Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A F	or th	e 201	5 calendar year, or tax year begin	ning , 201	5, and	dending				, 20		
D			C Name of organization					D Employer id	lentifi	cation num	ber	
B C	heck if ap		THE PACK SHACK									
	Addre chang		Doing Business As					46-332	379	3		
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Roon	n/suite		E Telephone r	ıumbe	er		
	Initial	return	5211 S 43RD ST					(479) 466-3646				
	Term	inated	City or town, state or province, country, a	nd ZIP or foreign postal code								
	Amer returr		ROGERS, AR 72758					G Gross receip	ots \$	1,	211,	652.
	Applio pendi	cation ing	F Name and address of principal officer:	BRET RAYMOND				H(a) Is this a gro subordinate		urn for	Yes	X No
			5211 S 43RD ST ROGERS,	, AR 72758				H(b) Are all subor		included?	Yes	No
<u> </u>		empt st) ◀ (insert no.) 4947(a)(1	I) or	527		If "No," atta	ch a lis	st. (see instruc	tions)	
			WWW.THEPACKSHACK.ORG					H(c) Group exen				
				Association Other		L Year of fo	rmatio	on: 2013 M	State	e of legal do	nicile:	AR
P	art I	•	mmary									
	1		y describe the organization's mission or						OVI	ISIONS_	AND	
Governance			ORTUNITIES TO OUR NEIGHB		G PEC	OPLE TO	OGE:	ΓΗΕR 				
rnai			PACK MEALS FOR HUNGER RE									
ove	2		k this box 🕨 🔛 if the organization di	•					1	ı		
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			4.
es 8	4		per of independent voting members of the						4			2.
ctivities &	5		number of individuals employed in cale						5			4.
Acti	6	Total	number of volunteers (estimate if necess	sary)					6		28,	109.
_			unrelated business revenue from Part VI						7a			0
	D	Net ui	nrelated business taxable income from F	-orm 990-1, line 34				Prior Year	7b	Curr	ent Ye	0
		0 4	ibutions and anata (Det VIII line 4b)									,048.
ne	8	Contri	ibutions and grants (Part VIII, line 1h)	со	PY FO	R		340,5	0.		, 10/	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	PUBLIC	INSPE	стіон 📙			0.			0
Re	10	mvesi	imeni income (Pari VIII, column (A), line	s 3, 4, and 7d)		——↓		2,3			1 /	,425
	11 12		revenue (Part VIII, column (A), lines 5,					342,9		1		,423 ,473
	13		revenue - add lines 8 through 11 (must s and similar amounts paid (Part IX, colu					134,7				,684
	14		its paid to or for members (Part IX, colur					131,7	0.			<u>, 001</u>
	4-		es, other compensation, employee bene					129,6			320	,656.
ses	162		ssional fundraising fees (Part IX, column					125,0	0.			372
Expenses	h	Total	fundraising expenses (Part IX, column (E	3) line 25) > 58 . 35	4.							
ш	17		expenses (Part IX, column (A), lines 11					27,6			625	,687
	1		expenses. Add lines 13-17 (must equal					292,0				,399
	19		nue less expenses. Subtract line 18 from					50,8				,074.
o s							Beginn	ning of Current		End	of Year	
ets	20	Total	assets (Part X, line 16)					75,8	23.		350	,171.
Ass I Ba	21		liabilities (Part X, line 26)					20,9	32.			,206.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21					54,8				,965
	rt II	Sig	gnature Block									
			of perjury, I declare that I have examined thi						f my	knowledge	and be	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of w	nich pre	eparer nas a	iny kn	owieage.				
٥.								11/1	.5/2	2016		
Sig			Signature of officer					Date				
He	re		BRET RAYMOND	CEO								
			Type or print name and title									
Dair		Print/	Type preparer's name	Preparer's signature	D	ate		Check	if	PTIN		
Paid	a parer	J M	LUNDY					self-employ	/ed	P00842	1085	
	only		sname ▶ BKD, LLP					Firm's EIN				
	- Only	Firm's	s address ▶ 809 S 52ND ST, S	TE A ROGERS, AR 72758	3			Phone no.	479	9.845.0	270	
May	the I	RS dis	cuss this return with the preparer showr	n above? (see instructions)					<u></u>	. X Ye		No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Forn	n 990	(2015)

THE PACK SHACK 46-3323793 Form 990 (2015) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE PACK SHACK SUPPLIES PROVISIONS AND OPPORTUNITIES TO OUR NEIGHBORS IN NEED. WE BRING PEOPLE TOGETHER FOR CRAZY FUN 'FEED THE FUNNEL' PARTIES TO PACK THOUSANDS OF DELICIOUS, HEALTHY MEALS THAT ARE GIVEN TO LOCAL HUNGER RELIEF GROUPS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 810,522. including grants of \$ 11,684. (Revenue \$ FEED THE FUNNEL PARTIES - THE PACK SHACK BRINGS PEOPLE TOGETHER TO PACK THOUSANDS OF DELICIOUS, HEALTHY MEALS THAT ARE GIVEN FREE OF CHARGE TO LOCAL HUNGER RELIEF GROUPS. IN 2015, 4.8, MILLION MEALS WERE PACKED. **4b** (Code: including grants of \$) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$

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

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

4e Total program service expenses ► 810,522.

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Form 990 (2015)
Part IV Checklist of Required Schedules

Part	Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
1	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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			
J	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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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		Х
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			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
	If "Yes," complete Schedule G, Part III	19		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			· v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
25a		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	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,	34		Х
25.0	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		- 21
Ŋ	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
50	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			<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	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	1
	· · · · · ·	Form	aan	(2015)

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Part V Statements Regarding Other IRS Filings and Tax Compliance 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders............. b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		Х
_	with a taxable entity during the year?	16a		Λ
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?	4.Ch		
Socti		16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR,	504/) (0)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X Own website Another's website Upon request Other (explain in Schedule O)			
40				
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.	۸. ۲		
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	s: >		

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Form **990** (2015)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an compensation from hours per compensation amount of week (list any officer and a director/trustee) from related other the organizations compensation hours for Individual t Officer employee Institutional trustee Highest compensated (W-2/1099-MISC) organization from the related employee (W-2/1099-MISC) organizations organization below dotted and related trustee organizations line) (1)BRET RAYMOND 50.00 CHIEF EXECUTIVE OFFICER 0. 0 X X 116,081 13,902. (2)JAROD RING 50.00 CHIEF OPERATING OFFICER 0. 88,916. 0. 11,590. Χ X (3)JOHNNA RAYMOND 25 DIRECTOR 0. 0. 0. Χ 0 (4)SARAH RING 25 DIRECTOR 0. 0 0. X 0. _(5)_____ (6) _(7)_____ _ (8)______ _(9)_____ (10)_____ (12) (13) (14)_____

Form **990** (2015)

Form 990 (2015)

	art VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employees	(con	tinued)	. ago e
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	e than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om	(F) Estimate amount other compensa	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	_	_	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	5)	from th organizat and relat organizati	e ion ed
	• • • • • • • • • • • • • • • • • • • •								204 007		2	2.5	402
	Sub-total Total from continuation sheets to Part VII, S	ection A						>	204,997.).).	<u> </u>	<u>492.</u> 0.
	Total (add lines 1b and 1c)	_	· · ·		· ·	· ·	· · ·	<u></u>	204,997.	(o .	25,	492.
2	Total number of individuals (including but not reportable compensation from the organizatio		hose 1		d al	bove	e) who	re	ceived more than	\$100,000 of			
3	Did the organization list any former offic											Yes	
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations graphical	sum of repeater than	ortab \$15	le 0	com 00?	pen	satior "Yes	n aı	nd other compens	sation from the		3	X
individual									5	X			
Se	ection B. Independent Contractors	- 5, 55mpio	501				24011	,,,,,,,					
1	Complete this table for your five highest comcompensation from the organization. Report of year.											tax	
	(A)								(B)			(C)	

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

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI	II		X
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Srar	b	Membership dues					
S, C	С	Fundraising events 1c					
≣ ë	d	Related organizations 1d					
Sim's	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	1,187,048.				
Son	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	Business Code	1,187,048.			
eun			Business Code				
Rev	2a						
Program Service Revenue	b						
	C						
E	d						
gra	e	All other program service revenue					_
Pro	f g	Total. Add lines 2a-2f		0.			
	3		ids, interest,	J.			
	•	and other similar amounts).		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	<u>`</u>	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	I	<u></u> ▶	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)		0.			
ne	8a	Gross income from fundraising					
3ve		events (not including \$					
Other Revenue		of contributions reported on line 1c). See Part IV, line 18					
the	h	Less: direct expenses b					
0		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold ATCH . 1 b	10,179.				
	С	Net income or (loss) from sales of inventory.		11,650.			11,650.
		Miscellaneous Revenue	Business Code				
	11a	·					
	b	<u> </u>					
	C	All other revenue	900099	2,775.			2,775.
	d	Total. Add lines 11a-11d		2,775.			2,775.
	12	Total revenue. See instructions.		1,201,473.			14,425.
			-		_		

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 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	7,934.	7,934.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,750.	3,750.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	0.			
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0.			
4 5	Compensation of current officers, directors, trustees, and key employees	210,313.	147,219.	36,805.	26,289.
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		78,007.	74,107.		3,900.
	Other salaries and wages	70,007.	71,107.		3,700.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	892.	847.		45.
_	``, ``, ``, ``, ``, ``, ``, ``, ``, ``,	9,028.	8,577.		451.
9	Other employee benefits	22,416.	16,906.	2,987.	2,523.
10	Payroll taxes	22,110.	10/300.	275071	2,323.
11	Fees for services (non-employees):	6,444.		6,444.	
	ı Management Legal	1,691.		1,691.	
	: Accounting	365.		365.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	372.			372.
	f Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				_
	(A) amount, list line 11g expenses on Schedule O.).	1,555.	1,555.		
12	Advertising and promotion	17,823.			17,823.
13	Office expenses	35,538.	30,616.	4,922.	
14	Information technology	703.		703.	
15	Royalties	0.			
16	Occupancy	23,804.	22,256.	1,548.	
17	Travel	76,245.	62,792.	6,502.	6,951.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	265.		265.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	19,608.		19,608.	
23	Insurance	1,763.	1,763.		
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.)	227 222	227 222		
-	INGREDIENTS/SUPPLIES	387,220.	387,220.		
	COMMISSIONED SALES	44,980.	44,980.	F 00F	
	THANK YOU GIFTS	5,285.		5,285.	
		2 200		2 200	
	All other expenses	2,398.	810,522.	2,398. 89,523.	58,354.
	Total functional expenses. Add lines 1 through 24e 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	930,399.	010,322.	09,323.	30,334.
JSA	following SOP 98-2 (ASC 958-720)	0.			5 000 (0045)

JSA 5E1052 1.000

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Part X Balance Sheet

		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X				
		erreak ii earreagie e cornaine a reaponee e			(A) Beginning of year		(B) End of year		
_	1	Cash - non-interest-bearing			40,068.	1	235,719.		
	2	Savings and temporary cash investments			0.	2	0.		
	3	Pledges and grants receivable, net			0.	3	0.		
	4	Accounts receivable, net			2,280.	4	40,563.		
	5	Loans and other receivables from current and f	orme	r officers, directors,					
		trustees, key employees, and highest co	mpei	nsated employees.					
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0.	5	0.		
	6	Loans and other receivables from other disqualified personal (2002)	ons (as	defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu							
"		organizations (see instructions). Complete Part II of Sche			0.	6	0.		
Assets	7	Notes and loans receivable, net			0.	7	0.		
ASS	8	Inventories for sale or use			17,925.	8	29,379.		
_	9	Prepaid expenses and deferred charges			1,308.	9	0.		
	10 a	Land, buildings, and equipment: cost or							
			10a						
	b	Less: accumulated depreciation	10b	18,292.	14,242.	10c	44,510.		
	11	Investments - publicly traded securities				11	0.		
	12	Investments - other securities. See Part IV, line 11				12	0.		
	13	Investments - program-related. See Part IV, line 11				13	0.		
	14	Intangible assets		14	0.				
	15	Other assets. See Part IV, line 11				15	0.		
	16	Total assets. Add lines 1 through 15 (must equal			75,823.		350,171.		
	17	Accounts payable and accrued expenses	11,697.		39,044.				
	18	Grants payable			18	0.			
	19	Deferred revenue		19	0.				
	20	Tax-exempt bond liabilities		20 21	0.				
	21		crow or custodial account liability. Complete Part IV of Schedule D						
Liabilities	22	Loans and other payables to current and for							
ij		trustees, key employees, highest compen-			0	22	0.		
Lia	23	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			9,235.		13,162.		
	24	Unsecured notes and loans payable to unrelated to			0.		0.		
	25	Other liabilities (including federal income tax,					<u> </u>		
	-0	parties, and other liabilities not included on lines	-						
		of Schedule D			0.	25	0.		
	26	Total liabilities. Add lines 17 through 25			20,932.	26	52,206.		
es –		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl						
JUC BUC	27	Unrestricted net assets			54,891.	27	297,965.		
3ali	28	Temporarily restricted net assets			0.	28	0.		
٦	29	Permanently restricted net assets			0.	29	0.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔲 and					
ts (30	Capital stock or trust principal, or current funds			30				
SSe	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31				
ţ	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32			
Ne	33	Total net assets or fund balances			54,891.	33	297,965.		
	34	Total liabilities and net assets/fund balances			75,823.	34	350,171.		

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	01,4	173.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	58,3	399.		
3	Revenue less expenses. