Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 **, and ending** 06/30/25

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

C Name of organization
THREE SQUARE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4190 N. PECOS ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAS VEGAS NV 89115

D Employer identification number
30-0396918

E Telephone number
702-644-3663

G Gross receipts $ 133,739,775

F Name and address of principal officer:
BETH MARTINO
4190 N. PECOS ROAD
LAS VEGAS NV 89115

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.THREESQUARE.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2006

M State of legal domicile: NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THREE SQUARE'S MISSION IS TO PROVIDE WHOLESOME FOOD TO HUNGRY PEOPLE, WHILE PASSIONATELY PURSUING A HUNGER FREE COMMUNITY.

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	182
	6 Total number of volunteers (estimate if necessary)	6	13421
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	91,819,279	82,544,746
	9 Program service revenue (Part VIII, line 2g)	576,951	617,597
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,063,332	6,429,568
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,213	85,848
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,461,775	89,677,759
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	85,244,858	80,253,507
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,215,477	10,061,453
	16a Professional fundraising fees (Part IX, column (A), line 11e)	915,256	945,647
	b Total fundraising expenses (Part IX, column (D), line 25) 3,526,460		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,222,786	7,635,605
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	102,598,377	98,896,212
	19 Revenue less expenses. Subtract line 18 from line 12	-5,136,602	-9,218,453

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	178,925,360	178,135,585
	21 Total liabilities (Part X, line 26)	33,203,780	34,405,853
	22 Net assets or fund balances. Subtract line 21 from line 20	145,721,580	143,729,732

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

BETH MARTINO PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA P SAYLES	JESSICA P SAYLES	11/18/25		P01530213

Firm's name HOULDSWORTH, RUSSO & COMPANY, P.C — Firm's EIN 88-0374623
Firm's address 6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074 — Phone no. 702-269-9992

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2024)

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 $ **92,726,404** including grants of $ **80,253,507**) (Revenue $ **617,597**)

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 **92,726,404**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	26	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 182			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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.

[X] Own website [ ] Another's website [X] 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.

MICHELLE ECKMANN **4190 N. PECOS ROAD**

LAS VEGAS **NV 89115** **702-644-3663**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **BETH MARTINO**	40.00									
PRESIDENT & CEO	0.00			X				337,211	0	23,131
(2) **MICHELLE BECK**	40.00									
CDO	0.00				X			270,416	0	45,617
(3) **TIFANI WALKER**	39.00									
CFO- THRU 05/2025	1.00			X				224,196	0	26,911
(4) **MICHELLE ECKMANN**	39.00									
CFO- BEG 06/2025	1.00			X				0	0	0
(5) **LISA SEGLER**	40.00									
CHIEF STRATEGY OFF	0.00			X				200,780	0	46,858
(6) **EDMUND WONG**	40.00									
COO	0.00			X				202,167	0	31,672
(7) **JOSEPH HAM**	40.00									
DIR OF MARKETING	0.00					X		127,620	0	30,524
(8) **MAURICE JOHNSON**	40.00									
DIR OF OPERATIONS	0.00					X		127,110	0	21,652
(9) **MELISSA SURRAN**	40.00									
DIR OF FINANCE	0.00					X		130,532	0	16,311
(10) **VALERIE KIMBALL**	40.00									
DIR OF HR	0.00					X		115,453	0	13,460
(11) **TARA NERIDA**	40.00									
DIRECTOR OF PROGRAMS	0.00					X		106,685	0	21,282

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CAMI CHRISTENSEN										
(12)	2.00									
BOARD CHAIR	0.00	X		X				0	0	0
(13) DON ROSS										
(13)	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(14) FRANK STANBROUGH										
(14)	2.00									
SECRETARY	0.00	X		X				0	0	0
(15) DAVID GARCIA										
(15)	2.00									
TREASURER	0.00	X		X				0	0	0
(16) ERIC ALDRIAN										
(16)	2.00									
DIRECTOR	0.00	X						0	0	0
(17) BRIAN AYALA										
(17)	2.00									
DIRECTOR	0.00	X						0	0	0
(18) DIANA BENNETT										
(18)	2.00									
DIRECTOR	0.00	X						0	0	0
(19) MICHAEL BRITT										
(19)	2.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								1,842,170		277,418
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,842,170		277,418

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 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RKD GROUP, LLC PO BOX 843595 DALLAS TX 75284	FUNDRAISING	988,813
HEALTH PLAN OF NEVADA PO BOX 749546 LOS ANGELES CA 90051	INSURANCE	963,978
TCI TRANSPORTATION CONCEPTS DEPT LA 25100 PASADENA CA 91109	TRANSPORTATION	554,906
TEC LAS VEGAS PO BOX 743076 LOS ANGELES CA 90074	VEHICLE LEASE	441,027
SOUTHLAND INDUSTRIES 4765 CAMERON STREET LAS VEGAS NV 89103	HVAC REPAIRS	416,717

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 14

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	28,139,275				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,405,471				
	g Noncash contributions included in lines 1a-1f	1g	$ 63,896,655				
	h **Total.** Add lines 1a–1f			82,544,746			
Program Service Revenue			Business Code				
	2a PROCEEDS FROM FOOD PURCHASED		541900	617,597	617,597		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			617,597			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,809,686			3,809,686
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	46,681,898				
	b Less: cost or other basis and sales exps.	7b	44,062,016				
	c Gain or (loss)	7c	2,619,882				
	d Net gain or (loss)			2,619,882	2,619,882		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a OTHER INCOME		812900	85,848			85,848
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			85,848			
	12 **Total revenue.** See instructions			89,677,759	3,237,479	0	3,895,534

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	80,253,507	80,253,507		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,287,376	455,388	401,211	430,777
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,033,091	5,474,210	450,403	1,108,478
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,230	111,908		15,322
9 Other employee benefits	916,857	675,616	80,220	161,021
10 Payroll taxes	696,899	499,880	69,346	127,673
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	63,300		63,300	
d Lobbying	16,201		16,201	
e Professional fundraising services. See Part IV, line 17	945,647			945,647
f Investment management fees	428,040		428,040	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,041,968	567,883	474,085	
12 Advertising and promotion	17,308	15,050		2,258
13 Office expenses	511,976	178,180	15,098	318,698
14 Information technology	179,562	105,299	40,907	33,356
15 Royalties				
16 Occupancy	1,348,684	1,058,630	31,227	258,827
17 Travel	1,080,608	1,061,419	12,349	6,840
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,164	10,769	10,435	12,960
20 Interest	600,173	126,232	473,941	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,686,812	1,553,307	40,000	93,505
23 Insurance	291,814	279,003	3,817	8,994
24 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.)				
a PROGRAM MATERIALS	282,440	281,770		670
b DUES AND SUBSCRIPTIONS	44,709	18,353	24,922	1,434
c CREDIT LOSS	7,846		7,846	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	98,896,212	92,726,404	2,643,348	3,526,460
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,913,061	1	1,705,218
	2	Savings and temporary cash investments	1,340,427	2	1,432,092
	3	Pledges and grants receivable, net	1,276,734	3	1,340,339
	4	Accounts receivable, net	64,154	4	35,733
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	18,294,809	6	18,294,988
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,175,665	8	3,521,483
	9	Prepaid expenses and deferred charges	446,491	9	333,035
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 32,345,186			
	b	Less: accumulated depreciation — 10b: 12,602,490	21,623,166	10c	19,742,696
	11	Investments—publicly traded securities	129,134,526	11	130,329,507
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	656,327	14	425,167
	15	Other assets. See Part IV, line 11		15	975,327
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	178,925,360	16	178,135,585
Liabilities	17	Accounts payable and accrued expenses	1,686,331	17	2,807,216
	18	Grants payable		18	
	19	Deferred revenue	6,233	19	5,631
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	22	7,635,100
	23	Secured mortgages and notes payable to unrelated third parties	19,040,199	23	18,652,336
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,835,917	25	5,305,570
	26	**Total liabilities.** Add lines 17 through 25	33,203,780	26	34,405,853
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	63,850,469	27	58,567,822
	28	Net assets with donor restrictions	81,871,111	28	85,161,910
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	145,721,580	32	143,729,732
	33	Total liabilities and net assets/fund balances	178,925,360	33	178,135,585

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,677,759
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,896,212
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,218,453
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	145,721,580
5	Net unrealized gains (losses) on investments	5	7,226,605
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	143,729,732

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MICHAEL CHRISTOPHERSON	2.00									
(12) DIRECTOR	0.00	X						0	0	0
(21) RICHARD T. CRAWFORD	2.00									
(13) DIRECTOR	0.00	X						0	0	0
(22) BRANDON W. DOLL	2.00									
(14) DIRECTOR	0.00	X						0	0	0
(23) SHAWN GERSTENBERGER	2.00									
(15) DIRECTOR	0.00	X						0	0	0
(24) BILL HORNBUCKLE	2.00									
(16) DIRECTOR	0.00	X						0	0	0
(25) RYANN JUDEN	2.00									
(17) DIRECTOR	0.00	X						0	0	0
(26) ANITA ROMERO	2.00									
(18) DIRECTOR	0.00	X						0	0	0
(27) RACHEL SHIFFRIN	2.00									
(19) DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) MARIE STEELE										
(12)	2.00									
DIRECTOR	0.00	X						0	0	0
(29) FRANK WOODBECK										
(13)	2.00									
DIRECTOR	0.00	X						0	0	0
(30) AL WELCH										
(14)	2.00									
DIRECTOR	0.00	X						0	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	221,102,294	98,275,748	80,354,999	91,819,279	82,544,746	574,097,066
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	221,102,294	98,275,748	80,354,999	91,819,279	82,544,746	574,097,066
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						66,754,696
6 **Public support.** Subtract line 5 from line 4						507,342,370

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	221,102,294	98,275,748	80,354,999	91,819,279	82,544,746	574,097,066
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,368,211	2,995,800	3,121,441	3,536,920	3,809,686	14,832,058
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,346	110,927	7,107	2,213	85,848	215,441
11 **Total support.** Add lines 7 through 10						589,144,565
12 Gross receipts from related activities, etc. (see instructions)					12	4,263,191

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

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	86.12 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	87.40 %

16a **33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

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

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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	**$ 129,593**

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
THREE SQUARE	30-0396918

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ..... $

3 Volunteer hours for political campaign activities. See instructions .....

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	16,201	
c Total lobbying expenditures (add lines 1a and 1b)	16,201	
d Other exempt purpose expenditures	92,726,404	
e Total exempt purpose expenditures (add lines 1c and 1d)	92,742,605	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures		7,131	4,557	16,201	27,889
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				0	

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING
THREE SQUARE IS NOT A PART OF ANY AFFILIATED GROUP WHICH WOULD REQUIRE DISCLOSURE ON THE FORM 990. ALL EXPENDITURES RELATED TO LOBBYING DURING THE FY 2021 ARE CONSIDERED "DIRECT" RATHER THAN "GRASSROOTS".

SCHEDULE C, PART II-B, LINE 1
GENERAL LOBBYING ON BEHALF OF FOOD INSECURITY IN NEVADA.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

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

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

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $

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

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

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in 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	83,160,930	78,782,593	76,474,533	85,019,956	14,700,657
b Contributions					62,000,000
c Net investment earnings, gains, and losses	8,639,316	7,238,337	5,858,060	-8,041,679	8,319,299
d Grants or scholarships					
e Other expenditures for facilities and programs	5,295,000	2,860,000	3,550,000	503,744	
f Administrative expenses					
g End of year balance	86,505,246	83,160,930	78,782,593	76,474,533	85,019,956

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

- **a** Board designated or quasi-endowment 6.50 %
- **b** Permanent endowment 2.31 %
- **c** Term endowment 91.19 %

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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		26,187,511	9,048,283	17,139,228
c Leasehold improvements				
d Equipment		4,197,722	3,554,207	643,515
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				19,742,696

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TSPG PAYABLE	5,305,570
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,305,570

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.

1	Total revenue, gains, and other support per audited financial statements			1	96,609,136
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,226,605		
b	Donated services and use of facilities	2b	4,410		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	128,402		
e	Add lines 2a through 2d			2e	7,359,417
3	Subtract line 2e from line 1			3	89,249,719
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,040		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	428,040
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	89,677,759

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

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

1	Total expenses and losses per audited financial statements			1	98,600,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	4,410		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	128,402		
e	Add lines 2a through 2d			2e	132,812
3	Subtract line 2e from line 1			3	98,468,172
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,040		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	428,040
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	98,896,212

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
ENDOWMENTS ARE INTENDED TO FUND OPERATIONS ON AN ON-GOING BASIS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
LOSS ON DISPOSAL OF ASSETS $ 128,402

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
LOSS ON DISPOSAL OF ASSETS $ 128,402

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

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

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

b If "Yes," list the 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	RKD GROUP LLC 8001 S 13TH ST LINCOLN NE 68512	FUNDRAISE		X	3,783,611	945,647	2,837,964
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					3,783,611	945,647	2,837,964

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

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

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

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

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 tha 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 GROUP LLC
FEES PAID TO FUNDRAISER

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ 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) FISH INCORPORATED P.O. BOX 363008 NORTH LAS VEGAS NV 89036	88-6021870	3		518,436	FMV	FOOD	CHARITABLE
(2) LAS VEGAS RESCUE MISSION 480 W. BONANZA RD. LAS VEGAS NV 89106	23-7222330	3		373,498	FMV	FOOD	CHARITABLE
(3) EAST VALLEY FAMILY SERVICES 1830 E. SAHARA AVE. STE 103 LAS VEGAS NV 89104	90-0183363	3		385,828	FMV	FOOD	CHARITABLE
(4) EPICENTER ON THE PARKWAY 2000 S. MARYLAND PKWY., STE. 2 LAS VEGAS NV 89104	20-1943208	3		13,838	FMV	FOOD	CHARITABLE
(5) EMERGENCY AID OF BOULDER CITY, INC. PO BOX 60673 BOULDER CITY NV 89006	94-2772532	3		429,057	FMV	FOOD	CHARITABLE
(6) FIRST AFRICAN METHODIST EPISCOPAL C 2446 REVERE STREET NORTH LAS VEGAS NV 89030	88-0390053	3		1,648,932	FMV	FOOD	CHARITABLE
(7) GIVING LIFE MINISTRIES 416 PERLITE WAY HENDERSON NV 89015	88-0245919	3		258,128	FMV	FOOD	CHARITABLE
(8) LUTHERAN SOCIAL SERVICES OF NEVADA 4323 BOULDER HWY LAS VEGAS NV 89121	86-0845241	3		1,566,825	FMV	FOOD	CHARITABLE
(9) PROGRESSIVE PILGRIMS FELLOWSHIP BAP PO BOX 42666 LAS VEGAS NV 89116	14-1844048	3		687,952	FMV	FOOD	CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 121

