

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**Department of the Treasury  
Internal Revenue Service

Name of filer

**Three Square**

EIN or SSN

**30-0396918**Name and title of officer or person subject to tax **Michelle Beck****CDO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

|                                    |                                       |   |                              |
|------------------------------------|---------------------------------------|---|------------------------------|
| <b>1a</b> Form 990 check here      | ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | <b>1b</b> <u>112,922,372</u> |
| <b>2a</b> Form 990-EZ check here   | ▶ <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                          | <b>2b</b> _____              |
| <b>3a</b> Form 1120-POL check here | ▶ <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22)                                   | <b>3b</b> _____              |
| <b>4a</b> Form 990-PF check here   | ▶ <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)        | <b>4b</b> _____              |
| <b>5a</b> Form 8868 check here     | ▶ <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c)                                     | <b>5b</b> _____              |
| <b>6a</b> Form 990-T check here    | ▶ <input type="checkbox"/>            | <b>b</b> Total tax (Form 990-T, Part III, line 4)                             | <b>6b</b> _____              |
| <b>7a</b> Form 4720 check here     | ▶ <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1)                              | <b>7b</b> _____              |
| <b>8a</b> Form 5227 check here     | ▶ <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D)                 | <b>8b</b> _____              |
| <b>9a</b> Form 5330 check here     | ▶ <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19)                                | <b>9b</b> _____              |
| <b>10a</b> Form 8038-CP check here | ▶ <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) | <b>10b</b> _____             |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 86190 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 10/26/22**Part III Certification and Authentication**

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

88672910041

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 10/26/22**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

DAA

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

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.

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

|  |  |  |   |   |
|--|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><p style="text-align: center;"><b>Three Square</b></p>  |  | <b>D</b> Employer identification number<br><p style="text-align: center;"><b>30-0396918</b></p>   |   |
|  | Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><p><b>4190 N. Pecos Road</b></p> |  | <b>E</b> Telephone number<br><p style="text-align: center;"><b>702-644-3663</b></p>   |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><p><b>Las Vegas NV 89115</b></p>                                   |  | <b>G</b> Gross receipts\$ <b>253,975,355</b>  |   |
|  | <b>F</b> Name and address of principal officer:<br><p><b>Michelle Beck</b><br/><b>4190 N. Pecos Road</b><br/><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<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |   |   |
| <b>J</b> Website: <b>www.threesquare.org</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>L</b> Year of formation: <b>2006</b>   | <b>M</b> State of legal domicile: <b>NV</b> |

**Part I Summary**

|   |  |                    |                           |                    |
|---|--|--------------------|---------------------------|--------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><p style="text-align: center;"><b>Three Square's mission is to provide wholesome food to hungry people, while passionately pursuing a hunger free community.</b></p> |                    |                           |                    |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                    |                           |                    |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>21</b>          |                           |                    |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>21</b>          |                           |                    |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>179</b>         |                           |                    |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>13751</b>       |                           |                    |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>0</b>           |                           |                    |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>0</b>   |                    |                           |                    |
| <b>Revenue</b>  |  |                    | Prior Year                | Current Year       |
|   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>221,102,294</b> | <b>98,275,748</b>         |                    |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>1,079,084</b>   | <b>1,180,286</b>          |                    |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>3,359,081</b>   | <b>13,355,411</b>         |                    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>39,551</b>      | <b>110,927</b>            |                    |
|   | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>225,580,010</b> | <b>112,922,372</b>        |                    |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   |                    | <b>117,451,963</b>        | <b>88,189,366</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>7,730,252</b>          | <b>8,311,159</b>   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                    | <b>638,006</b>            | <b>730,615</b>     |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>2,990,274</b>  |                    |                           |                    |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   |                    | <b>5,407,870</b>          | <b>6,406,616</b>   |
|   | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |                    | <b>131,228,091</b>        | <b>103,637,756</b> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  |  | <b>94,351,919</b>  | <b>9,284,616</b>          |                    |
| <b>Net Assets or Fund Balances</b>  |  |                    | Beginning of Current Year | End of Year        |
|   | <b>20</b> Total assets (Part X, line 16)   |                    | <b>192,744,089</b>        | <b>174,805,721</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  |                    | <b>31,024,046</b>         | <b>30,558,372</b>  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20            |  | <b>161,720,043</b> | <b>144,247,349</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<br><p style="text-align: center;"><b>Michelle Beck</b></p> |                              | Date<br><p style="text-align: center;"><b>CDO</b></p>                              |  |
|                               | Type or print name and title  |                              |  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><p><b>Jessica P Sayles</b></p>                    | Preparer's signature<br>Date | Check <input type="checkbox"/> if self-employed<br>PTIN<br><p><b>P01530213</b></p> |  |
|                               | Firm's name <b>Houldsworth, Russo &amp; Company, P.C.</b>                       |                              | Firm's EIN <b>88-0374623</b>   |  |
|                               | Firm's address <b>8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839</b>         |                              | Phone no. <b>702-269-9992</b>  |  |

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**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 \$ **98,336,468** including grants of \$ **88,189,366** ) (Revenue \$ **1,180,286** )  
**See Schedule O**

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **98,336,468**

**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 Rev. Proc. 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 donor-restricted endowments or in 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. See instructions</i>  | 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?   |     |    |
| 24b |   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| 24c |   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 24d |   |     |    |
| 25a | <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  |
| 25b |   |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   | X   |    |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| 28a |   |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| 28b |   |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| 28c |   |     | 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  |
| 30  |   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | X  |
| 31  |   |     | 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  |
| 32  |   |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   |     | X  |
| 33  |   |     | 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   |    |
| 34  |   | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | X   |    |
| 35a |   | X   |    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | X   |    |
| 35b |   | X   |    |
| 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  |
| 36  |   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  |     | X  |
| 37  |   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | X   |    |
| 38  |   | X   |    |

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

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

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

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i> |  | 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  | <b>2a</b>  | <b>179</b> |          |  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><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>2b</b>  | <b>X</b>   |          |  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |            | <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 on Schedule O  | <b>3b</b>  |            |          |  |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?     | <b>4a</b>  |            | <b>X</b> |  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>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>5a</b>  |            | <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>5b</b>  |            | <b>X</b> |  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |            |          |  |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <b>6a</b>  |            | <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>6b</b>  |            |          |  |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |            |          |  |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  |            | <b>X</b> |  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |            |          |  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |            | <b>X</b> |  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |            |          |  |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |            | <b>X</b> |  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |            | <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>7g</b>  |            |          |  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |            |          |  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |            |          |  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |            |          |  |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |            |          |  |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |            |          |  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |            |          |  |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |            |          |  |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |            |          |  |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |            |          |  |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |            |          |  |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |            |          |  |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |            |          |  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |            |          |  |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |            |          |  |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><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 on 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?<br>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?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |            | <b>X</b> |  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069. | <b>17</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 on 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<br>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 on Schedule O. | <b>21</b> |          |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   | <b>21</b> |          |
| <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, 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 on 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>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 on 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 on Schedule O how this was done   | <b>X</b> |          |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | <b>X</b> |          |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | <b>X</b> |          |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |          |
| <b>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<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | <b>X</b> |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |          | <b>X</b> |
| <b>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? |          |          |

**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 on Schedule O)
- 19** Describe on 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 **▶**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) <b>Brian Burton</b><br>.....<br>President & CEO      | 40.00<br>0.00  |   |                       | X       |              |                              |        | 371,785   | 0  | 28,315  |
| (2) <b>Larry Scott</b><br>.....<br>COO                   | 39.00<br>1.00  |   |                       | X       |              |                              |        | 233,079   | 0  | 31,149  |
| (3) <b>Michelle Beck</b><br>.....<br>CDO                 | 40.00<br>0.00  |   |                       |         |              | X                            |        | 222,079   | 0  | 25,941  |
| (4) <b>Tifani Walker</b><br>.....<br>CFO                 | 39.00<br>1.00  |   |                       | X       |              |                              |        | 194,591   | 0  | 17,328  |
| (5) <b>Jodi Tyson</b><br>.....<br>VP Strat Initiatives   | 40.00<br>0.00  |   |                       |         |              | X                            |        | 187,591   | 0  | 11,888  |
| (6) <b>Maurice Johnson</b><br>.....<br>Dir of Operations | 40.00<br>0.00  |   |                       |         |              | X                            |        | 114,139   | 0  | 19,236  |
| (7) <b>Joseph Ham</b><br>.....<br>Dir of Marketing       | 40.00<br>0.00  |   |                       |         |              | X                            |        | 115,907   | 0  | 16,735  |
| (8) <b>Lisa Segler</b><br>.....<br>Dir of Strat Initiat  | 40.00<br>0.00  |   |                       |         |              | X                            |        | 111,535   | 0  | 20,775  |
| (9) <b>Eric Aldrian</b><br>.....<br>Director             | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) <b>Brian Ayala</b><br>.....<br>Director             | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) <b>Diana Bennett</b><br>.....<br>Director           | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Cami Christiansen   | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Treasurer  | 0.00   | X   |                       | X       |              |                              | 0                | 0   | 0  |   |
| (13) Richard T. Crawford                                       | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (14) Brandon W. Doll   | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (15) David Garcia  | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (16) Shawn Gerstenberger                                       | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (17) Forrest Griffin   | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (18) Bill Hornbuckle   | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Director   | 0.00   | X   |                       |         |              |                              | 0                | 0   | 0  |   |
| (19) Ryann Juden   | 2.00   |   |                       |         |              |                              |                  |   |  |   |
| Secretary  | 0.00   | X   |                       | X       |              |                              | 0                | 0   | 0  |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              | <b>1,550,706</b> |   | <b>171,367</b>   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |                  |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | <b>1,550,706</b> |   | <b>171,367</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 **11**

|  | Yes      | No       |
|--|----------|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, 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)<br>Name and business address                 | (B)<br>Description of services            | (C)<br>Compensation |
|--|---|---------------------|
| The Korte Company<br>Las Vegas NV 89147          | 9225 W Flamingo Rd, Ste 100<br>Contractor | 1,364,057           |
| RKD Alpha Dog<br>Lincoln NE 68512                | 8001 S 13th St<br>Fundraising             | 650,122             |
| TEC Las Vegas<br>Portland OR 97211               | PO Box 11272<br>Vehicle lease             | 365,437             |
| The Geary Company<br>Las Vegas NV 89120          | 31316 E Russell Rd<br>Advertising         | 291,261             |
| TCI Transportation Concepts<br>Pasadena CA 91109 | Dept LA 25100<br>Transportation           | 273,218             |

**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 **8**

**Part VIII Statement of Revenue**

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

|   |  |                |               | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|----------------|---------------|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants<br/>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>      | 23,860,848    |                      |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above | <b>1f</b>      | 74,414,900    |                      |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f                                  | <b>1g</b>      | \$ 77,258,777 |                      |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  |                |               | 98,275,748           |  |                                      |   |  |
| <b>Program Service<br/>Revenue</b>  | <b>2a</b> Shared maintenance fees  | Business Code  | 541900        | 1,180,286            | 1,180,286                                    |                                      |   |  |
|   | <b>b</b>   |                |               |                      |  |                                      |   |  |
|   | <b>c</b>   |                |               |                      |  |                                      |   |  |
|   | <b>d</b>   |                |               |                      |  |                                      |   |  |
|   | <b>e</b>   |                |               |                      |  |                                      |   |  |
|   | <b>f</b> All other program service revenue   |                |               |                      |  |                                      |   |  |
|   | <b>g Total.</b> Add lines 2a-2f  |                |               | 1,180,286            |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)   |                |               | 2,995,800            |  |                                      | 2,995,800   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                                |                |               |                      |  |                                      |   |  |
|   | <b>5</b> Royalties   |                |               |                      |  |                                      |   |  |
|   | <b>6a</b> Gross rents  | (i) Real       |               |                      |  |                                      |   |  |
|   |  | (ii) Personal  |               |                      |  |                                      |   |  |
|   |  | <b>6a</b>      |               |                      |  |                                      |   |  |
|   | <b>b</b> Less: rental expenses   | <b>6b</b>      |               |                      |  |                                      |   |  |
|   | <b>c</b> Rental inc. or (loss)   | <b>6c</b>      |               |                      |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss)   |                |               |                      |  |                                      |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                     | (i) Securities |               | 151,412,594          |  |                                      |   |  |
|   |  | (ii) Other     |               |                      |  |                                      |   |  |
|   |  | <b>7a</b>      |               |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost or other<br>basis and sales exps.                                      | <b>7b</b>      |               | 141,052,983          |  |                                      |   |  |
|   | <b>c</b> Gain or (loss)  | <b>7c</b>      |               | 10,359,611           |  |                                      |   |  |
|   | <b>d</b> Net gain or (loss)  |                |               | 10,359,611           | 10,359,611                                   |                                      |   |  |
| <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 | <b>8a</b>  |                |               |                      |  |                                      |   |  |
|   | <b>b</b> Less: direct expenses   | <b>8b</b>      |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events   |  |                |               |                      |  |                                      |   |  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19  | <b>9a</b>  |                |               |                      |  |                                      |   |  |
|   | <b>b</b> Less: direct expenses   | <b>9b</b>      |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities  |  |                |               |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances   | <b>10a</b>   |                |               |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost of goods sold  | <b>10b</b>     |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory   |  |                |               |                      |  |                                      |   |  |
| <b>Miscellaneous<br/>Revenue</b>  | <b>11a</b> Other income  | Business Code  | 900099        | 110,927              |  |                                      | 110,927   |  |
|   | <b>b</b>   |                |               |                      |  |                                      |   |  |
|   | <b>c</b>   |                |               |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue   |                |               |                      |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d  |                |               | 110,927              |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions   |  |                | 112,922,372   | 11,539,897           | 0  | 3,106,727                            |   |  |

**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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | <b>79,140,001</b>     | <b>79,140,001</b>               |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | <b>9,049,365</b>      | <b>9,049,365</b>                |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | <b>889,662</b>        | <b>356,076</b>                  | <b>360,077</b>                         | <b>173,509</b>              |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | <b>5,973,034</b>      | <b>4,508,497</b>                | <b>510,092</b>                         | <b>954,445</b>              |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | <b>113,563</b>        | <b>95,273</b>                   | <b>1,162</b>                           | <b>17,128</b>               |
| <b>9</b> Other employee benefits   | <b>726,553</b>        | <b>522,650</b>                  | <b>82,949</b>                          | <b>120,954</b>              |
| <b>10</b> Payroll taxes  | <b>608,347</b>        | <b>432,993</b>                  | <b>75,366</b>                          | <b>99,988</b>               |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | <b>2,187</b>          | <b>1,557</b>                    | <b>271</b>                             | <b>359</b>                  |
| <b>c</b> Accounting  | <b>56,650</b>         |                                 | <b>56,650</b>                          |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 7  | <b>730,615</b>        |                                 |  | <b>730,615</b>              |
| <b>f</b> Investment management fees  | <b>439,165</b>        |                                 | <b>439,165</b>                         |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | <b>324,873</b>        | <b>179,604</b>                  | <b>145,269</b>                         |                             |
| <b>12</b> Advertising and promotion  | <b>236,623</b>        | <b>152,909</b>                  | <b>206</b>                             | <b>83,508</b>               |
| <b>13</b> Office expenses  | <b>643,872</b>        | <b>176,227</b>                  | <b>17,452</b>                          | <b>450,193</b>              |
| <b>14</b> Information technology   | <b>176,324</b>        | <b>132,164</b>                  | <b>10,841</b>                          | <b>33,319</b>               |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | <b>1,020,248</b>      | <b>778,393</b>                  | <b>30,752</b>                          | <b>211,103</b>              |
| <b>17</b> Travel   | <b>897,865</b>        | <b>892,182</b>                  | <b>5,324</b>                           | <b>359</b>                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | <b>22,237</b>         | <b>6,535</b>                    | <b>10,144</b>                          | <b>5,558</b>                |
| <b>20</b> Interest   | <b>583,650</b>        | <b>109,708</b>                  | <b>473,942</b>                         |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | <b>1,432,119</b>      | <b>1,301,936</b>                | <b>48,093</b>                          | <b>82,090</b>               |
| <b>23</b> Insurance  | <b>203,155</b>        | <b>194,158</b>                  | <b>3,300</b>                           | <b>5,697</b>                |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> Program materials   | <b>282,344</b>        | <b>282,344</b>                  |  |                             |
| <b>b</b> Dues and subscriptions  | <b>49,132</b>         | <b>14,878</b>                   | <b>28,019</b>                          | <b>6,235</b>                |
| <b>c</b> Meals   | <b>36,172</b>         | <b>9,018</b>                    | <b>11,940</b>                          | <b>15,214</b>               |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | <b>103,637,756</b>    | <b>98,336,468</b>               | <b>2,311,014</b>                       | <b>2,990,274</b>            |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing   | 6,178,335                | <b>1</b>    | 1,560,944          |
|   | <b>2</b> Savings and temporary cash investments  | 15,083,033               | <b>2</b>    | 2,170,628          |
|   | <b>3</b> Pledges and grants receivable, net  | 1,689,527                | <b>3</b>    | 1,453,685          |
|   | <b>4</b> Accounts receivable, net  | 200,021                  | <b>4</b>    | 148,563            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   | 18,294,456               | <b>6</b>    | 18,294,557         |
|   | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use   | 4,564,275                | <b>8</b>    | 2,956,967          |
|   | <b>9</b> Prepaid expenses and deferred charges   | 309,470                  | <b>9</b>    | 424,085            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 34,209,399    |             |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 10,580,810    | <b>10c</b>  | 23,628,589         |
|   | <b>11</b> Investments—publicly traded securities   | 120,432,821              | <b>11</b>   | 123,097,263        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets  | 1,153,948                | <b>14</b>   | 1,070,440          |
|   | <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 33) | 192,744,089  | <b>16</b>                | 174,805,721 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 1,391,695                | <b>17</b>   | 1,780,919          |
|   | <b>18</b> Grants payable   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue   | 4,680                    | <b>19</b>   | 4,536              |
|   | <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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     | 7,635,100                | <b>22</b>   | 7,635,100          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 18,975,947               | <b>23</b>   | 18,821,194         |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 1,100,000                | <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  | 1,916,624                | <b>25</b>   | 2,316,623          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 31,024,046               | <b>26</b>   | 30,558,372         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions  | 77,933,337               | <b>27</b>   | 66,799,593         |
|   | <b>28</b> Net assets with donor restrictions   | 83,786,706               | <b>28</b>   | 77,447,756         |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                    |
|   | <b>32 Total net assets or fund balances</b>  | 161,720,043              | <b>32</b>   | 144,247,349        |
| <b>33 Total liabilities and net assets/fund balances</b>            | 192,744,089  | <b>33</b>                | 174,805,721 |                    |

**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>112,922,372</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>103,637,756</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>9,284,616</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>161,720,043</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>-26,757,310</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 on 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 32, column (B)) | <b>10</b> | <b>144,247,349</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<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on 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>b</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 on 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)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (20) <b>M.J. Maynard</b>                                       | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) <b>John Moon</b>  | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) <b>Anita Romero</b>                                       | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) <b>Don Ross</b>   | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (24) <b>Lindy Schumacher</b>                                   | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (25) <b>Rachel Shiffrin</b>                                    | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (26) <b>Frank Stanbrough</b>                                   | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (27) <b>Judy Stokey</b>  | 2.00  |   |                       |         |              |                              |        |   |  |   |
| Director   | 0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        |   |  |   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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



SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2021 Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017   | (b) 2018   | (c) 2019    | (d) 2020    | (e) 2021   | (f) Total   |
|--|------------|------------|-------------|-------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 91,167,293 | 95,575,455 | 110,384,252 | 221,102,294 | 98,275,748 | 616,505,042 |
| <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  | 91,167,293 | 95,575,455 | 110,384,252 | 221,102,294 | 98,275,748 | 616,505,042 |
| <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) |            |            |             |             |            | 82,304,370  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |             |             |            | 534,200,672 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017   | (b) 2018   | (c) 2019    | (d) 2020    | (e) 2021   | (f) Total   |
|--|------------|------------|-------------|-------------|------------|-------------|
| <b>7</b> Amounts from line 4   | 91,167,293 | 95,575,455 | 110,384,252 | 221,102,294 | 98,275,748 | 616,505,042 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 411,683    | 650,109    | 826,115     | 1,368,211   | 2,995,800  | 6,251,918   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              | 216,105    | 37,231     |             |             |            | 253,336     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                | 65,289     | 12,237     | 108,555     | 9,346       | 110,927    | 306,354     |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |             |             |            | 623,316,650 |

**12** Gross receipts from related activities, etc. (see instructions) 12 6,659,785

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 85.70% |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14                       | <b>15</b> | 85.66% |

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 on 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.)   |          |          |          |          |          |           |
| <b>14 First 5 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>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17                         | <b>18</b> | % |

- 19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>   |     |    |
|          | <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> |     |    |
|          | <b>1</b>  |     |    |

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

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

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

|          |  |   |    |
|----------|--|---|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |   |    |
| <b>a</b> | <input type="checkbox"/>   | The organization satisfied the Activities Test. Complete line 2 below.  |    |
| <b>b</b> | <input type="checkbox"/>   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |    |
| <b>c</b> | <input type="checkbox"/>   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). |    |
| <b>2</b> | Activities Test. Answer lines 2a and 2b below.   |   |    |
| <b>a</b> |  | Yes   | No |
|          | 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? <i>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.</i> |   |    |
|          | <b>2a</b>  |   |    |
| <b>b</b> |  | Yes   | No |
|          | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |   |    |
|          | <b>2b</b>  |   |    |
| <b>3</b> | Parent of Supported Organizations. Answer lines 3a and 3b below.   |   |    |
| <b>a</b> |  | Yes   | No |
|          | 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? <i>If "Yes" or "No," provide details in Part VI.</i>  |   |    |
|          | <b>3a</b>  |   |    |
| <b>b</b> |  | Yes   | No |
|          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |   |    |
|          | <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.

| Section A – Adjusted Net Income  |  | (A) Prior Year | (B) Current Year<br>(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              |                                |
| Section B – Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(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 ( <i>explain in detail in Part VI</i> ):   |                |                                |
| 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 0.015 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 0.035.  | 6              |                                |
| 7                                | Recoveries of prior-year distributions   | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| Section C – Distributable Amount |  |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                                |
| 2                                | Enter 0.85 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)

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing distribution amounts and calculations.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2021, and (iii) Distributable Amount for 2021. Rows 1-8 detailing allocation details.

**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** **\$ 195,427**

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

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

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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



Name of organization

**Three Square**

Employer identification number

**30-0396918****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | <b>Feeding Washington</b><br>1234 E Front Ave<br>Spokane WA 99202          | \$ 7,204,904               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <b>Anonymous</b><br>4190 N. Pecos Rd.<br>Las Vegas NV 89115                | \$ 2,000,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | <b>Nevada Department of Agrigulture</b><br>401 S 21 St.<br>Sparks NV 89119 | \$ 20,575,592              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <b>Amazon UNV2</b><br>1945 E Russell Rd<br>Las Vegas NV 89119              | \$ 5,366,198               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | <b>LDS/Utah BCS</b><br>5405 W 300<br>Salt Lake City UT 84104               | \$ 7,204,904               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | <b>Utah Food Bank</b><br>3150 S 900 West<br>Salt Lake City UT 84119        | \$ 2,805,498               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

**Three Square**

Employer identification number

**30-0396918**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | Sam's Club #4983<br>7100 W Arroyo Crossing Pkwy<br>Las Vegas NV 89113 | \$ 1,970,248               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

**Three Square**

Employer identification number

**30-0396918****Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| 1                         | Food   | \$ 7,204,904                                    | 06/30/22             |
| 3                         | Food   | \$ 16,837,101                                   | 06/30/22             |
| 4                         | Food   | \$ 5,366,198                                    | 06/30/22             |
| 5                         | Food   | \$ 7,204,904                                    | 06/30/22             |
| 6                         | Food   | \$ 2,805,498                                    | 06/30/22             |
| 7                         | Food   | \$ 1,970,248                                    | 06/30/22             |

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

2021

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

Part II Conservation Easements.

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
  - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 85,019,956       | 14,700,657     | 14,188,501         | 11,119,607           | 8,996,669           |
| b Contributions                                  |                  | 62,000,000     |                    | 2,000,000            | 2,000,000           |
| c Net investment earnings, gains, and losses     | -8,041,679       | 8,319,299      | 512,156            | 1,068,894            | 621,327             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 503,744          |                |                    |                      | 421,613             |
| f Administrative expenses                        |                  |                |                    |                      | 76,775              |
| g End of year balance                            | 76,474,533       | 85,019,956     | 14,700,657         | 14,188,501           | 11,119,608          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a Board designated or quasi-endowment **▶ 5.18 %**
  - b Permanent endowment **▶ 2.62 %**
  - c Term endowment **▶ 92.20 %**

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       |
|--|-----|----------|
| (i) Unrelated organizations  |     | <b>X</b> |
| (ii) Related organizations   |     | <b>X</b> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |          |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      | 1,959,953                       |                              | 1,959,953         |
| b Buildings  |                                      | 26,016,867                      | 6,658,490                    | 19,358,377        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  |                                      | 6,232,579                       | 3,922,320                    | 2,310,259         |
| e Other  |                                      |                                 |                              |                   |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>23,628,589</b> |

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

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value   |
|---|------------------|
| (1) Federal income taxes  |                  |
| (2) <b>TSPG Payable</b>   | <b>2,316,623</b> |
| (3)   |                  |
| (4)   |                  |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>2,316,623</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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |  |           |                    |
|----------|--|-----------|--------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | <b>85,725,897</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |                    |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | <b>-26,757,310</b> |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |                    |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |                    |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | <b>-26,757,310</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | <b>112,483,207</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | <b>439,165</b>     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | <b>439,165</b>     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | <b>112,922,372</b> |

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

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

|          |   |           |                    |
|----------|---|-----------|--------------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | <b>103,198,591</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |                    |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |                    |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |                    |
| <b>c</b> | Other losses  | <b>2c</b> |                    |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |                    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | <b>103,198,591</b> |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | <b>439,165</b>     |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | <b>439,165</b>     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | <b>103,637,756</b> |

**Part XIII Supplemental Information.**

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

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

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





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ 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

**2021**

Open to Public Inspection

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" 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 |                                   |   |   |
| RKD Alpha Dog<br>1 8001 S 13th St<br>Lincoln NE 68512     | Fundraisin    |  | X  | 1,962,541                         | 730,615   | 1,231,926   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | <b>1,962,541</b>                  | <b>730,615</b>  | <b>1,231,926</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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
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 | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation**  
**RKD Alpha Dog**  
**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 noncash 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<br/>4366 W Cheyenne<br/>Las Vegas NV 89106</b>         | <b>32-0285851</b> | <b>501c3</b>                    | <b>968</b>               | <b>896,663</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (2) | <b>All Squared Away<br/>2923 W Charleston<br/>Las Vegas NV 89102</b>                  | <b>84-4862429</b> | <b>501c3</b>                    |                          | <b>306,687</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (3) | <b>Amargosa Seniors Inc.<br/>443 E. Desert Senior Ln<br/>Amargosa Valley NV 89020</b> | <b>81-2685236</b> | <b>501c3</b>                    |                          | <b>112,851</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (4) | <b>Balm Of Gilead Global Ministries, I<br/>PO Box 73245<br/>Las Vegas NV 89170</b>    | <b>73-6109354</b> | <b>501c3</b>                    | <b>6,000</b>             | <b>530,418</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (5) | <b>Beatty Baptist Church<br/>1501 NV-374<br/>Beatty NV 89003</b>                      | <b>62-0535346</b> | <b>501c3</b>                    |                          | <b>131,982</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (6) | <b>Bethesda COGIC<br/>3445 W Craig Rd<br/>North Las Vegas NV 89032</b>                | <b>23-7002419</b> | <b>501c3</b>                    | <b>692</b>               | <b>7,737</b>                     | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (7) | <b>Blind Center of Nevada<br/>1001 N. Bruce St.<br/>Las Vegas NV 89101</b>            | <b>88-6005096</b> | <b>501c3</b>                    |                          | <b>14,535</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (8) | <b>Blood of the Lamb<br/>1103 N. Nellis Blvd.<br/>Las Vegas NV 89110</b>              | <b>88-0417814</b> | <b>501c3</b>                    | <b>692</b>               | <b>1,008,119</b>                 | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (9) | <b>C3 Church<br/>501 North Mojave Road<br/>Las Vegas NV 89101</b>                     | <b>20-0692977</b> | <b>501c3</b>                    |                          | <b>166,662</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **156**
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**  
**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|-------------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | <b>Caliente Senior Citizens<br/>PO Box 508<br/>Panaca NV 89042</b>                        | <b>94-3015900</b> | <b>501c3</b>                    | <b>2,828</b>             | <b>544,119</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (2) | <b>Calvary Downtown Outreach<br/>PO Box 127<br/>Las Vegas NV 89125</b>                    | <b>32-0051365</b> | <b>501c3</b>                    |                          | <b>942,399</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (3) | <b>Care and Share Food Bank for<br/>2605 Preamble Point<br/>Colorado Springs CO 80915</b> | <b>84-0731930</b> | <b>501c3</b>                    |                          | <b>169,306</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (4) | <b>Casa de Luz<br/>2412 Tam Dr.<br/>Las Vegas NV 89102</b>                                | <b>91-2005503</b> | <b>501c3</b>                    | <b>5,750</b>             | <b>732,859</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (5) | <b>Catholic Charities<br/>1501 Las Vegas Boulevard North<br/>Las Vegas NV 89101</b>       | <b>88-0059425</b> | <b>501c3</b>                    |                          | <b>2,054,204</b>                 | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (6) | <b>Central California Food Bank<br/>4010 E Amendola Dr.<br/>Fresno CA 93725</b>           | <b>77-0320851</b> | <b>501c3</b>                    |                          | <b>318,217</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (7) | <b>Central Christian Church<br/>1001 New Beginnings Dr.<br/>Henderson NV 89011</b>        | <b>88-0118790</b> | <b>501c3</b>                    | <b>2,857</b>             | <b>2,804,009</b>                 | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (8) | <b>Centro de Adoracion<br/>2010 Haren Dr<br/>Henderson NV 89011</b>                       | <b>54-2158603</b> | <b>501c3</b>                    | <b>591</b>               | <b>457,751</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (9) | <b>Christ Ambassadors Church<br/>2270 Losee Rd<br/>North Las Vegas NV 89030</b>           | <b>45-3839346</b> | <b>501c3</b>                    |                          | <b>11,445</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |

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

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OMB No. 1545-0047

**2021**

**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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**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) | <b>Christian Center</b><br>PO Box 60215<br>Boulder City NV 89006                       | 95-1684062 | 501c3                           |                          | 104,724                          | FMV   | Food                                  | Charitable                         |
| (2) | <b>Church on the Street</b><br>913 E. Ogden Ave.<br>Las Vegas NV 89101                 | 44-0577787 | 501c3                           |                          | 15,410                           | FMV   | Food                                  | Charitable                         |
| (3) | <b>City Impact Center</b><br>968 E Sahara<br>Las Vegas NV 89104                        | 26-2216119 | 501c3                           | 6,987                    | 4,367,048                        | FMV   | Food                                  | Charitable                         |
| (4) | <b>Clark Towers Inc.</b><br>2701 Clark Towers<br>Las Vegas NV 89102                    | 51-0154329 | 501c3                           |                          | 29,827                           | FMV   | Food                                  | Charitable                         |
| (5) | <b>Colorado River Food Bank</b><br>240 E. Laughlin Civic Dr.<br>Laughlin NV 89029      | 88-0345703 | 501c3                           | 2,628                    | 392,785                          | FMV   | Food                                  | Charitable                         |
| (6) | <b>Come Unto Me (God's House)</b><br>3940 W. North MLK<br>North Las Vegas NV 89032     | 20-2042678 | 501c3                           | 397                      | 186,232                          | FMV   | Food                                  | Charitable                         |
| (7) | <b>Communities In Schools</b><br>8350 West Sahara Ave. Suite 110<br>Las Vegas NV 89117 | 88-0292094 | 501c3                           |                          | 21,302                           | FMV   | Food                                  | Charitable                         |
| (8) | <b>Community Bank of Eastern Oklahoma</b><br>1304 N. Kenosha Ave.<br>Tulsa OK 74106    | 73-1184980 | 501c3                           |                          | 80,025                           | FMV   | Food                                  | Charitable                         |
| (9) | <b>Community Lutheran Church</b><br>3720 East Tropicana ave<br>Las Vegas NV 89121      | 88-0116459 | 501c3                           |                          | 36,499                           | FMV   | Food                                  | Charitable                         |

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| (1) | Coordinated Living of Southern NV<br>6021 S. Fort Apache Rd.<br>Las Vegas NV 89148                    | 46-1525782 | 501c3                           |                          | 566,109                          | FMV   | Food                                  | Charitable                         |
| (2) | Cornerstone Christian Fellowship<br>5825 Eldora<br>Las Vegas NV 89146                                 | 95-1684062 | 501c3                           |                          | 9,520                            | FMV   | Food                                  | Charitable                         |
| (3) | Covenant of Love<br>1100 N. Martin Luther King Blv<br>Las Vegas NV 89106                              | 01-0868265 | 501c3                           |                          | 319,968                          | FMV   | Food                                  | Charitable                         |
| (4) | Create a Change Now<br>2251 N. Rampart Blvd #347<br>Las Vegas NV 89128                                | 36-4662192 | 501c3                           |                          | 70,027                           | FMV   | Food                                  | Charitable                         |
| (5) | Deliverance C.O.G.I.C.<br>1285 Miller Ave<br>Las Vegas NV 89106                                       | 23-7002419 | 501c3                           | 1,601                    | 466,536                          | FMV   | Food                                  | Charitable                         |
| (6) | Desert Spring United Methodist Ch<br>120N Pavilion Center Dr<br>Las Vegas NV 89144                    | 88-0276371 | 501c3                           | 898                      | 370,129                          | FMV   | Food                                  | Charitable                         |
| (7) | Dream Center<br>6620 W Katie Ave<br>Las Vegas NV 89103  | 88-0233607 | 501c3                           | 692                      | 2,542,653                        | FMV   | Food                                  | Charitable                         |
| (8) | East Valley Family Services<br>1830 E. Sahara Ave. Ste 101<br>Las Vegas NV 89104                      | 90-0183363 | 501c3                           | 13,081                   | 221,082                          | FMV   | Food                                  | Charitable                         |
| (9) | Economic Opportunity Board of Clark<br>2420 N. Martin Luther King, Jr. Bl<br>North Las Vegas NV 89032 | 88-0096051 | 501c3                           |                          | 175,222                          | FMV   | Food                                  | Charitable                         |

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

Schedule I (Form 990) (2021)

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| (1) | <b>Emergency Aid of Boulder City</b><br>PO Box 60673<br>Boulder City NV 89006           | 94-2772532 | 501c3                           |                          | 308,573                          | FMV   | Food                                  | Charitable                         |
| (2) | <b>Epic Church</b><br>8755 W Warm Springs #105<br>Las Vegas NV 89148                    | 44-0577787 | 501c3                           | 984                      | 1,758,174                        | FMV   | Food                                  | Charitable                         |
| (3) | <b>Epicenter on the Parkway</b><br>2000 S. Maryland Pkwy., Ste. 2<br>Las Vegas NV 89104 | 20-1943208 | 501c3                           |                          | 373,366                          | FMV   | Food                                  | Charitable                         |
| (4) | <b>F.Y.E.C. Development Ctr</b><br>PO Box 270984<br>Las Vegas NV 89127                  | 27-0297752 | 501c3                           |                          | 22,318                           | FMV   | Food                                  | Charitable                         |
| (5) | <b>Faith Fellowship Foursquare</b><br>2190 N. Blagg Rd.<br>Pahrump NV 89060             | 95-1684062 | 501c3                           |                          | 52,503                           | FMV   | Food                                  | Charitable                         |
| (6) | <b>FAME</b><br>2446 Revere<br>North Las Vegas NV 89030                                  | 30-0396918 | 501c3                           |                          | 5,116                            | FMV   | Food                                  | Charitable                         |
| (7) | <b>Family Worship Center</b><br>4000 Spring Rd.<br>Las Vegas NV 89108                   | 62-0484177 | 501c3                           |                          | 30,660                           | FMV   | Food                                  | Charitable                         |
| (8) | <b>FBC of Indian Springs</b><br>PO Box 505<br>Indian Springs NV 89018                   | 62-0535346 | 501c3                           |                          | 7,587                            | FMV   | Food                                  | Charitable                         |
| (9) | <b>First AME</b><br>2446 Revere Street<br>North Las Vegas NV 89030                      | 88-0390053 | 501c3                           | 721                      | 1,744,918                        | FMV   | Food                                  | Charitable                         |

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | First Baptist Church of LV<br>4400 Oakey Blvd.<br>Las Vegas NV 89102              | 62-0535346 | 501c3                           |                          | 107,844                          | FMV   | Food                                  | Charitable                         |
| (2) | First Baptist Church Tonopah<br>220 South Street<br>Tonopah NV 89049              | 88-0183929 | 501c3                           | 10,151                   | 57,654                           | FMV   | Food                                  | Charitable                         |
| (3) | First Person Complete Care<br>1200 S. Fourth St. Suite #111<br>Las Vegas NV 89104 | 46-2155118 | 501c3                           |                          | 7,652                            | FMV   | Food                                  | Charitable                         |
| (4) | FirstMed Health and Wellness<br>400 Shadow Ln, Ste 105<br>Las Vegas NV 89106      | 27-0759056 | 501c3                           |                          | 14,037                           | FMV   | Food                                  | Charitable                         |
| (5) | FISH Emergency Assistance<br>2120 Revere St.<br>North Las Vegas NV 89030          | 88-6021870 | 501c3                           |                          | 19,537                           | FMV   | Food                                  | Charitable                         |
| (6) | Food Bank of Northern Nevada<br>550 Italy Dr.<br>McCarren NV 89434                | 94-2924979 | 501c3                           |                          | 246,728                          | FMV   | Food                                  | Charitable                         |
| (7) | Food Bank of the Rockies<br>10700 East 45th St<br>Denver CO 80239                 | 84-0772672 | 501c3                           |                          | 37,285                           | FMV   | Food                                  | Charitable                         |
| (8) | Fountain of Hope AME Church<br>2955 E. Russell Rd.<br>Las Vegas NV 89120          | 81-0578416 | 501c3                           |                          | 9,397                            | FMV   | Food                                  | Charitable                         |
| (9) | Freedom House Sober Living, Inc<br>3852 Palos Verdes St.<br>Las Vegas NV 89119    | 27-3493596 | 501c3                           |                          | 21,985                           | FMV   | Food                                  | Charitable                         |

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| (1) | Frontier Southern Baptist<br>PO Box 365092<br>North Las Vegas NV 89036         | 62-0535346 | 501c3                           |                          | 369,371                          | FMV   | Food                                  | Charitable                         |
| (2) | Gay and Lesbian Com. Ctr.<br>401 S. Maryland Pkwy.<br>Las Vegas NV 89101       | 94-3192750 | 501c3                           |                          | 303,760                          | FMV   | Food                                  | Charitable                         |
| (3) | Gentlemen by Choice<br>1016 W Owens Ave<br>Las Vegas NV 89106                  | 30-0396918 | 501c3                           | 623                      | 11,510                           | FMV   | Food                                  | Charitable                         |
| (4) | Gethsemani Missionary Baptist<br>1490 E. University Ave.<br>Las Vegas NV 89119 | 62-0535346 | 501c3                           |                          | 12,799                           | FMV   | Food                                  | Charitable                         |
| (5) | Giving Life Ministries<br>416 Perlite Way<br>Henderson NV 89015                | 73-0748663 | 501c3                           |                          | 158,816                          | FMV   | Food                                  | Charitable                         |
| (6) | God's Groceries Food Ministry<br>101 S. Rancho Dr.<br>Las Vegas NV 89106       | 95-6134975 | 501c3                           | 360                      | 15,447                           | FMV   | Food                                  | Charitable                         |
| (7) | Goodness Gracious Ministries<br>1280 Dressen Ave<br>Las Vegas NV 89123         | 47-4426746 | 501c3                           |                          | 16,592                           | FMV   | Food                                  | Charitable                         |
| (8) | Gospel Lighthouse Church<br>5216 Delmonte Ave.<br>Las Vegas NV 89146           | 88-0268938 | 501c3                           |                          | 611,737                          | FMV   | Food                                  | Charitable                         |
| (9) | Grace and Mercy Human Services<br>872 Blankenship Ave.<br>Las Vegas NV 89106   | 43-2099408 | 501c3                           |                          | 130,475                          | FMV   | Food                                  | Charitable                         |

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| (1) | <b>Greater Most High Church</b><br>5812 Ripple Creek<br>North Las Vegas NV 89031         | 23-7002419 | 501c3                           |                          | 144,232                          | FMV   | Food                                  | Charitable                         |
| (2) | <b>HELP of Southern NV</b><br>1640 East Flamingo Rd. #100<br>Las Vegas NV 89117          | 88-0108496 | 501c3                           |                          | 37,424                           | FMV   | Food                                  | Charitable                         |
| (3) | <b>Helping Hands of Henderson</b><br>95 S Arroyo Grande Blvd<br>Henderson NV 89012       | 94-1196203 | 501c3                           |                          | 29,765                           | FMV   | Food                                  | Charitable                         |
| (4) | <b>Helping Hands of Vegas Valley</b><br>2320 Paseo del Prado B-112<br>Las Vegas NV 89102 | 88-0466726 | 501c3                           | 94,261                   | 881,825                          | FMV   | Food                                  | Charitable                         |
| (5) | <b>Henderson Equality Center</b><br>1490 W Sunset Unit 102/103<br>Henderson NV 89014     | 85-2013070 | 501c3                           | 248                      | 32,084                           | FMV   | Food                                  | Charitable                         |
| (6) | <b>Henderson Presb. Church</b><br>PO Box 91346<br>Henderson NV 89009                     | 23-6393377 | 501c3                           |                          | 14,260                           | FMV   | Food                                  | Charitable                         |
| (7) | <b>Highland Hills Baptist Church</b><br>615 College Dr.<br>Henderson NV 89002            | 62-0535346 | 501c3                           |                          | 12,556                           | FMV   | Food                                  | Charitable                         |
| (8) | <b>Home Sweet Home</b><br>2700 E. Sunset Rd.<br>Las Vegas NV 89120                       | 36-4867719 | 501c3                           |                          | 7,792                            | FMV   | Food                                  | Charitable                         |
| (9) | <b>Hope Babtist Church</b><br>850 E Cactus<br>Las Vegas NV 89183                         | 62-0535460 | 501c3                           |                          | 323,095                          | FMV   | Food                                  | Charitable                         |

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| (1) | HopeLink<br>178 Westminster Way<br>Henderson NV 89015                            | 94-3202139 | 501c3                           |                          | 12,114                           | FMV   | Food                                  | Charitable                         |
| (2) | Horizon Ridge Wellness Clinic<br>1670 E Flamingo Rd, Ste A<br>Las Vegas NV 89119 | 81-4433784 | 501c3                           |                          | 92,348                           | FMV   | Food                                  | Charitable                         |
| (3) | Iglesia Beraca<br>6745 Petrified Forest St<br>North Las Vegas NV 89084           | 81-1811752 | 501c3                           |                          | 107,765                          | FMV   | Food                                  | Charitable                         |
| (4) | Iglesia Ev. Casa de Dios<br>3012 East Saint Louis Ave.<br>Las Vegas NV 89104     | 38-3748684 | 501c3                           |                          | 35,269                           | FMV   | Food                                  | Charitable                         |
| (5) | Inter-Tribal Council of Nevada<br>10 State St<br>Reno NV 89501                   |            | GOV                             | 7,725                    | 56,263                           | FMV   | Food                                  | Charitable                         |
| (6) | Jewish Family Services<br>4794 S. Eastern Ave<br>Las Vegas NV 89119              | 88-0142948 | 501c3                           | 21,708                   | 803,362                          | FMV   | Food                                  | Charitable                         |
| (7) | Joy Divine Community Church<br>151 Humahuca St #6<br>Pahrump NV 89060            | 26-4691118 | 501c3                           | 8,562                    | 117,966                          | FMV   | Food                                  | Charitable                         |
| (8) | Junior League of Las Vegas<br>861 E. Bridger Ave.<br>Las Vegas NV 89101          | 88-0068224 | 501c3                           |                          | 142,070                          | FMV   | Food                                  | Charitable                         |
| (9) | Las Vegas Rescue Mission<br>480 W. Bonanza Rd.<br>Las Vegas NV 89106             | 23-7222330 | 501c3                           |                          | 483,723                          | FMV   | Food                                  | Charitable                         |

- 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) (2021)

**SCHEDULE I  
(Form 990)**

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

**2021**

**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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| (1) | <b>Las Vegas Trans Pride</b><br>727 S 9th St, Ste B&C<br>Las Vegas NV 89101                  | 32-0497727 | 501c3                           |                          | 54,563                           | FMV   | Food                                  | Charitable                         |
| (2) | <b>Life Change Ministries</b><br>1555 E. Flamingo Rd. #155<br>Las Vegas NV 89119             | 45-3033641 | 501c3                           |                          | 457,401                          | FMV   | Food                                  | Charitable                         |
| (3) | <b>Lighthouse Charities</b><br>3455 W. Cheyenne Blvd<br>North Las Vegas NV 89032             | 47-5623629 | 501c3                           | 162,721                  | 506,179                          | FMV   | Food                                  | Charitable                         |
| (4) | <b>Living Grace Home</b><br>PO Box 96991<br>Las Vegas NV 89193                               | 26-3911446 | 501c3                           |                          | 6,156                            | FMV   | Food                                  | Charitable                         |
| (5) | <b>Lord of Harvest</b><br>5818 Spring Mountain Rd.<br>Las Vegas NV 89146                     | 44-0577787 | 501c3                           |                          | 547,589                          | FMV   | Food                                  | Charitable                         |
| (6) | <b>Lucy Tallulah Outreach Service</b><br>600 W Lake Mead Ste 110<br>North Las Vegas NV 89030 | 38-2332726 | 501c3                           |                          | 21,224                           | FMV   | Food                                  | Charitable                         |
| (7) | <b>Lutheran Social Services</b><br>73 Spectrum Blvd<br>Las Vegas NV 89101                    | 86-0845241 | 501c3                           | 26,882                   | 756,582                          | FMV   | Food                                  | Charitable                         |
| (8) | <b>Macedonia Outreach (MOSES)</b><br>2600 Clayton St.<br>North Las Vegas NV 89032            | 26-1201390 | 501c3                           | 976                      | 791,000                          | FMV   | Food                                  | Charitable                         |
| (9) | <b>Maranatha Spanish SDA</b><br>PO Box 336658<br>North Las Vegas NV 89033                    | 52-0643036 | 501c3                           |                          | 649,766                          | FMV   | Food                                  | Charitable                         |

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| (1) | <b>Moapa Band of Paiutes</b><br>1 Lincoln St<br>Moapa NV 89025                            |            | GOV                             | 8,394                    | 139,004                          | FMV   | Food                                  | Charitable                         |
| (2) | <b>Moapa Valley Revitalization Project</b><br>PO Box 1716<br>Overton NV 89040             | 46-3346374 | 501c3                           |                          | 178,791                          | FMV   | Food                                  | Charitable                         |
| (3) | <b>Moments of Blessing</b><br>5225 Meikle Ln.<br>Las Vegas NV 89156                       | 42-1549597 | 501c3                           | 1,003                    | 915,964                          | FMV   | Food                                  | Charitable                         |
| (4) | <b>My Father's House</b><br>3910 E. Patrick Ln.<br>Las Vegas NV 89120                     | 94-2674987 | 501c3                           |                          | 47,403                           | FMV   | Food                                  | Charitable                         |
| (5) | <b>NACF Food Bank</b><br>610 Belrose st<br>Las Vegas NV 89107                             | 88-0510687 | 501c3                           | 248                      | 726,898                          | FMV   | Food                                  | Charitable                         |
| (6) | <b>Nevada HAND, Inc.</b><br>295 E. Warm Springs Rd. Ste101<br>Las Vegas NV 89119          | 84-1247057 | 501c3                           | 15,280                   | 36,449                           | FMV   | Food                                  | Charitable                         |
| (7) | <b>New Beginnings Ministries</b><br>2314 E.Cheyenne Ave.<br>North Las Vegas NV 89030      | 27-3552881 | 501c3                           | 24,540                   | 1,582,507                        | FMV   | Food                                  | Charitable                         |
| (8) | <b>New Jerusalem Worship Center</b><br>1818 N Martin Luther King Rd<br>Las Vegas NV 89106 | 88-0204601 | 501c3                           |                          | 15,410                           | FMV   | Food                                  | Charitable                         |
| (9) | <b>New Paradise Outreach</b><br>2817 N. Walnut Road<br>Las Vegas NV 89115                 | 47-5322822 | 501c3                           | 5,789                    | 1,374,552                        | FMV   | Food                                  | Charitable                         |

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| (1) | No Greater Love Worship Center<br>3355 W Craig Rd<br>North Las Vegas NV 89032 | 26-2083721 | 501c3                           | 51,582                   | 437,951                          | FMV   | Food                                  | Charitable                         |
| (2) | Northeast Louisiana Food Bank<br>4600 Central Ave<br>Monroe LA 71203          | 72-1333809 | 501c3                           |                          | 67,960                           | FMV   | Food                                  | Charitable                         |
| (3) | Oasis Outreach Worship Center<br>P.O. Box 1150<br>Pahrump NV 89041            | 88-0066557 | 501c3                           |                          | 286,659                          | FMV   | Food                                  | Charitable                         |
| (4) | Our Savior's Lutheran Church<br>PO Box 91449<br>Henderson NV 89009            | 43-0658188 | 501c3                           | 1,527                    | 3,562,756                        | FMV   | Food                                  | Charitable                         |
| (5) | Pahrump New Hope Fellowship<br>781 West St.<br>Pahrump NV 89048               | 95-1684062 | 501c3                           | 854                      | 1,196,780                        | FMV   | Food                                  | Charitable                         |
| (6) | Palms Pantry<br>1312 Melissa St.<br>Las Vegas NV 89101                        | 47-1938415 | 501c3                           |                          | 89,233                           | FMV   | Food                                  | Charitable                         |
| (7) | Paradise S.D.A. Church<br>4575 Sandhill Rd.<br>Las Vegas NV 89121             | 52-0643036 | 501c3                           |                          | 120,587                          | FMV   | Food                                  | Charitable                         |
| (8) | Paralyzed Veterans of America-NV<br>704 S Jones<br>Las Vegas NV 89107         | 31-1647467 | 501c3                           |                          | 19,065                           | FMV   | Food                                  | Charitable                         |
| (9) | Parent Citywide<br>5416 Banjo St<br>Las Vegas NV 89107                        | 88-0512271 | 501c3                           |                          | 124,561                          | FMV   | Food                                  | Charitable                         |

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| (1) | <b>Parkdale Recreation Center<br/>3200 Ferndale St<br/>Las Vegas NV 89121</b>                   | <b>30-0396918</b> | <b>501c3</b>                    |                          | <b>8,892</b>                     | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (2) | <b>Prog. Pilgrims Fellowship<br/>PO Box 42666<br/>Las Vegas NV 89116</b>                        | <b>14-1844048</b> | <b>501c3</b>                    |                          | <b>925,737</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (3) | <b>Project Marilyn<br/>6640 W Cheyenne Ave<br/>Las Vegas NV 89108</b>                           | <b>83-3205849</b> | <b>501c3</b>                    |                          | <b>41,339</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (4) | <b>Reach Church Las Vegas<br/>3120 Gnatcatcher Avenue<br/>North Las Vegas NV 89084</b>          | <b>44-0577787</b> | <b>501c3</b>                    |                          | <b>150,813</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (5) | <b>Reconciliation Apostolic Ministries<br/>911 G St<br/>Las Vegas NV 89106</b>                  | <b>88-0351437</b> | <b>501c3</b>                    |                          | <b>304,225</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (6) | <b>Restoration &amp; Recovery Foundation<br/>807 S. Decatur Blvd.<br/>Las Vegas NV 89107</b>    | <b>83-0680688</b> | <b>501c3</b>                    |                          | <b>145,947</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (7) | <b>Restoration Church of God in Christ<br/>3450 W Cheyenne Ave<br/>North Las Vegas NV 89032</b> | <b>81-4232354</b> | <b>501c3</b>                    |                          | <b>243,920</b>                   | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (8) | <b>Royal Outreach Ministry<br/>7381 Prairie Falcon Rd.<br/>Las Vegas NV 89128</b>               | <b>27-3769108</b> | <b>501c3</b>                    |                          | <b>15,802</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (9) | <b>Salvation Army<br/>PO Box 28369<br/>Las Vegas NV 89126</b>                                   | <b>94-1156347</b> | <b>501c3</b>                    | <b>10,433</b>            | <b>1,523,299</b>                 | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |

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| (1) | Sandy Valley Food Sharing<br>777 W. Quartz<br>Sandy Valley NV 89019             | 88-0343296 | 501c3                           | 7,190                    | 354,746                          | FMV   | Food                                  | Charitable                         |
| (2) | Sathya Sai Baba Center<br>3853 Climbing Rose St.<br>Las Vegas NV 89147          | 46-4261275 | 501c3                           |                          | 331,944                          | FMV   | Food                                  | Charitable                         |
| (3) | Second Baptist<br>500 W. Madison<br>Las Vegas NV 89106                          | 13-5563018 | 501c3                           | 1,471                    | 386,919                          | FMV   | Food                                  | Charitable                         |
| (4) | Seek Jesus First Ministries<br>2625 S. Rainbow Blvd #B106<br>Las Vegas NV 89146 | 47-5594104 | 501c3                           | 715                      | 295,923                          | FMV   | Food                                  | Charitable                         |
| (5) | Self Sufficiency Inc<br>3955 E Owens Ste 110<br>Las Vegas NV 89110              | 83-3884874 | 501c3                           |                          | 871,270                          | FMV   | Food                                  | Charitable                         |
| (6) | Senior Center of Boulder City<br>813 Arizona Ave.<br>Boulder City NV 89005      | 94-2928685 | 501c3                           |                          | 17,615                           | FMV   | Food                                  | Charitable                         |
| (7) | Senior Citizens of Searchlight<br>575 S. Hwy 95<br>Searchlight NV 89046         | 94-2451853 | 501c3                           |                          | 18,838                           | FMV   | Food                                  | Charitable                         |
| (8) | Serving Our Kids<br>121 Industrial Park Rd Ste 110<br>Henderson NV 89015        | 30-0747568 | 501c3                           |                          | 101,851                          | FMV   | Food                                  | Charitable                         |
| (9) | Silver State Housing<br>2655 S. Rainbow Blvd.<br>Las Vegas NV 89146             | 88-0438406 | 501c3                           | 768                      | 18,664                           | FMV   | Food                                  | Charitable                         |

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| (1) | Society of St. Stephen<br>6151 W. Charleston Blvd.<br>Las Vegas NV 89146                  | 95-3954544 | 501c3                           |                          | 763,136                          | FMV   | Food                                  | Charitable                         |
| (2) | Society of St. Vincent<br>204 S. Boulder Hwy.<br>Henderson NV 89015                       | 13-5562362 | 501c3                           |                          | 76,339                           | FMV   | Food                                  | Charitable                         |
| (3) | St. Elizabeth Ann Seton Catholic<br>1811 Pueblo Vista Dr.<br>Las Vegas NV 89128           | 53-0196617 | 501c3                           |                          | 106,179                          | FMV   | Food                                  | Charitable                         |
| (4) | St. John Neumann Catholic Ch.<br>2575 W. El Campo Grande Ave.<br>North Las Vegas NV 89031 | 53-0196617 | 501c3                           |                          | 21,093                           | FMV   | Food                                  | Charitable                         |
| (5) | St. Mary's Food Bank<br>2831 N. 31st Ave.<br>Phoenix AZ 85009                             | 23-7353532 | 501c3                           |                          | 217,843                          | FMV   | Food                                  | Charitable                         |
| (6) | St. Paul's Charismatic<br>201 Taylor St<br>Henderson NV 89015                             | 56-2644903 | 501c3                           |                          | 216,448                          | FMV   | Food                                  | Charitable                         |
| (7) | St. Therese HIV Outreach Ctr.<br>PO Box 90625<br>Henderson NV 89009                       | 53-0196617 | 501c3                           | 933                      | 4,725,908                        | FMV   | Food                                  | Charitable                         |
| (8) | StreeHeat Ministries Inc.<br>3925 N. Martin Luther King Blvd<br>North Las Vegas NV 89032  | 27-2116206 | 501c3                           |                          | 14,822                           | FMV   | Food                                  | Charitable                         |
| (9) | TCMI Community<br>5101 N Rainbow Blvd<br>Las Vegas NV 89130                               | 86-1365413 | 501c3                           | 18,014                   | 2,999,978                        | FMV   | Food                                  | Charitable                         |

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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Teen Challenge of Nevada Inc.<br>PO Box 1136<br>Sparks NV 89432                      | 88-0381800 | 501c3                           |                          | 20,007                           | FMV   | Food                                  | Charitable                         |
| (2) | Test Shannon's Pantry<br>12345 Second St<br>Las Vegas NV 89123                       | 30-0396918 | 501c3                           |                          | 16,468                           | FMV   | Food                                  | Charitable                         |
| (3) | The Foundation Christian Center<br>3940 N. MLK Blvd #100<br>North Las Vegas NV 89032 | 47-3097990 | 501c3                           | 90,141                   | 843,732                          | FMV   | Food                                  | Charitable                         |
| (4) | The Jet Foundation<br>4660 S Eastern Ave Ste 204<br>Las Vegas NV 89108               | 84-3016933 | 501c3                           | 13,600                   | 436,596                          | FMV   | Food                                  | Charitable                         |
| (5) | The Just One Project<br>5426 Vegas Dr.<br>Las Vegas NV 89108                         | 47-2348577 | 501c3                           | 733,979                  | 6,680,876                        | FMV   | Food                                  | Charitable                         |
| (6) | The Salvation Army<br>PO Box 348000<br>Sacramento CA 95834                           | 94-1156347 | 501c3                           |                          | 75,745                           | FMV   | Food                                  | Charitable                         |
| (7) | The Shade Tree Inc.<br>1 West Owens<br>North Las Vegas NV 89030                      | 88-0253276 | 501c3                           |                          | 12,407                           | FMV   | Food                                  | Charitable                         |
| (8) | Truth Christian Ministries Int<br>5101 N Rainbow<br>Las Vegas NV 89130               | 20-4490662 | 501c3                           | 7,185                    | 525,729                          | FMV   | Food                                  | Charitable                         |
| (9) | Unitarian Universalist Congregation<br>3616 E. Lake Mead Blvd<br>Las Vegas NV 89115  | 04-2103733 | 501c3                           |                          | 116,944                          | FMV   | Food                                  | Charitable                         |

- 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) (2021)

**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

**2021**

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | <b>United Labor Agency of NV</b><br>1201 N. Decatur Blvd<br>Las Vegas NV 89108       | 88-0344011 | 501c3                           | 591                      | 182,753                          | FMV   | Food                                  | Charitable                         |
| (2) | <b>UNLV</b><br>4505 S. Maryland Pkwy<br>Las Vegas NV 89154                           | 94-2790134 | 501c3                           | 1,125                    | 189,012                          | FMV   | Food                                  | Charitable                         |
| (3) | <b>Utah Food Bank</b><br>3150 S 900 West<br>West Valley City UT 84119                | 87-0212453 | 501c3                           |                          | 171,964                          | FMV   | Food                                  | Charitable                         |
| (4) | <b>Valley Bible Fellowship</b><br>4500 W. Sahara Blvd.<br>Las Vegas NV 89102         | 27-0286845 | 501c3                           | 1,115                    | 179,413                          | FMV   | Food                                  | Charitable                         |
| (5) | <b>Vegas View Community Food Bank</b><br>1906 Glider St.<br>North Las Vegas NV 89030 | 23-7002419 | 501c3                           | 6,000                    | 1,646,178                        | FMV   | Food                                  | Charitable                         |
| (6) | <b>Veteran's Village Pantry</b><br>840 S. Rancho Rd. #4-622<br>Las Vegas NV 89106    | 94-3209791 | 501c3                           | 650                      | 1,783,050                        | FMV   | Food                                  | Charitable                         |
| (7) | <b>Virgin Valley Family Services</b><br>PO Box 1436<br>Mesquite NV 89024             | 88-0464004 | 501c3                           | 14,338                   | 276,404                          | FMV   | Food                                  | Charitable                         |
| (8) | <b>Walter Hoving Home Inc.</b><br>4641 Corral Place<br>Las Vegas NV 89119            | 13-2753267 | 501c3                           |                          | 41,536                           | FMV   | Food                                  | Charitable                         |
| (9) | <b>Westminster Presbyterian</b><br>4601 W. Lake Mead Blvd<br>Las Vegas NV 89108      | 23-6393377 | 501c3                           |                          | 333,167                          | FMV   | Food                                  | Charitable                         |

- 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 ▶

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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.**

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|-------------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | <b>Women in Transition<br/>2525 N Decatur Ste 2 &amp; 3<br/>Las Vegas NV 89108</b>  | <b>90-0438691</b> | <b>501c3</b>                    |                          | <b>92,380</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (2) | <b>Word of Life Christian Center<br/>3520 N. Buffalo Dr.<br/>Las Vegas NV 89129</b> | <b>91-6054380</b> | <b>501c3</b>                    | <b>248</b>               | <b>8,664</b>                     | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (3) | <b>Youth Advocate Program<br/>2535 W. Cheyenne<br/>North Las Vegas NV 89032</b>     | <b>23-1977514</b> | <b>501c3</b>                    |                          | <b>14,361</b>                    | <b>FMV</b>  | <b>Food</b>                           | <b>Charitable</b>                  |
| (4) |   |                   |                                 |                          |                                  |   |                                       |                                    |
| (5) |   |                   |                                 |                          |                                  |   |                                       |                                    |
| (6) |   |                   |                                 |                          |                                  |   |                                       |                                    |
| (7) |   |                   |                                 |                          |                                  |   |                                       |                                    |
| (8) |   |                   |                                 |                          |                                  |   |                                       |                                    |
| (9) |   |                   |                                 |                          |                                  |   |                                       |                                    |

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

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

**Schedule I (Form 990) (2021)**

**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>      |                          | <b>42,479</b>            | <b>9,006,886</b>                 | <b>Ave Cost</b>                                       | <b>Food</b>                           |
| 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**

Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2021, or tax year beginning 07/01/21, and ending 06/30/22

2021

Name of the organization

Three Square

Employer identification number

30-0396918

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.

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Three Square

Employer identification number

30-0396918

Part I Questions Regarding Compensation

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

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, 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 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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, 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?

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)?

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.



**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 and/or 1099-NEC 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 <b>Brian Burton</b><br><b>President &amp; CEO</b> | (i)  | 280,785  | 91,000                              | 0                                   | 19,866   | 8,449                   | 400,100                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 <b>Larry Scott</b><br><b>COO</b>                  | (i)  | 178,079  | 55,000                              | 0                                   | 12,612   | 18,537                  | 264,228                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 <b>Michelle Beck</b><br><b>CDO</b>                | (i)  | 160,079  | 62,000                              | 0                                   | 11,439   | 14,502                  | 248,020                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 <b>Tifani Walker</b><br><b>CFO</b>                | (i)  | 144,591  | 50,000                              | 0                                   | 9,370  | 7,958                   | 211,919                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 <b>Jodi Tyson</b><br><b>VP Strat Initiatives</b>  | (i)  | 141,591  | 46,000                              | 0                                   | 10,062   | 1,826                   | 199,479                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 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 L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ 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

**2021**

Open To Public Inspection

Employer identification number

30-0396918

Three Square

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1            | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the org.? |      | (e) Original principal amount | (f) Balance due | (g) In default?      |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|--------------|-------------------------------|------------------------------------|---------------------|-------------------------------|------|-------------------------------|-----------------|----------------------|----|-------------------------------------|----|------------------------|----|
|              |                               |                                    |                     | To                            | From |                               |                 | Yes                  | No | Yes                                 | No | Yes                    | No |
|              |                               |                                    |                     | Due from TSPG                 |      |                               |                 | Support Organization |    |                                     |    |                        |    |
| (1)          | NMTC                          |                                    |                     |                               | X    | 7,635,100                     | 18,294,557      |                      |    | X                                   | X  |                        | X  |
| Due to TSPG  |                               | Support Organization               |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (2)          | NMTC                          |                                    |                     | X                             |      | 7,635,100                     | 7,635,100       |                      |    | X                                   | X  |                        | X  |
| (3)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (4)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (5)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (6)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (7)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (8)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (9)          |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| (10)         |                               |                                    |                     |                               |      |                               |                 |                      |    |                                     |    |                        |    |
| <b>Total</b> |                               |                                    |                     |                               |      |                               | ▶ \$            | 25,929,657           |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| 1    | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)  |                               |   |                          |                        |                           |
| (2)  |                               |   |                          |                        |                           |
| (3)  |                               |   |                          |                        |                           |
| (4)  |                               |   |                          |                        |                           |
| (5)  |                               |   |                          |                        |                           |
| (6)  |                               |   |                          |                        |                           |
| (7)  |                               |   |                          |                        |                           |
| (8)  |                               |   |                          |                        |                           |
| (9)  |                               |   |                          |                        |                           |
| (10) |                               |   |                          |                        |                           |



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Three Square

30-0396918

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Real estate, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

**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 42,637,263 pounds of food, which was valued at \$77,526,227.**

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**Three Square**

Employer identification number

**30-0396918**

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

Three Square's mission is to provide wholesome food to hungry people, while passionately pursuing a hunger free community. Three Square serves Clark, Lincoln, Esmeralda, and Nye Counties in Southern Nevada and is a member of the Feeding America national network of food banks.

During the COVID-19 pandemic, Southern Nevada experienced a dramatic increase in food insecurity, which Three Square answered by increasing distributions to fulfill the need. During the fiscal year ending June 30, 2022, normal food bank operations resumed, including childhood nutrition programs that were suspended while schools were closed. Three Square distributed food and grocery products through mobile food distributions, our agency partners and programs such as the Senior Hunger Program and grocery rescue program. Additionally, Three Square assisted individuals in receiving food assistance through our SNAP Outreach program.

Three Square is supported by the community. Our ability to serve Southern Nevada today and in the future is made possible by the ongoing and generous support of our donors, partners, and volunteers.

**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.

Name of the organization

Employer identification number

Three Square

30-0396918

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 upon entrance into the organization.

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. Financial statements are also printed in Three Square's annual report.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ 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

**2021**

**Open to Public  
Inspection**

**Three Square**

Employer identification number

**30-0396918**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) <b>Three Square Plan Giving</b><br>4190 N Pecos Rd 84-3906805<br>Las Vegas NV 89115 | Charitable              | NV   | 501c3                      | 12c   | Three Squa                       | X  |    |
| (2) .....   |                         |  |                            |   |                                  |  |    |
| (3) .....   |                         |  |                            |   |                                  |  |    |
| (4) .....   |                         |  |                            |   |                                  |  |    |
| (5) .....   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate alloc.? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |                             |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   | X   |    |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   | X   |    |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) <b>Three Square Plan Giving</b> | <b>r</b>                      | <b>199,294</b>         | <b>NMTC interest payment</b>                 |
| (2) <b>Three Square Plan Giving</b> | <b>o</b>                      | <b>483,001</b>         | <b>Wages</b>                                 |
| (3) <b>Three Square Plan Giving</b> | <b>d</b>                      | <b>18,294,557</b>      | <b>NMTC receivable</b>                       |
| (4) <b>Three Square Plan Giving</b> | <b>e</b>                      | <b>25,375,882</b>      | <b>NMTC payable</b>                          |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**Schedule R - Additional Information**

The specific purpose of Three Square Plan Giving is to perform the charitable functions of and carry out the charitable purposes of Three Square, including, without limitation, facilitating and administering estate gifts and donations of food, funds, and other products distributed by Three Square.

**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u>       | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|--------------------|---------------------|---------------------------|-----------------------|--------------------|-------------------------------|-------------------------|
| Interest income    | \$ 2,995,800        |                           | 14                    |                    |                               |                         |
| Total              | <u>\$ 2,995,800</u> |                           |                       |                    |                               |                         |

# Federal Statements

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

| <u>Description</u>      | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management &amp; General</u> | <u>Fund Raising</u> |
|-------------------------|-----------------------|------------------------|---------------------------------|---------------------|
| Other professional fees | \$ 324,873            | \$ 179,604             | \$ 145,269                      | \$                  |
| Total                   | <u>\$ 324,873</u>     | <u>\$ 179,604</u>      | <u>\$ 145,269</u>               | <u>\$ 0</u>         |

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

| Description       | Amount               |
|-------------------|----------------------|
| PPP               | \$ 22,760,848        |
| In-Kind Food      | 1,100,000            |
| In-Kind Donations | 58,811,983           |
| Donations         | 515,151              |
| Total             | 15,087,766           |
|                   | \$ <u>98,275,748</u> |



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

| <u>Donor Name</u> | <u>Total</u>          | <u>Excess</u>        |
|-------------------|-----------------------|----------------------|
| Niagra Water      | \$ 5,564,417          | \$                   |
| Anonymous         | 81,600,000            | 69,133,667           |
| Peri & Sons Farms | 2,506,009             |                      |
| Mackenzie Scott   | 25,000,000            | 12,533,667           |
| Get Fresh         | 13,103,369            | 637,036              |
| Sunterra          | 4,603,414             |                      |
| LDS/Utah BCS      | 7,204,904             |                      |
| Amazon            | 5,366,198             |                      |
| Sam's Club        | 1,970,248             |                      |
| Total             | <u>\$ 146,918,559</u> | <u>\$ 82,304,370</u> |

# Federal Statements

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

| Description     | Amount       |
|-----------------|--------------|
| Interest income | \$ 2,995,800 |
| Total           | \$ 2,995,800 |

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

| Description | Amount |
|-------------|--------|
| Catering    | \$     |
| Total       | \$ 0   |

## Schedule A, Part II, Line 10(e)

| Description  | Amount     |
|--------------|------------|
| Other income | \$ 110,927 |
| Total        | \$ 110,927 |

## Schedule A, Part II, Line 12 - Current year

| Description             | Amount       |
|-------------------------|--------------|
| Shared maintenance fees | \$ 1,180,286 |
| Total                   | \$ 1,180,286 |