bank
(4)	Life Change Ministries 1555 E. Flamingo Rd. #155 Las Vegas NV 89119	45-3033641	501c3		281,396	Ave. Cost	Food	Food Bank
(5)	Life Springs Christian Church 2075 E.Warm Springs Rd. Las Vegas NV 89119	88-0217908	501c3		9,993	Ave. Cost	Food	Food Bank
(6)	Living Word Ministry 976 Hassel Ave. Las Vegas NV 89106	88-0467512	501c3		38,255	Ave. Cost	Food	Food Bank
(7)	Lord of Harvest 5818 Spring Mountain Rd. Las Vegas NV 89146	44-0577787	501c3		398,463	Ave. Cost	Food	Food Bank
(8)	Lutheran Social Services 73 Spectrum Blvd Las Vegas NV 89101	86-0845241	501c3		1,640,030	Ave. Cost	Food	Food Bank
(9)	Macedonia Outreach (MOSES) 2600 Clayton St. North Las Vegas NV 89032	26-1201390	501c3	2,516	1,176,661	Ave. Cost	Food	Food/Senior Hunger

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
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Name of the organization

**Three Square**

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- 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
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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.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Maranatha Spanish SDA PO Box 336658 North Las Vegas NV 89033	52-0643036	501c3		864,312	Ave. Cost	Food	Food Bank
(2)	MLK Senior Center LVCCUL 2420 N. Martin Luther King Blv North Las Vegas NV 89032	20-0873314	501c3		57,920	Ave. Cost	Food	Food Bank
(3)	Moapa Valley Revitalization Project PO Box 1716 Overton NV 89040	46-3346374	501c3		127,409	Ave. Cost	Food	Food Bank
(4)	Moments of Blessing 5225 Meikle Ln. Las Vegas NV 89156	42-1549597	501c3		441,040	Ave. Cost	Food	Food Bank
(5)	Morlon Greenwood Foundation (MG52) 817 Main St Las Vegas NV 89101	47-4335559	501c3		13,101	Ave. Cost	Food	Food Bank
(6)	Mountain View Church SDA 6001 W. Oakey Blvd. Las Vegas NV 89146	52-0643036	501c3		11,641	Ave. Cost	Food	Food Bank
(7)	My Father's House 3910 E. Patrick Ln. Las Vegas NV 89120	94-2674987	501c3		53,565	Ave. Cost	Food	Food Bank
(8)	NACF Food Bank 610 Belrose st Las Vegas NV 89107	88-0510687	501c3	4,264	395,079	Ave. Cost	Food	Food/Senior Hunger
(9)	Nellis Baptist Church/FISH PO Box 364029 North Las Vegas NV 89036	62-0535346	501c3		272,370	Ave. Cost	Food	Food Bank

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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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.