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

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ 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) SECOND BAPTIST CHURCH 500 W. MADISON LAS VEGAS NV 89106	13-5563018	3		786,907	FMV	FOOD	CHARITABLE
(2) SENIOR CENTER OF BOULDER CITY 813 ARIZONA AVE. BOULDER CITY NV 89005	94-2928685	3		23,953	FMV	FOOD	CHARITABLE
(3) NORTHWEST COMMUNITY CHURCH UNITED C 101 S. RANCHO DR. LAS VEGAS NV 89106	95-6134975	3		76,194	FMV	FOOD	CHARITABLE
(4) HOPELINK OF SOUTHERN NEVADA 178 WESTMINSTER WAY HENDERSON NV 89015	94-3202139	3		64,140	FMV	FOOD	CHARITABLE
(5) HELPING HANDS OF VEGAS VALLEY INC. 3640 N. 5TH ST. STE 130 NORTH LAS VEGAS NV 89032	88-0466726	3		1,299,121	FMV	FOOD	CHARITABLE
(6) INTERNATIONAL CHURCH OF LAS VEGAS 8100 WESTCLIFF DR LAS VEGAS NV 89145	88-0233607	3		2,424,594	FMV	FOOD	CHARITABLE
(7) HELP OF SOUTHERN NEVADA 1640 EAST FLAMINGO RD. #100 LAS VEGAS NV 89119	88-0108496	3		81,252	FMV	FOOD	CHARITABLE
(8) HOPE FOR THE CITY 1001 NEW BEGINNINGS DR. HENDERSON NV 89011	85-1139495	3		3,440,158	FMV	FOOD	CHARITABLE
(9) CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BOULEVARD NORTH LAS VEGAS NV 89101	88-0059425	3		4,075,524	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ 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) SALVATION ARMY PO BOX 28369 LAS VEGAS NV 89126	94-1156347	3		1,966,130	FMV	FOOD	CHARITABLE
(2) UNITED LABOR AGENCY OF NEVADA INC. 1201 N. DECATUR BLVD LAS VEGAS NV 89108	88-0344011	3		110,382	FMV	FOOD	CHARITABLE
(3) COVENANT OF LOVE 1100 N. MARTIN LUTHER KING BLV LAS VEGAS NV 89106	01-0868265	3		24,317	FMV	FOOD	CHARITABLE
(4) JEWISH FAMILY SERVICE AGENCY 5851 W CHARLESTON BLVD. LAS VEGAS NV 89146	88-0142948	3	8,190	1,084,052	FMV	FOOD	CHARITABLE
(5) WESTMINSTER PRESBYTERIAN CHURCH 4601 W. LAKE MEAD BLVD LAS VEGAS NV 89108	23-6393377	3		826,108	FMV	FOOD	CHARITABLE
(6) PARADISE SEVENTH DAY ADVENTIST CHUR 4575 SANDHILL RD. LAS VEGAS NV 89121	52-0643036	3		180,080	FMV	FOOD	CHARITABLE
(7) VIRGIN VALLEY FAMILY SERVICES INC. PO BOX 1436 MESQUITE NV 89024	88-0464004	3		517,132	FMV	FOOD	CHARITABLE
(8) SANDY VALLEY FOOD SHARING PROGRAM 777 W. QUARTZ SANDY VALLEY NV 89019	88-0343296	3		497,940	FMV	FOOD	CHARITABLE
(9) VEGAS VIEW COMMUNITY FOOD BANK 1906 GLIDER ST. NORTH LAS VEGAS NV 89030	23-7002419	3		2,158,927	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

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(1) SOCIETY OF ST. STEPHEN 6151 W. CHARLESTON BLVD. LAS VEGAS NV 89146	88-0092675	3		818,829	FMV	FOOD	CHARITABLE
(2) DELIVERANCE TEMPLE COGIC 1285 MILLER AVE. LAS VEGAS NV 89106	81-1809682	3		152,910	FMV	FOOD	CHARITABLE
(3) COLORADO RIVER FOOD BANK 240 E. LAUGHLIN CIVIC DR. LAUGHLIN NV 89029	88-0345703	3		398,761	FMV	FOOD	CHARITABLE
(4) LORD OF HARVEST 5818 SPRING MOUNTAIN RD. LAS VEGAS NV 89146	44-0577787	3		474,506	FMV	FOOD	CHARITABLE
(5) CENTRO DE ADORACION FAMILIAR CAF 2010 HAREN DR HENDERSON NV 89011	54-2158603	3		1,686,395	FMV	FOOD	CHARITABLE
(6) VALLEY BIBLE FELLOWSHIP OF LAS VEGA 4500 W. SAHARA BLVD. LAS VEGAS NV 89102	27-0286845	3		200,888	FMV	FOOD	CHARITABLE
(7) GRACE AND MERCY HUMAN SERVICES INC. 1437 BLANKENSHIP AVE. LAS VEGAS NV 89106	43-2099408	3		47,384	FMV	FOOD	CHARITABLE
(8) NEW ANTIOCH CHRISTIAN FELLOWSHIP (N 610 BELROSE ST LAS VEGAS NV 89107	88-0510687	3		744,155	FMV	FOOD	CHARITABLE
(9) SOCIETY OF ST. VINCENT DE PAUL 722 S. BOULDER HWY. HENDERSON NV 89015	86-1159899	3		349,895	FMV	FOOD	CHARITABLE

