mpt From Income Tax

2 **Open to Public** Inspection

1,741,996.

X No

No

AR

OMB No. 1545-0047

Dep	artment	90 of the Treasury enue Service	Under sec	tion 501(c) ► Do not en	f Organi 527, or 4947 ter social sec www.irs.gov/Fe	(a)(1) of the curity numb	Internal Rev ers on this for	venue C rm as it	Code (ex t may be	cept priva made pub	ite founda lic.	itions)	OMB No. 15
A	For th	e 2017 calend	ar year, or tax y	year beginn	ing		, 2017	7, and e	ending				, 20
	Check if a	applicable: THE	of organization PACK SHA		5						n ployeride 46-332		-
	Addrochan		business as										
	Name	e change Num	er and street (or	P.O. box if m	ail is not delivere	ed to street add	ress)	Room	/suite	E Te	lephone nu	ımber	
	Initia	I return 109	1 E. LOWE	LL AVEN	UE					(47	79) 46	6-364	6
		return/ City o	r town, state or p	province, cour	itry, and ZIP or fo	oreign postal c	ode						
	Amer retur		E SPRINGS	, AR 72	718					G Gr	oss receipt	s \$	1,741
	Appli pend	ication F Name	and address of p	orincipal office	r: BRET	RAYMON	D				Is this a gro subordinates		Yes
		109	1 E. LOWE	LL AVEN	UE CAVE	SPRINGS	, AR 7271	18			Are all subore		d? Yes
<u> </u>	Tax-ex	empt status:	X 501(c)(3)	501(c	;)()	(insert no.)	4947(a)(1) or	527		If "No," at	ttach a list. (s	see instructions)
J	Webs	ite: 🕨 WWW . 🖞	HEPACKSHA	CK.ORG						H(c)	Group exem	nption numbe	ər 🕨
κ	Form	of organization:	X Corporation	Trust	Association	n Other		L	Year of t	ormation: 2	2013 M	State of le	egal domicile:
P	art I	Summary	,										
Revenue Activities & Governance	4 5 7a b	OPPORTUN TO PACK Check this bo Number of vo Number of ind Total number Total number Total number Total unrelated Net unrelated Contributions Program serv Investment in Other revenue	the organization ITIES TO (MEALS FOR ←) if the ting members of the pendent voting of individuals error of volunteers (error business taxabout and grants (Part come (Part VIII, columnation) (Part VIII, columnation) - add lines 8 th	OUR NEI HUNGER e organizatio of the gover- ing members employed in estimate if ne enue from Pa ole income fir t VIII, line 1 t VIII, line 2 , column (A), line	GHBORS IN RELIEF (on discontinue ning body (Part of the govern calendar year ecessary) art VIII, column om Form 990- h) , lines 3, 4, and s 5, 6d, 8c, 9c	N NEED. GROUPS ed its operat t VI, line 1a) hing body (Pa 2017 (Part V n (C), line 12 -T, line 34 d 7d) c, 10c, and 1	WE BRING	3 PEO	PLE T	OGETHE 25% of its DPY FOR INSPECT	R net asset	3 4 5 6 7a 7b 09. 0. 0. 37.	41, Current Y. 1,734 1,736
	13		milar amounts p							- /	14,52		3
	14		to or for membe								,52	0.	
	40		r compensation								487,86		758
Expenses	16.2		undraising fees	•••	•	•					3,06		10
Der	- b		ing expenses (P				344,054		••••		5700		
Ĕ	17		es (Part IX, colu								806,65	54	1,232
	18		s. Add lines 13								312,11		2,004
	19	•	expenses. Sub		•	• •	,			± /	53,67		-268
20	3	1.010110010033	expenses. oub						•••	Beginning o			End of Yea
ssets	20 21 22		Part X, line 16)						[427,12	22.	214
at A	21		(Part X, line 26								75,48		131
Ζu	22		fund balances.	Subtract lin	e 21 from line	20					351,63	38.	83
	a rt II nder pe	Signature	Block	have examine	d this return in		manying schoo	dulos on	d statem	ants and to	the best o	f my know	ledge and by

e		OPPORTUNITIES TO OUR NEIGHE	BORS IN NEED. WE BRING PH	EOPLE TO	GETHER		
Activities & Governance		TO PACK MEALS FOR HUNGER RE	LIEF GROUPS.				
ver	2		iscontinued its operations or disposed o			s.	
ဗိ	3	Number of voting members of the governing	body (Part VI, line 1a)			3	4.
ა ა	4	Number of independent voting members of t	he governing body (Part VI, line 1b) [00	PY FOR	4	2.
itie	5	Total number of individuals employed in cale	endar year 2017 (Part V, line 2a)		INSPECTION	5	12.
ž	6	Total number of volunteers (estimate if necess	sary) L			6	41,092.
Ă	7a	Total unrelated business revenue from Part V				7a	0.
	b	Net unrelated business taxable income from I	Form 990-T, line 34			7b	
					Prior Year		Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		[1,354,09	9.	1,734,289.
Revenue	9	Program service revenue (Part VIII, line 2g)				0.	0
eve	10	Investment income (Part VIII, column (A), line				0.	0
R	11	Other revenue (Part VIII, column (A), lines 5,			11,68	37.	1,743.
	12	Total revenue - add lines 8 through 11 (must			1,365,78	6.	1,736,032.
	13	Grants and similar amounts paid (Part IX, colu			14,52	28.	3,005.
	14	Benefits paid to or for members (Part IX, colu				0.	0
s	15	Salaries, other compensation, employee bene			487,86	6.	758,477.
nse	16 a	Professional fundraising fees (Part IX, column			3,06	5.	10,780.
Expenses		Total fundraising expenses (Part IX, column (I					
ш	17	Other expenses (Part IX, column (A), lines 11			806,65	<i>4.</i>	1,232,202.
	18	Total expenses. Add lines 13-17 (must equal			1,312,11		2,004,464.
	19	Revenue less expenses. Subtract line 18 from			53,67	/3.	-268,432.
ses					eginning of Current	Year	End of Year
lanc	20	Total assets (Part X, line 16)			427,12	22.	214,353.
Ass Ba	21	Total liabilities (Part X, line 26)			75,48	34.	131,147.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21			351,63		83,206.
	rt II	Signature Block					· · ·
		nalties of perjury, I declare that I have examined thi ct, and complete. Declaration of preparer (other than	s return, including accompanying schedules	and statemen	ts, and to the best of	f my kn	owledge and belief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than	officer) is based on all information of which p	preparer has ar	ny knowledge.		
					11/1	5/203	18
Sig		Signature of officer			Date		
He	е	BRET RAYMOND	CEO/CFO				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTI	IN
Paic		J M LUNDY			self-employ	ed	P00842085
-	barer	Firm's name ▶BKD, LLP			Firm's EIN ► 4	4-01	60260
Use	Only	Firm's address ▶809 S 52ND ST, ST	E A ROGERS, AR 72758				45.0270
May	/ the	IRS discuss this return with the preparer					X Yes No
		work Reduction Act Notice, see the separat					Form 990 (2017
							(
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/E10	10 1.00 3		:01 AM V 17-7.2F	11650	083		PAGE
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	THE	PACK SHACK	46-	3323793
orm	990 (2017)			Page 2
Pa	rt III Statement of Program Servi	ce Accomplishments		
	Check if Schedule O contains	a response or note to any line in this Pa	rt III	
1 E	Briefly describe the organization's miss			
1	THE PACK SHACK SUPPLIES PR	OVISIONS AND OPPORTUNITIES	TO OUR NEIGHBORS	
j	N NEED. WE BRING PEOPLE T	OGETHER FOR CRAZY FUN 'FEED	THE FUNNEL'	
-		OF DELICIOUS, HEALTHY MEALS		
-	TO LOCAL HUNGER RELIEF GROU			
		gnificant program services during the y	ear which were not listed on th	<u> </u>
F	prior Form 990 or 990-EZ?			
	f "Yes," describe these new services of			
5	services?	ing, or make significant changes in		
	f "Yes," describe these changes on Scl			
e		service accomplishments for each of (c)(4) organizations are required to re for each program service reported.		
1a (Code:) (Expenses \$	1,443,171. including grants of \$	3 005) (Revenue \$)
		<u>1,443,171</u> molaung grane of ¢ THE PACK SHACK BRINGS PEOPL		/
-		S, HEALTHY MEALS THAT ARE G		
-		IEF GROUPS. IN 2017, 7.16 M		
-	VERE PACKED.	IEF GROUPS. IN 2017, 7.10 M	ILLION MEALS	
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4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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4 -1 - 4	Other press and a condition of the state of			
	Other program services (Describe in So			
		grants of \$) (Revenu	ie \$)	
le]	Total program service expenses 🕨	1,443,171.		
ISA 'E102	20 1.000			Form 990 (2017)
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Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
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		Х

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Form 990 (2017)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b		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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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	05-		v
		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?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

 38
 X

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
2-	reportable gaming (gambling) winnings to prize winners?	10		
Za	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
Ь	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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.			
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X
Sect	ion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	v	
-	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	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?			
1 a	one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
, N	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	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	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12-		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		A
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
-	rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
13	describe in Schedule O how this was done	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			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in 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		Х
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{AR}{AR}$,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public important legislate how you made these available. Check all that apply	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O)			
				-
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
20	financial statements available to the public during the tax year.	la · ►		
20	State the name, address, and telephone number of the person who possesses the organization's books and record BRET RAYMOND 5211 S 43RD ST ROGERS, AR 72758 479-466-3646	IS. ►		
JSA	1 000	Form	990	(2017)

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office or direc	unles	Pos neck ss pe	erson	e than c is both cor/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ustee	trustee		e	npensated				organizations
(1)BRET RAYMOND	50.00									
CEO/CFO	0.	X		Х				143,250.	0.	13,671.
(2) JAROD RING	50.00									
COO	0.	x		Х				38,604.	0.	7,489.
(3)JOHNNA RAYMOND	.25									
VICE PRESIDENT/TREASURER	0.	Х		Х				0.	0.	0.
(4) SARAH RING	.25									
BOARD CHAIR/SECRETARY	0.	Х		Х				0.	0.	0.
(5)										
(6)		-								
_ (7)		-								
(8)		-								
(9)		-								
(10)										
(11)		-								
(12)		-								
(13)		-								
(14)										

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Form 990 (2017)

-	rt VII Section A. Officers, Directors, Tru	istoos Ko	VER	nlo		06	and	lia	hast Companya		06 (00	ontinuc		Page 8
Γa	(A) Name and title	(B) Average			(C Pos	C) sition			(D) Reportable	(E) Reportable	e	Es	(F) stimated	
		hours per week (list any hours for related	box, office	unles er and	ss pe d a d	erson lirect	e than o is both or/trust 	an tee)	compensation from the	compensation related organizatio	ns	com	ount o other pensati om the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		org and	anizatio d relate anizatio	d
1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A			•••				181,854.		0.		21,1	.00 0
	Total (add lines 1b and 1c)							► o re	181,854. eceived more than	\$100,000 of	0.		21,1	60.
	reportable compensation from the organization	ו 🕨	1	L									Yes	No
3	Did the organization list any former offic	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensat	ed		103	
	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,0	00?	If	"Yes	s,"	complete Schedu	ile J for su	ich	4	x	
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on t	fron	ו any	un	related organizati	on or individu	lal		Λ	x
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	es, comple		ieut	lie J	101	Such	per	5011	<u></u>		5		A
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	ress			-	-			(B) Description of se	ervices	Co	(C) cmpens		
								+						
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Form	990 (2	2017) THE PACK SHACK			46-33237	93 Page 9
Pai	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to an	y line in this Part VI (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 b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	1,734,289.			
Program Service Revenue	2a b c d f g	All other program service revenue	0.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	0. 0. 0.			
	6a b c d 7a	Gross rents	0.			
	b c d	Less: cost or other basis and sales expenses Gain or (loss)	0.			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
Ó	а С	Less: direct expenses b Net income or (loss) from fundraising events ▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b c	Less: direct expenses	0.			
	10a	Gross sales of inventory, less returns and allowances				
	b C	Less: cost of goods sold ATCH 1 b 5,964. Net income or (loss) from sales of inventory	271.			271.
		Miscellaneous Revenue Business Code				
	11a	·				
	b	·				
	C L		1 470			1 470
	d	All other revenue 900099 Total. Add lines 11a-11d ▶	1,472.			1,472.
	е 12	Total revenue. See instructions.	1,472.			1,743.

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Form **990** (2017)

Form 990 (2017) THE PACK S			46-33	23793 Page 10
Part IX Statement of Functional Expenses		All - (L.		
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
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	2,255.	2,255.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	750.	750.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	296,075.	155,439.	66,617.	74,019.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	329,551.	208,716.	10,985.	109,850.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	6,111.	3,870.	204.	2,037.
9 Other employee benefits	66,252.	41,960.	2,208.	22,084.
I0 Payroll taxes	60,488.	38,032.	14,440.	8,016.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	24,031.		24,031.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	10,780.			10,780.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	29,282.	275.	29,007.	
12 Advertising and promotion	14,952.			14,952.
13 Office expenses	81,827.	69,955.	11,872.	
14 Information technology	55,348.	42,081.	13,267.	
15 Royalties	0.			
16 Occupancy	104,640.	101,111.	3,529.	
17 Travel	162,856.	148,428.	4,313.	10,115.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	14,389.			14,389.
20 Interest	1,507.		1,507.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	31,490.		31,490.	
23 Insurance	7,227.	7,227.		
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a INGREDIENTS/SUPPLIES	623,072.	623,072.		
bCOMMISSIONED SALES	77,812.			77,812.
cMISCELLANEOUS EXPENSES	3,769.		3,769.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,004,464.	1,443,171.	217,239.	344,054.
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)	0.			

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Form 990 (2017)

		THE PACK SHACK		40-	3323/93
	n 990 (i	Balance Sheet			Page 11
Pa	rt X		ort V		
		Check if Schedule O contains a response or note to any line in this Pa		•••	
			(A) Beginning of year		(B) End of year
	1	Cash non interest hearing	226,328.	1	24,215.
	2	Cash - non-interest-bearing Savings and temporary cash investments	0.	2	0
	2	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	64,809.	-	35,766
	5	Loans and other receivables from current and former officers, directors,	017007.	-	337700
		trustees, key employees, and highest compensated employees.			
			0.	5	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0
ets	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	56,951.	8	74,402
-	9	Prepaid expenses and deferred charges	5,365.		2,725
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 131, 330.			
	b	Less: accumulated depreciation	72,669.	10c	77,245
	11	Investments - publicly traded securities	0.	11	0
	12	Investments - other securities. See Part IV, line 11	0.	12	0
	13	Investments - program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0.		0
	15	Other assets. See Part IV, line 11	1,000.		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	427,122.		214,353
	17	Accounts payable and accrued expenses	21,386.	17	94,508
	18	Grants payable	0.		0
	19	Deferred revenue	20,000.		0
	20	Tax-exempt bond liabilities	0.		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
es	22	Loans and other payables to current and former officers, directors,			
Ĭ		trustees, key employees, highest compensated employees, and	0		0
Liabilities		disqualified persons. Complete Part II of Schedule L	0.		0
	23	Secured mortgages and notes payable to unrelated third parties	34,098.	-	36,639 0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		, , ,	0.	25	0
	26	of Schedule D Total liabilities. Add lines 17 through 25	75,484.		131,147
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	75,101.	20	131,117
ŝ		complete lines 27 through 29, and lines 33 and 34.			
ŭ	27		351,638.	27	83,206
ala	28	Unrestricted net assets Temporarily restricted net assets	0.	28	00,200
0	29	Permanently restricted net assets	0.	29	0
Net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
s o	30			20	
sel	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30 31	
As	32	Retained earnings, endowment, accumulated income, or other funds		31	
let	33		351,638.	32	83,206
۲	34	Total net assets or fund balances Total liabilities and net assets/fund balances	427,122.		214,353
	U 4			54	Eorm 000 (201

Form **990** (2017)

Form 9	90 (2017)		Pa	age 12
Part				
	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		,736,	
2	Total expenses (must equal Part IX, column (A), line 25)		,004,	
3	Revenue less expenses. Subtract line 2 from line 1 3		-268,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		351,	
5	Net unrealized gains (losses) on investments 5			0.
6	Donated services and use of facilities 6			0.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		00	206.
Part	33, column (B)) 10 XII Financial Statements and Reporting		03,	200.
Fall	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		103	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain i	-		
	Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	28		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	•	-	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	21	x a	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on			
	separate basis, consolidated basis, or both:	-		
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		X	
	If the organization changed either its oversight process or selection process during the tax year, explain i			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	n		
	the Single Audit Act and OMB Circular A-133?	<u>3</u> a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	31	<u>></u>	

SCHE	DULE	E A
(Form 9	990 or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20

	artment of t nal Revenu	the Treasury le Service		Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Open to Public Inspection
Nam	e of the or	rganization						Employer identif	ication number
TH		SHACK						46-33237	
Ра				•	organizations must o			/	S
			-		t is: (For lines 1 through	-	-		
1					tion of churches desc				
2					. (Attach Schedule E				
3		-	-		organization described				
4			-	-	conjunction with a host	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		•	ie, city, and st						
5	se	ction 170(b)(1)(A)(iv). (C	omplete Part II.)	-	-	·		ental unit described in
6					rnmental unit describe				
7		-		-		pport fr	om a go	vernmental unit or fr	om the general public
				(1)(A)(vi). (Comp					
8		-			b)(1)(A)(vi). (Complete				
9		-	-		ed in section 170(b)(1		-		
		university o iversity:	r a non-land-	grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
10	rec sup acc	ceipts from pport from (quired by th	activities rela gross investm e organizatio	ted to its exempt t lent income and u n after June 30, 1	ore than 331/3 % of its functions - subject to inrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	in 331/3 % of its
11		•	•		usively to test for publi				
12		-	-		-	-			carry out the purposes
									See section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а	tl	he supporte	ed organizatio	on(s) the power to	l, supervised, or contr regularly appoint or e	lect a m			
			-	-	te Part IV, Sections A				
b					ed or controlled in co organization vested in				
					, Sections A and C.	line sam	le persoi		lage the supported
_		-				stad in a	onnoctio	n with and functions	lly intograted with
С					ing organization opera ns). You must comple				ny megrated with,
Ь			•	. , .	porting organization of				tod organization(c)
d			-		nization generally mus	-			
			-		omplete Part IV, Sect	-			u an alleniiveness
е					a written determination				II Type III
C					tionally integrated sup				п, туре п
f									
q				-	orted organization(s).				
		of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10	listed in your governing		support (see	other support (see
					above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paperworl	k Reduction A	ct Notice. see the	e Instructions for Form	n 990 or 990-EZ.			Schedule A	│ ∖ (Form 990 or 990-EZ) 2017

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	340,596.	1,187,048.	1,354,099.	1,734,289.	4,616,032.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3		340,596.	1,187,048.	1,354,099.	1,734,289.	4,616,032.
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).						0.
6	Public support. Subtract line 5 from line 4						4,616,032.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		340,596.	1,187,048.	1,354,099.	1,734,289.	4,616,032.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>		4,594.	24,604.	18,554.	7,707.	55,459.
11	Total support. Add lines 7 through 10						4,671,491.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (li	ne 6, column (f) divided by line	11, column (f)).		14	%
15	Public support percentage from 2016					15	%
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organizati						-
	Explain in Part VI how the organizati supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2017

rt 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 gualif

fy under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) 1

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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								—
	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								
с 8	Add lines 7a and 7b. Public support. (Subtract line 7c from								
0									
800	line 6.)								—
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(0) 2017	(f) Total	
_	ndar year (or fiscal year beginning in)	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(0	,2017	(1) 10101	
9 10 a	Amounts from line 6 Gross income from interest, dividends,								
ivu	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								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly								
	carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for	or the organiza	tion's first, secc	ond, third, fourth	, or fifth tax ye	ear as	a section	501(c)(3)	
	organization, check this box and stop here .							<u></u> ▶	
Sec	tion C. Computation of Public Supp	port Percenta	ge						
15	Public support percentage for 2017 (line 8,	.,	•	. , , = = = = = = =		15			%
16	Public support percentage from 2016 Sche	dule A, Part III, lir	ne 15			16			%
Sec	tion D. Computation of Investment	Income Perc	centage						
17	Investment income percentage for 2017 (lir	ne 10c, column (f) divided by line	13, column (f))		17			%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18			%
19 a	331/3% support tests - 2017. If the org					e than	331/3 %, a	and line	
	17 is not more than 331/3%, check thi								
b	331/3% support tests - 2016. If the orga	-	-			•••	-	-	
	line 18 is not more than 331/3%, check								
20	Private foundation. If the organization of			-			-		\neg
JSA								90 or 990-EZ)	2017
7 ⊨122	^{1 1.000} 3318KU B47C 11/7/2018 7	:55:01 AM	V 17-7.2F	1	165083			PAGE	: 18

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

46-3323793

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **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 Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)

			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
cti	on B. Type I Supporting Organizations		Yes	N
			res	IN
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
cti	on C. Type II Supporting Organizations			
		_	Yes	Ν
I	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
cti	on D. All Type III Supporting Organizations			
			Yes	Ν
I	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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
cti	on E. Type III Functionally Integrated Supporting Organizations			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	ons).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru		
2	Activities Test. Answer (a) and (b) below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these</i>	2h		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
b B a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI .	2b 3a		
3	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

Page 5

Schedule A (Form 990 or 990-EZ) 2017

Page 6

Section A - Adjusted Net Income (A) Prior Year (() 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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 () Section B - Minimum Asset Amount (A) Prior Year (B) C () 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 1 a Average monthly value of securities 1a 0 0 b Average monthly value of securities 1a 0 0 c Fair market value of other non-exempt-use assets 1c 1c 0 c Fair market value of other non-exempt-use assets 2 0 0 e Discount claimed for blockage or other factors (explain	,
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6 Multiply line 5 by .035. 6	
6 Multiply line 5 by .035. 6	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
	rrent Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	
2 Enter 85% of line 1. 2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	
4 Enter greater of line 2 or line 3.	
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).	

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

Schedule A (Form 990 or 990-EZ) 2017

ion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes		
Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which	the organization is resp	onsive	
(provide details in Part VI). See instructions.			
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 201
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017			
(reasonable cause required-explain in Part VI). See			
instructions.			
Excess distributions carryover, if any, to 2017			
From 2013			
From 2015			
-			
Distributions for 2017 from			
Section D. line 7: \$			
-			
•			
EXCESS IFOM 2010			
	Amounts paid to supported organizations to accomplish examons paid to perform activity that directly furthers exemorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 From 2013 From 2014 Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations to active expenses paid to accomplish exempt purposes of supported organizations to attentive supported organizations to which the organization is resp (provide details in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 From 2013 From 2014 Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributable	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. (i) Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. (ii) Distributions to attentive supported organization C. line 6 (iii) Underdistributions if provide organizations is provide organizations. Section E - Distribution Allocations (see instructions) (iii) Underdistributions is any, for years prior to 2017 Distributable amount for 2017 from Section C. line 6 Inderdistributions instructions. Inderdistributions Excess distributions carryover, if any, to 2017 Inderdistributions of prior years Applied to 2017 distributable amount From 2013 Excess form 2014 Inderdistributions of prior years Applied to 2017 distributable amount

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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.)

SCHEDULE A, PART II -	OTHER INCOM	Е			ATTACHMENT 1	
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
INVENTORY SALES		4,540.	21,829.	13,490.	6,235.	46,094.
OTHER REVENUE		54.	2,775.	5,064.	1,472.	9,365.
TOTALS	=	4,594.	24,604.	18,554.	7,707.	55,459.

Schedule B

(10mm 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

46-3323793

Name of the organization THE PACK SHACK

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(⁰³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE PACK SHACK

	· · · · ·	ontributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	KPMG 100 WEST FIFTH STREET	\$131,565.	Person X Payroll Noncash (Complete Part II for		
(a) No.	TULSA, OK 74103 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	OHIO STATE UNIVERSITY 281 W LANE AVE	\$ 56,750.	Person X Payroll Noncash (Complete Part II for		
	COLUMBUS, OH 43210		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	WALMART STORES INC 702 SW 8TH STREET	\$35,100.	Person X Payroll Noncash		
	BENTONVILLE, AR 72712		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	AT&T 208 South akard street Dallas, TX 75202	\$35,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	WINDSTREAM		Person		
	4001 N RODNEY PARHAM RD LITTLE ROCK, AR 72212	\$39,387.	Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.		\$ 39,387. (c) Total contributions	Payroll Noncash (Complete Part II for		
	LITTLE ROCK, AR 72212 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE PACK SHACK

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GOLDMAN SACHS 200 WEST STREET	\$80,500.	Person X Payroll Noncash (Complete Part II for
(a) No.	NEW YORK CITY, NY 10282 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
8	FELLOWSHIP BIBLE OF LR 1401 KIRK RD LITTLE ROCK, AR 72223	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VARIOUS CONTRIBUTORS 1091 E LOWELL AVENUE CAVE SPRINGS, AR 72718	\$1,255,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	—	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(b) Description of noncash property given (b) Description of noncash property given	Description of honcash property given FMV (or estimate) (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Name of orga	nization THE PACK SHACK			Employer identification number	
				46-3323793	
(1 th co U	Exclusively religious, charitable, etc. 0) that total more than \$1,000 for the following line entry. For organization tributions of \$1,000 or less for the se duplicate copies of Part III if addition	the year from any on ons completing Part III, e year. (Enter this infor	e contributor. Co enter the total o	omplete columns (a) through (e) and f <i>exclusively</i> religious, charitable, etc	
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
Part I					
-		(e) Transfer o	f gift		
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
Part I					
		(e) Transfer o	f gift		
_	Transferee's name, address, ar	ad ZIP + 4	Relations	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
-	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee	
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2012	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 4

SCHEE	DULE	D
(Form	990)	

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.

Inspection

OMB No. 1545-0047

Open to Public

20

тнг	DACK	SHACK	

Department of the Treasury

Internal Revenue Service

Name	of the organization		Employer identification number
THE	PACK SHACK		46-3323793
Par	t Organizations Maintaining Donor Adv	sed 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)		
	Aggregate value of grants from (during year)		
+ 5	Did the organization inform all donors and donor	advisors in writing that the assots hold i	in deper advised
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a		
0	only for charitable purposes and not for the bene		
Pai	conferring impermissible private benefit?		
r ai	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ald a gualified conservation contribution in	the form of a conservation
2	easement on the last day of the tax year.		Held at the End of the Tax Year
_			
a ⊾	Total number of conservation easements		2a 2b
b	Total acreage restricted by conservation easements		20
	Number of conservation easements on a certified		20
d	Number of conservation easements included in (c		24
。	historic structure listed in the National Register		2d
	Number of conservation easements modified, tran tax year	isterred, released, extinguished, or termina	ated by the organization during the
	Number of states where property subject to conse	ruation appament is located	
+ 5	Does the organization have a written policy reg		on handling of
5	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec		
0		ing, handing of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations, and enforcing co	unservation easements during the year
•	s	ing, nanding of violations, and emotoling co	inservation casements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme	-	
Pai	t 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 SF	AS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, educ	ation, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(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 a		
	following amounts required to be reported under S		
	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		►

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

JSA

Schedule D (Form 990) 2017

THE	PACK	SHACK

Scheo	lule D (Form 990) 2017										ige 2
Par	t III Organizations Maintainin	ng Collections o	f Art, Hist	orical T	reasures	s, or Ot	her Simila	r Asset	s (cont	inue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, checł	c any of	the follov	ving that ar	e a sign	ificant u	se of	its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan d	or exchan	ge progra	ms				
b	Scholarly research		e	Other							
С	Preservation for future gene	rations		-							
4	Provide a description of the organ		s and expla	ain how t	hev furth	er the or	aanization's	s exempt	purpose	e in F	Part
	XIII.				,		5				
5	During the year, did the organization	on solicit or receive	donations o	fart histo	orical trea	isures or	other simila	ar			
Ū	assets to be sold to raise funds rath							_	Yes		No
Dar	t IV Escrow and Custodial Ar				ngunizuti				100		
ı aı	Complete if the organizat		s" on Forn	1 990 P	art IV lin		norted an	amount	on Forr	n	
	990, Part X, line 21.			1000,10	art iv, iii	0 0, 01 10	poneu an	amoun			
10		a quatadian ar ath	or intermed	ion for o	ontributio	na ar atha	r acceto not				
Ta	Is the organization an agent, truster			-					Vee		N
	included on Form 990, Part X?						• • • • • •	••• -	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole:						
							Ar	nount			
С	Beginning balance					C					
d	Additions during the year					d					
е	Distributions during the year				1	e					
f	Ending balance				[1	f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow or	custodial	account liat	oility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the ex	planation	has beer	provided	on Part XIII				
Par	t V Endowment Funds.										
	Complete if the organizat	ion answered "Ye	s" on Form	n 990, Pa	art IV, Iin	e 10.					
		(a) Current year	(b) Prio	r year	(c) Two y	ears back	(d) Three ye	ars back	(e) Four y	ears b	ack
1.0	Reginning of year balance			-							
1a ⊾	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a	a)) held as	5				
а	Board designated or quasi-endown		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	▶%									
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.								
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held	and admii	nistered for t	the			
	organization by:								Y	es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•									
Par				wittent tu	103.						
1 ai	Complete if the organiza	tion answered "Ye	es" on Forr	<u>n 990,</u> P	<u>art IV,</u> lir	<u>ne 11</u> a. S	See Form 9	9 <u>0, P</u> ar	t X, line	<u>10</u> .	
	Description of property		r other basis		or other basis		cumulated	(d) Book valu	е	
10	Land		stment)	(0	ther)	depi	reciation				
-	Land										
b	Buildings	•••••									
c	Leasehold improvements					_					
d	Equipment				82,800		36,712.			6,0	
e	Other				48,530		17,373.			1,1	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, colum	n (B), line	10c.)			7	7,2	45.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.		Pag
	d "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
) Financial derivatives		
) Closely-held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(B) (H)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
	d "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)		
(5) htal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX Other Assets.		
	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	
Part X Other Liabilities.		
Complete if the organization answere line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
(a) Description of liability	(b) Book valu	le
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(7) (8) (9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

THE PACK SHACK	THE	PACK	SHACK
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Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,741,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	5,964.
3	Subtract line 2e from line 1	3	1,736,032.
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		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,736,032.
Part		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,010,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	5,964.
3	Subtract line 2e from line 1	3	2,004,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	2,004,464.
	XIII Supplemental Information.	-	<u> </u>
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l	art V, li	ne 4; Part X, line

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, lin 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE PACK SHACK	46-3323793	Page 5
Part XIII Supplemental Information (continued)		
FORM 990, SCHEDULE D, PART X, LINE 2		
MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE		
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED		
ANY MATERIAL TAX POSITIONS TO BE DISCLOSED OR REPORTED IN THE FINANCIAL		
STATEMENTS.		
FORM 990, SCHEDULE D, PART XI, LINE 2D		

FORM 990, SCHEDULE D, PART XII, LINE 2D MERCHANDISE COST OF GOODS SOLD \$5,964

MERCHANDISE COST OF GOODS SOLD \$5,964

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.					OMB No. 1545-0047		
	Revenue Service	, , , , , , , , , , , , , , , , , , ,	990 for instructions and the latest information			ectio	n		
	of the organization			Employer identificatio		r			
	PACK SHAC			46-3323793	3				
Part	Question	ns Regarding Compensation							
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as, maid, ch	g these items. personal use nal residence on fees		Yes	No		
b	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 orga directors, trus	anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all					
3	Indicate which organization's related organ Comper Indepen	CEO/Executive Director. Check all that	hization used to establish the compensation at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation	ods used by a art III.	2				
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing					
а	Receive a se	verance payment or change-of-control pa	ayment?		4a		Х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Х		
С							Х		
5	 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. 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: 								
а	The organizat	ion?			5a	Х			
b							X		
6	compensation	n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	-					
а					6a		Х		
b		rganization? e 6a or 6b, describe in Part III.			6b		X		
7			n A, line 1a, did the organization provescribe 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						X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								

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

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRET RAYMOND	(i)	100,000.	43,250.	0.	0.	13,671.	156,921.	0
1CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i) (ii)							
11	(i)							
	(i) (ii)							
12	(i)							
13	(ii)							
13	(i)							
14	(ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

Part III Supplemental Information

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

SCHEDULE J, PART 1, LINE 5A

BONUSES FOR EMPLOYEES AT THE PACK SHACK ARE PAID TO MEMBERS OF THE

MANAGEMENT TEAM PURSUANT TO THE 1/1/2017 BONUS STRUCTURE DOCUMENT.

SPECIFICALLY BONUSES ARE PAID BASED UPON THE NUMBER OF MEALS PACKED IN

THE MONTH PRIOR TO THE BONUS BEING PAID. THE NUMBER OF MEALS PACKED IS

THE PRIMARY DRIVER OF ORGANIZATIONAL REVENUE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

THE PACK SHACK

FORM 990, PART VI, LINE 2

BRET RAYMOND AND JOHNNA RAYMOND HAVE A FAMILY RELATIONSHIP. JAROD RING

AND SARAH RING HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, LINE 11B

THE CEO REVIEWS ALL ASPECTS OF FORM 990 BEFORE IT IS FILED. THE ADVISORY COMMITTEE ALSO REVIEWS IT.

FORM 990, PART VI, LINE 12 DURING 2016, THE PACK SHACK WORKED TO PUT A CONFLICT OF INTEREST POLICY, AS WELL AS, OTHER EMPLOYEE POLICIES AND PROCEDURES, IN PLACE. THESE BECAME EFFECTIVE AS OF 01/01/2017.

FORM 990, PART VI, LINE 15A & 15B THE CEO SETS AND REVIEWS ALL COMPENSATION ANNUALLY. THE ORGANIZATION HAS A BOARD OF DIRECTORS, AS WELL AS, POLICIES AND PROCEDURES, IN PLACE TO COMPLETE THE REVIEW AND APPROVAL PROCESS FOR ALL COMPENSATION.

FORM 990, PART VI, LINE 19 FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY WEBSITE.

FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS AN ADVISORY COMMITTEE IN PLACE TO REVIEW BOTH THE AUDIT OF ITS FINANCIAL STATEMENTS AND FORM 990.

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
THE PACK SHACK	46-3323793
<u> </u>	ATTACHMENT 1
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	6,235.
INVENTORY AT BEGINNING OF YEAR	56,951.
	00.415
PURCHASES	23,415.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	80,366.
MINUS ENDING INVENTORY	74,402.
	E_064
COST OF GOODS SOLD	5,964.

Schedule O (Form 990 or 990-EZ) 2017