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Nevada Community Enrich. Prog. 2550 University Ave. W. St. Paul MN 55114	41-1330242	501c3		6,508	Ave. Cost	Food	Food Bank
(2)	Nevada HAND, Inc. 295 E. Warm Springs Rd. Ste101 Las Vegas NV 89119	84-1247057	501c3		25,219	Ave. Cost	Food	Food Bank
(3)	New Beginnings Ministries 2314 E.Cheyenne Ave. North Las Vegas NV 89030	27-3552881	501c3		16,539	Ave. Cost	Food	Food Bank
(4)	New Paradise Outreach 2817 N Walnut Rd Las Vegas NV 89115	47-5322822	501c3		776,180	Ave. Cost	Food	Food Bank
(5)	Nye Communities Coalition 1020 E. Wilson Rd. Pahrump NV 89048	45-0496090	501c3		11,047	Ave. Cost	Food	Food Bank
(6)	Oasis Outreach Worship Center P.O. Box 1150 Pahrump NV 89041	88-0066557	501c3		190,541	Ave. Cost	Food	Food Bank
(7)	Our Savior's Church PO Box 91449 Henderson NV 89009	43-0658188	501c3	270	5,072,912	Ave. Cost	Food	Food/Senior Hunger
(8)	Pahrump New Hope Fellowship 781 West St. Pahrump NV 89048	95-1684062	501c3		1,329,727	Ave. Cost	Food	Food Bank
(9)	Palms Pantry 1312 Melissa St. Las Vegas NV 89101	47-1938415	501c3		61,417	Ave. Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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**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 noncash assistance	(h) Purpose of grant or assistance
(1)	Paradise S.D.A. Church 4575 Sandhill Rd. Las Vegas NV 89121	52-0643036	501c3		71,780	Ave. Cost	Food	Food Bank
(2)	Portals to Glory Church of God 2301 Comstock Dr. North Las Vegas NV 89032	73-1667956	501c3	5,033	27,309	Ave. Cost	Food	Food/Senior Hunger
(3)	Prog. Pilgrims Fellowship PO Box 42666 Las Vegas NV 89116	14-1844048	501c3		955,111	Ave. Cost	Food	Food Bank
(4)	Project 150 3600 N Rancho Drive Las Vegas NV 89130	45-6645161	501c3	8,850	115,750	Ave. Cost	Food	Food/Senior Hunger
(5)	R.A.M. 911 G st Las Vegas NV 89106	88-0351437	501c3		502,993	Ave. Cost	Food	Food Bank
(6)	Reach Church Las Vegas 3120 Gnatcatcher Avenue North Las Vegas NV 89084	44-0577787	501c3	6,455	413,298	Ave. Cost	Food	Food/Senior Hunger
(7)	Restoration & Recovery Foundation 807 S Decatur Blvd Las Vegas NV 89107	83-0680688	501c3		27,857	Ave. Cost	Food	Food Bank
(8)	Royal Outreach Ministry 7381 Prairie Falcon Rd. Las Vegas NV 89128	27-3769108	501c3		18,459	Ave. Cost	Food	Food Bank
(9)	S.A.F.E. House Inc. 921 American Pacific Dr. Henderson NV 89014	88-0314066	501c3		24,168	Ave. Cost	Food	Food Bank

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Schedule I (Form 990) (2018)

**SCHEDULE I  
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(1)	Salvation Army PO Box 28369 Las Vegas NV 89126	94-1156347	501c3		1,763,561	Ave. Cost	Food	Food Bank
(2)	Samoan Independent A.O.G. 3434 Kier Rd. Bldg. 6 North Las Vegas NV 89030	95-4673770	501c3		15,515	Ave. Cost	Food	Food Bank
(3)	Sandy Valley Food Sharing 777 W. Quartz Sandy Valley NV 89019	88-0343296	501c3		631,928	Ave. Cost	Food	Food Bank
(4)	Sathya Sai Baba Center 3853 Climbing Rose St. Las Vegas NV 89147	46-4261275	501c3		156,654	Ave. Cost	Food	Food Bank
(5)	Second Baptist 500 W. Madison Las Vegas NV 89106	13-5563018	501c3		823,491	Ave. Cost	Food	Food Bank
(6)	Seek Jesus First Ministries 2625 S Rainbow Blvd #B106 Las Vegas NV 89146	47-5594104	501c3		88,246	Ave. Cost	Food	Food Bank
(7)	Senior Center of Boulder City 813 Arizona Ave. Boulder City NV 89005	94-2928685	501c3		16,504	Ave. Cost	Food	Food Bank
(8)	Senior Citizens of Searchlight 575 S. Hwy 95 Searchlight NV 89046	94-2451853	501c3		10,454	Ave. Cost	Food	Food Bank
(9)	Silver State Housing 2655 S. Rainbow Blvd. Las Vegas NV 89146	88-0438406	501c3		262,076	Ave. Cost	Food	Food Bank

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Schedule I (Form 990) (2018)

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(1)	Society of St. Stephen 6151 W. Charleston Blvd. Las Vegas NV 89146	95-3954544	501c3	4,308	617,741	Ave. Cost	Food	Food/Senior Hunger
(2)	Society of St. Vincent 204 S. Boulder Hwy. Henderson NV 89015	13-5562362	501c3		20,038	Ave. Cost	Food	Food Bank
(3)	Spread The Word Nevada 1065 American Pacific Dr Suite 160 Henderson NV 89074	22-3829041	501c3		164,913	Ave. Cost	Food	Food Bank
(4)	St. Elizabeth Ann Seton Catholic Ch 1811 Pueblo Vista Dr. Las Vegas NV 89128	53-0196617	501c3		479,656	Ave. Cost	Food	Food Bank
(5)	St. John Neumann Catholic Ch. 2575 W. El Campo Grande Ave. North Las Vegas NV 89031	53-0196617	501c3		316,769	Ave. Cost	Food	Food Bank
(6)	St. Joseph's 131 N. 9th St. Las Vegas NV 89101	94-2855162	501c3		371,929	Ave. Cost	Food	Food Bank
(7)	St. Jude's Women's Auxiliary, Inc. PO Box 42008 Las Vegas NV 89116	23-7112903	501c3	153,450		Ave. Cost	Food	Food/Senior Hunger
(8)	St. Mary's Food Bank 2831 N 31st Ave Phoenix AZ 85009	23-7353532	501c3		131,361	Ave. Cost	Food	Food Bank
(9)	St. Therese HIV Outreach Ctr. PO Box 90625 Henderson NV 89009-0625	53-0196617	501c3		3,998,707	Ave. Cost	Food	Food Bank

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Schedule I (Form 990) (2018)

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(1)	Teen Challenge of Nevada Inc. PO Box 1136 Sparks NV 89432	88-0381800	501c3		14,194	Ave. Cost	Food	Food Bank
(2)	Templo Macedonia ICIAR USA 825 Royal Moon Ave Las Vegas NV 89123	06-1835772	501c3	50	20,256	Ave. Cost	Food	Food/Senior Hunger
(3)	The Champion Center 3900 East Bonanza Rd. Las Vegas NV 89110	44-0577787	501c3	90	196,842	Ave. Cost	Food	Food/Senior Hunger
(4)	The Church LV 3051 W. Horizon Ridge Pkwy. Henderson NV 89052	91-1766582	501c3		131,563	Ave. Cost	Food	Food Bank
(5)	The Food Depot 1222A Siler Rd Santa Fe NM 87507	85-0416803	501c3		66,290	Ave. Cost	Food	Food Bank
(6)	The Foundation Christian Center 3940 N. MLK Blvd #100 North Las Vegas NV 89032	47-3097990	501c3		478,985	Ave. Cost	Food	Food Bank
(7)	The Just One Project 5426 Vegas Dr. Las Vegas NV 89108	47-2348577	501c3		2,138,388	Ave. Cost	Food	Food Bank
(8)	The Shade Tree Inc. 1 West Owens North Las Vegas NV 89030	88-0253276	501c3		127,398	Ave. Cost	Food	Food Bank
(9)	Truth Christian Ministries Int 5101 N Rainbow Las Vegas NV 89130	20-4490662	501c3		4,035,021	Ave. Cost	Food	Food Bank

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- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	U.S. Veterans Initiative 525 E. Bonanza Rd. Las Vegas NV 89101	95-4382752	501c3		23,042	Ave. Cost	Food	Food Bank
(2)	Unitarian Universalist Congregation 3616 E Lake Mead Blvd Las Vegas NV 89115	04-2103733	501c3		37,155	Ave Cost	Food	Food Bank
(3)	United Labor Agency of NV 1201 N. Decatur Blvd Las Vegas NV 89108	88-0344011	501c3		113,168	Ave. Cost	Food	Food Bank
(4)	Unity Baptist Church 543 Marion Drive Las Vegas NV 89110	88-0191953	501c3		40,719	Ave. Cost	Food	Food Bank
(5)	Utah Food Bank 3150 S. 900 West West Valley City UT 84119	87-0212453	501c3		130,699	Ave. Cost	Food	Food Bank
(6)	Valley Bible Fellowship 4500 W. Sahara Blvd. Las Vegas NV 89102	27-0286845	501c3		537,723	Ave. Cost	Food	Food Bank
(7)	Vegas View Community Food Bank 1906 Glider St. North Las Vegas NV 89030	23-7002419	501c3	40,854	793,772	Ave. Cost	Food	Food/Senior Hunger
(8)	Veteran's Village Pantry 840 S. Rancho Rd. #4-622 Las Vegas NV 89106	94-3209791	501c3		1,348,537	Ave. Cost	Food	Food Bank
(9)	Virgin Valley Family Services PO Box 1436 Mesquite NV 89024	88-0464004	501c3		422,222	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) (2018)

**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.  
⓪ Attach to Form 990.  
⓪ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1)	Vision de Dios 580 West Cheyenne Ave. Las Vegas NV 89030	20-2460712	501c3		179,123	Ave. Cost	Food	Food Bank
(2)	Walk Church of Las Vegas NV, Inc. 2654 W. Horizon Ridge Pkwy. #B5-188 Henderson NV 89052	46-3500167	501c3		10,769	Ave. Cost	Food	Food Bank
(3)	WestCare Nevada 5649 Duncan Dr. Las Vegas NV 89130	86-0852629	501c3	4,359	57,127	Ave. Cost	Food	Food/Senior Hunger
(4)	Westminster Presbyterian 4601 W. Lake Mead Blvd Las Vegas NV 89108	23-6393377	501c3		312,186	Ave. Cost	Food	Food Bank
(5)	Women In Transition Re-Entry 2525 N. Decatur Suite 2 & 3 Las Vegas NV 89108	90-0438691	501c3		8,633	Ave. Cost	Food	Food Bank
(6)	Youth With A Mission PO Box 36606 Las Vegas NV 89133	86-0858772	501c3		223,440	Ave. Cost	Food	Food Bank
(7)	UNLV 4505 S Maryland Pkwy Las Vegas NV 89154	94-2790134	GOV		10,461	Ave. Cost	Food	Food Bank
(8)	Word of Life Christian Center 3520 N Buffalo Dr Las Vegas NV 89129	91-6054380	501c3		9,206	Ave. Cost	Food	Food Bank
(9)	Youth Advocate Program 2535 W Cheyenne North Las Vegas NV 89032	23-1977514	501c3		14,271	Ave. Cost	Food	Food Bank

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ⓪
- 3 Enter total number of other organizations listed in the line 1 table ⓪

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

Schedule I (Form 990) (2018)

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>Food distribution</b>	150000		11,173,775	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.

See Schedule I Supplemental Information Worksheet

<b>SCHEDULE I (Form 990)</b>	<b>Supplemental Information</b>	<b>2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , and ending <b>06/30/19</b>		

Name of the organization <b>Three Square</b>	Employer identification number <b>30-0396918</b>
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**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 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 \$1,722,281.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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 (such as 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 on 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:

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

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</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 aren't 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)	241,746	50,000	0	4,858	8,321	304,925	0
	(ii)	0	0	0	0	0	0	0
2 Larry Scott COO	(i)	158,091	25,000	0	0	21,471	204,562	0
	(ii)	0	0	0	0	0	0	0
3 Tifani Walker CFO	(i)	126,628	22,000	0	2,551	7,746	158,925	0
	(ii)	0	0	0	0	0	0	0
4 Michelle Beck CDO	(i)	136,777	27,000	0	3,294	13,289	180,360	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**30-0396918**

**Three Square**

<b>Part I</b>		<b>Types of Property</b>			
	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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>36542792</b>	<b>73,457,345</b>	<b>Price per pound</b>
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other <input checked="" type="checkbox"/> <b>Miscellaneous</b>	<b>X</b>	<b>150</b>	<b>182,054</b>	<b>Fair market value</b>
26	Other <input type="checkbox"/>				
27	Other <input type="checkbox"/>				
28	Other <input type="checkbox"/>				

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 isn't 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 nonstandard 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 didn't 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 and grantors contributed 45,979,385 pounds of food, which was valued at \$74,018,986.**

**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.

⓪ Attach to Form 990 or 990-EZ.

⓪ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

**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**  
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 and financial statements are available at [www.threesquare.org](http://www.threesquare.org). Financial statements are also printed in Three Square's annual report.