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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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(1) IGLESIA EVANGELICA PENTECOLSTAL CAS 3012 EAST SAINT LOUIS AVE. LAS VEGAS NV 89104	38-3748684	3		44,798	FMV	FOOD	CHARITABLE
(2) MY FATHER'S HOUSE 3910 E. PATRICK LN. LAS VEGAS NV 89120	94-2674987	3		78,212	FMV	FOOD	CHARITABLE
(3) WORD ALIVE CHURCH INC. 2412 TAM DR. LAS VEGAS NV 89102	91-2005503	3		987,132	FMV	FOOD	CHARITABLE
(4) CALIENTE SENIOR CITIZENS INC. PO BOX 322 CALIENTE NV 89008	94-3015900	3		267,753	FMV	FOOD	CHARITABLE
(5) MOMENTS OF BLESSINGS HOUSE OF PRAYE 5225 MEIKLE LN. LAS VEGAS NV 89156	42-1549597	3		1,279,731	FMV	FOOD	CHARITABLE
(6) MARANATHA SPANISH SDA PO BOX 336658 NORTH LAS VEGAS NV 89033	88-0066557	3		735,899	FMV	FOOD	CHARITABLE
(7) PAHRUMP FOURSQUARE CHURCH 2190 N. BLAGG RD. PAHRUMP NV 89060	94-3189507	3		143,772	FMV	FOOD	CHARITABLE
(8) FIRST BAPTIST CHURCH OF LAS VEGAS 4400 OAKEY BLVD. LAS VEGAS NV 89102	62-0535346	3		488,694	FMV	FOOD	CHARITABLE
(9) PAHRUMP 2 FOURSQUARE CHURCH 781 WEST ST. PAHRUMP NV 89048	95-1684062	3		1,157,163	FMV	FOOD	CHARITABLE

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SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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(1) MACEDONIA OUTREACH SOCIAL ENRICHMEN 2600 CLAYTON ST. NORTH LAS VEGAS NV 89032	26-1201390	3		1,313,992	FMV	FOOD	CHARITABLE
(2) CORNERSTONE CHRISTIAN FELLOWSHIP 5825 ELDORA ST. LAS VEGAS NV 89146	95-1684062	3		12,533	FMV	FOOD	CHARITABLE
(3) F.Y.E.C. DEVELOPMENT CTR PO BOX 270984 LAS VEGAS NV 89127	27-0297752	3		18,989	FMV	FOOD	CHARITABLE
(4) HELP USA 640 MCKNIGHT ST. LAS VEGAS NV 89101	13-4075747	3		5,725	FMV	FOOD	CHARITABLE
(5) BLOOD OF THE LAMB COMMUNITY MINISTR 1103 N. NELLIS BLVD. LAS VEGAS NV 89110	88-0417814	3		1,494,416	FMV	FOOD	CHARITABLE
(6) IGLESIA INTERNACIONAL DE LAS VEGAS 501 NORTH MOJAVE ROAD LAS VEGAS NV 89101	20-0692977	3		184,999	FMV	FOOD	CHARITABLE
(7) THE MOST HIGH CHURCH OF GOD IN CHRI 5812 RIPPLE CREEK NORTH LAS VEGAS NV 89031	23-7002419	3		126,047	FMV	FOOD	CHARITABLE
(8) SENIOR CITIZENS OF SEARCHLIGHT 575 S. HWY 95 SEARCHLIGHT NV 89046	94-2451853	3		18,221	FMV	FOOD	CHARITABLE
(9) SILVER STATE HOUSING 2655 S. RAINBOW BLVD. LAS VEGAS NV 89146	88-0438406	3		26,329	FMV	FOOD	CHARITABLE

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SCHEDULE I (Form 990)

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Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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(1) OASIS OUTREACH & WORSHIP CENTER P.O. BOX 1150 PAHRUMP NV 89041	88-0066557	3		234,394	FMV	FOOD	CHARITABLE
(2) NEW BEGINNINGS MINISTRIES INC 2314 E CHEYENNE AVE. NORTH LAS VEGAS NV 89030	27-3552881	3		1,514,194	FMV	FOOD	CHARITABLE
(3) NEVADA HAND, INC. 295 E. WARM SPRINGS RD. STE101 LAS VEGAS NV 89119	84-1247057	3		528,215	FMV	FOOD	CHARITABLE
(4) THE GOSPEL LIGHTHOUSE CHURCH 6050 S PECOS RD. LAS VEGAS NV 89120	88-0268938	3		1,165,748	FMV	FOOD	CHARITABLE
(5) FREEDOM HOUSE SOBER LIVING INC 3852 PALOS VERDES ST. LAS VEGAS NV 89119	27-3493596	3		38,957	FMV	FOOD	CHARITABLE
(6) BOULDER CITY FOURSQUARE CHURCH PO BOX 60215 BOULDER CITY NV 89006	95-1684062	3		54,497	FMV	FOOD	CHARITABLE
(7) SHARE SUPPORTIVE HOUSING AND RESOUR 840 S. RANCHO RD. #4-622 LAS VEGAS NV 89106	94-3209791	3		302,394	FMV	FOOD	CHARITABLE
(8) GAY AND LESBIAN COMMUNITY CENTER 401 S. MARYLAND PKWY. LAS VEGAS NV 89101	94-3192750	3		400,594	FMV	FOOD	CHARITABLE
(9) FOUNTAIN OF HOPE AME CHURCH OF HEND 2955 E. RUSSELL RD. LAS VEGAS NV 89120	81-0578416	3		77,175	FMV	FOOD	CHARITABLE

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(1) REGIONAL FOOD BANK OF OKLAHOMA 3355 S. PURDUE AVE. OKLAHOMA CITY OK 73137	73-1100380	3		40,014	FMV	FOOD	CHARITABLE
(2) EPIC CHURCH 8425 WEST WINDMILL LANE LAS VEGAS NV 89113	44-0577787	3		557,304	FMV	FOOD	CHARITABLE
(3) CHRIST AMBASSADORS CHURCH INC. 2270 LOSEE RD NORTH LAS VEGAS NV 89030	45-3839346	3		38,934	FMV	FOOD	CHARITABLE
(4) HOUSTON FOOD BANK 535 PORTWALL ST. HOUSTON TX 77029	74-2181456	3		33,562	FMV	FOOD	CHARITABLE
(5) ST. ELIZABETH ANN SETON ROMAN CATHO 1811 PUEBLO VISTA DR. LAS VEGAS NV 89128	53-0196617	3		94,620	FMV	FOOD	CHARITABLE
(6) BALM OF GILEAD GLOBAL MINISTRIES, I PO BOX 73245 LAS VEGAS NV 89170	73-6109354	3		465,992	FMV	FOOD	CHARITABLE
(7) COORDINATED LIVING OF SOUTHERN NEVA 6021 S. FORT APACHE RD. LAS VEGAS NV 89148	46-1525782	3		1,031,526	FMV	FOOD	CHARITABLE
(8) THE FOUNDATION CHRISTIAN CENTER 3940 N. MLK BLVD #100 NORTH LAS VEGAS NV 89032	47-3097990	3		854,575	FMV	FOOD	CHARITABLE
(9) BLIND CENTER OF NEVADA 1001 N. BRUCE ST. LAS VEGAS NV 89101	88-6005096	3		23,938	FMV	FOOD	CHARITABLE

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SCHEDULE I (Form 990)

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(1) LIGHTHOUSE CHARITIES INC. 3435 W. CHEYENNE BLVD. NORTH LAS VEGAS NV 89032	47-5623629	3	125,146	838,413	FMV	FOOD	CHARITABLE
(2) PARALYZED VETERANS OF AMERICA - NEV 704 S. JONES BLVD. LAS VEGAS NV 89107	31-1647467	3		14,719	FMV	FOOD	CHARITABLE
(3) JOY DIVINE COMMUNITY CHURCH 151 HUMAHUCCA ST., UNIT 6 PAHRUMP NV 89060	26-4691118	3	12,180	301,406	FMV	FOOD	CHARITABLE
(4) THE JUST ONE PROJECT 1401 N DECATUR BLVD, SUITE 35 LAS VEGAS NV 89108	47-2348577	3	345,307	4,857,768	FMV	FOOD	CHARITABLE
(5) BEATTY BAPTIST CHURCH 1501 NV-374 BEATTY NV 89003	86-0878533	3		129,874	FMV	FOOD	CHARITABLE
(6) AMARGOSA SENIORS INC. 880 E. DESERT SENIOR LN AMARGOSA VALLEY NV 89020	81-2685236	3		149,251	FMV	FOOD	CHARITABLE
(7) IGLESIA BERACA 1405 S EASTERN AVE LAS VEGAS NV 89104	81-1811752	3		108,109	FMV	FOOD	CHARITABLE
(8) CITY IMPACT FOUNDATION 928 EAST SAHARA LAS VEGAS NV 89104	26-2216119	3		2,016,355	FMV	FOOD	CHARITABLE
(9) LIFE CHANGE OUTREACH CENTER 1030 J ST. LAS VEGAS NV 89106	45-3033641	3		515,267	FMV	FOOD	CHARITABLE

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(1) NEW PARADISE BAPTIST CHURCH 2187 N. WALNUT ROAD LAS VEGAS NV 89115	47-5322822	3		907,017	FMV	FOOD	CHARITABLE
(2) SEEK JESUS FIRST MINISTRIES 2625 S. RAINBOW BLVD #B106 LAS VEGAS NV 89146	47-5594104	3		420,518	FMV	FOOD	CHARITABLE
(3) HOME SWEET HOME 3925 N. MARTIN LUTHER KING STE. 208 NORTH LAS VEGAS NV 89032	36-4867719	3		114,986	FMV	FOOD	CHARITABLE
(4) HELPING HANDS OF HENDERSON 95 S ARROYO GRANDE BLVD HENDERSON NV 89012	94-1196203	3	558,060	83,934	FMV	FOOD	CHARITABLE
(5) FIRST PERSON CARE CLINIC 1200 S. FOURTH ST. SUITE #111 LAS VEGAS NV 89104	46-2155118	3		6,326	FMV	FOOD	CHARITABLE
(6) ECONOMIC OPPORTUNITY BOARD OF CLARK 2420 N. MARTIN LUTHER KING JR. BLV NORTH LAS VEGAS NV 89032	88-0096051	3		87,662	FMV	FOOD	CHARITABLE
(7) STREEHEAT MINISTRIES INC. 3925 N. MARTIN LUTHER KING BLVD NORTH LAS VEGAS NV 89032	27-2116206	3		253,138	FMV	FOOD	CHARITABLE
(8) RESTORATION & RECOVERY FOUNDATION 7495 W AZURE DR #246 LAS VEGAS NV 89130	83-0680688	3		820,943	FMV	FOOD	CHARITABLE
(9) UNITARIAN UNIVERSALIST CONGREGATION 3616 E. LAKE MEAD BLVD LAS VEGAS NV 89115	04-2103733	3		132,127	FMV	FOOD	CHARITABLE

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(1) JUNIOR LEAGUE OF LAS VEGAS INC. PO BOX 7570 LAS VEGAS NV 89125	88-0068224	3		277,617	FMV	FOOD	CHARITABLE
(2) CLARK TOWERS INC. 2701 CLARK TOWERS LAS VEGAS NV 89102	51-0154329	3		25,678	FMV	FOOD	CHARITABLE
(3) FIRST BAPTIST CHURCH TONOPAH 220 SOUTH STREET TONOPAH NV 89049	88-0162576	3		121,071	FMV	FOOD	CHARITABLE
(4) THE KEYSTONE ENRICHMENT FOUNDATION 777 QUARTZ AVE. SANDY VALLEY NV 89019	88-0391952	3		415,643	FMV	FOOD	CHARITABLE
(5) THE CHURCH AT SOUTH LAS VEGAS 3760 E. SUNSET RD. LAS VEGAS NV 89120	48-1308122	3		132,742	FMV	FOOD	CHARITABLE
(6) SERVING OUR KIDS 121 INDUSTRIAL PARK RD., SUITE 110 HENDERSON NV 89015	30-0747568	3		307,497	FMV	FOOD	CHARITABLE
(7) HENDERSON EQUALITY CENTER 1490 W SUNSET RD UNIT 120 HENDERSON NV 89014	85-2013070	3		57,701	FMV	FOOD	CHARITABLE
(8) ALL SQUARED AWAY 2923 WEST CHARLESTON BLVD. LAS VEGAS NV 89102	84-4862429	3		623,296	FMV	FOOD	CHARITABLE
(9) COME UNTO ME EVANGELISTIC MINISTRIE 3940 W. NORTH MLK BLVD. NORTH LAS VEGAS NV 89032	20-2042678	3		169,317	FMV	FOOD	CHARITABLE

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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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ 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) ST. PAUL'S CHARISMATIC EPISCOPAL CH 201 TAYLOR ST. HENDERSON NV 89015	56-2644903	3		302,865	FMV	FOOD	CHARITABLE
(2) NO GREATER LOVE WORSHIP CENTER 3355 W. CRAIG RD. NORTH LAS VEGAS NV 89032	26-2083721	3		396,149	FMV	FOOD	CHARITABLE
(3) DESERT SPRING COMMUNITY RESOURCE CE 120 N. PAVILION CENTER DR. LAS VEGAS NV 89144	87-1472348	3		707,767	FMV	FOOD	CHARITABLE
(4) SELF SUFFICIENCY INC. 3955 E OWENS AVE STE 110 LAS VEGAS NV 89110	83-3884874	3		1,505,653	FMV	FOOD	CHARITABLE
(5) JET FOUNDATION 4660 SOUTH EASTERN AVE STE 204 LAS VEGAS NV 89108	84-3016933	3		98,745	FMV	FOOD	CHARITABLE
(6) HOPE BAPTIST CHURCH OF LAS VEGAS 850 E CACTUS AVE LAS VEGAS NV 89183	62-0535346	3		273,234	FMV	FOOD	CHARITABLE
(7) PARENT CITYWIDE AFRICAN AMERICAN E 5416 BANJO STREET LAS VEGAS NV 89107	88-0512271	3		57,086	FMV	FOOD	CHARITABLE
(8) TCMI COMMUNITY 5101 N RAINBOW BLVD, LAS VEGAS NV 89130	86-1365413	3		3,907,469	FMV	FOOD	CHARITABLE
(9) INTER-TRIBAL COUNCIL OF NEVADA INCO 10 STATE ST RENO NV 89501	88-0096475	3		62,089	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ 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) THE SALVATION ARMY (TONOPAH) PO BOX 348000 SACRAMENTO CA 95834	94-1156347	3		165,059	FMV	FOOD	CHARITABLE
(2) LAS VEGAS TRANSPRIDE 727 S. 9TH ST. SUITE B C LAS VEGAS NV 89101	32-0497727	3		10,226	FMV	FOOD	CHARITABLE
(3) RESTORATION CHUCH OF GOD IN CHRIST 3450 W. CHEYENNE AVE NORTH LAS VEGAS NV 89032	81-4232354	3		177,074	FMV	FOOD	CHARITABLE
(4) PAHRANAGAT VALLEY SENIOR CITIZENS 400 BROADWAY ST ALAMO NV 89001	88-0292787	3		373,772	FMV	FOOD	CHARITABLE
(5) LAS VEGAS LEADING LADIES 5025 S. EASTERN AVE. STE. 2 AND 3 LAS VEGAS NV 89119	86-3262837	3		111,718	FMV	FOOD	CHARITABLE
(6) CARIDAD INC. 1150 S. LAS VEGAS BLVD. LAS VEGAS NV 89104	47-2578332	3		262,573	FMV	FOOD	CHARITABLE
(7) BROOKSGOODDEEDS 3475 N. MOAPA VALLEY BLVD. LOGANDALE NV 89021	88-0466726	3	5,500	588,936	FMV	FOOD	CHARITABLE
(8) ASIAN COMMUNITY RESOURCE CENTER 1771 E FLAMINGO RD. #113A LAS VEGAS NV 89119	46-2006576	3	10,920	48,882	FMV	FOOD	CHARITABLE
(9) CELESTIAL MANNA INC. 720 SKY ROAD. INDIAN SPRINGS NV 89018	01-0588746	3		946,027	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ 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) POLICE ATHLETIC LEAGUE OF SOUTHERN 3065 S. JONES BLVD. LAS VEGAS NV 89146	86-0857333	3		145,699	FMV	FOOD	CHARITABLE
(2) CENTRO CRISTIANO EL SHADDAI 2075 N. LAMB BLVD. LAS VEGAS NV 89115	26-4180771	3		1,770,951	FMV	FOOD	CHARITABLE
(3) DESTINY CHRISTIAN CENTER 6210 W. CHEYENNE AVE LAS VEGAS NV 89108	88-0487876	3		69,305	FMV	FOOD	CHARITABLE
(4) CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR FRESNO CA 93725	77-0320851	3		104,470	FMV	FOOD	CHARITABLE
(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

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						
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
AS A RESULT OF THE INITIAL APPLICATION PROCESS AND SITE VISIT, THREE SQUARE DETERMINES WHETHER A 501(C)3 ORGANIZATION THAT WOULD LIKE TO BE AN AGENCY PARTNER MEETS THE ELIGIBILITY REQUIREMENTS SET BY FEEDING AMERICA. IF THE ORGANIZATION IS DEEMED ELIGIBLE, ITS REPRESENTATIVES PARTICIPATE IN AN ORIENTATION SESSION IN WHICH RELEVANT POLICIES AND PROCEDURES ARE EXPLAINED. THREE SQUARE MONITORS ITS AGENCY PARTNERS AT LEAST ONCE EVERY TWO YEARS FOR REQUIRED HANDLING, STORAGE, PREPARATION AND DISTRIBUTION OF FOOD. THREE SQUARE ALSO MAKES UNANNOUNCED VISITS TO AGENCY PARTNERS TO CHECK ON POLICY COMPLIANCE OR TO INVESTIGATE ANY COMPLAINTS RECEIVED.

PART 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 I (Form 990)	Supplemental Information For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	2024

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)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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				
	BETH MARTINO	(i)	307,211	30,000	0	20,755	2,376	360,342	0
1	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
	MICHELLE BECK	(i)	247,916	22,500	0	16,379	29,238	316,033	0
2	CDO	(ii)	0	0	0	0	0	0	0
	TIFANI WALKER	(i)	204,696	19,500	0	15,704	11,207	251,107	0
3	CFO- THRU 05/2025	(ii)	0	0	0	0	0	0	0
	LISA SEGLER	(i)	181,280	19,500	0	15,294	31,564	247,638	0
4	CHIEF STRATEGY OFF	(ii)	0	0	0	0	0	0	0
	EDMUND WONG	(i)	152,552	0	49,615	3,002	28,670	233,839	0
5	COO	(ii)	0	0	0	0	0	0	0
	JOSEPH HAM	(i)	117,620	10,000	0	3,675	26,849	158,144	0
6	DIR OF MARKETING	(ii)	0	0	0	0	0	0	0
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
EDMUND WONG	49,615	0	0

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

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.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)	DUE FROM TSPG NMTC	SUPPORT ORGANIZATION			X	18,294,456	18,294,988		X	X		X	
(2)	DUE TO TSPG NMTC	SUPPORT ORGANIZATION		X		7,635,100	7,635,100		X	X		X	
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							$ 25,930,088						

Part III Grants or Assistance Benefiting Interested Persons

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

	(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)					

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

THREE SQUARE

Employer identification number

30-0396918

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	34834179	63,696,031	PRICE PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MISCELLANEOUS)	X	3200	200,624	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M - SUPPLEMENTAL INFORMATION
THREE SQUARE DONORS AND GRANTORS CONTRIBUTED 34,834,179 POUNDS OF FOOD, WHICH WAS VALUED AT $63,696,031.

SCHEDULE O (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

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 FISCAL YEAR ENDED JUNE 30, 2025, THREE SQUARE DISTRIBUTED FOOD AND GROCERY PRODUCTS THROUGH 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.

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THREE SQUARE PLAN GIVING 4190 N PECOS RD 84-3906805 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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

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
1 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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		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) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THREE SQUARE PLAN GIVING	R	199,293	NMTC INTEREST PAYMENT
(2)	THREE SQUARE PLAN GIVING	O	251,107	WAGES
(3)	THREE SQUARE PLAN GIVING	D	23,598,699	NMTC RECEIVABLE
(4)	THREE SQUARE PLAN GIVING	E	18,294,988	NMTC PAYABLE
(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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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.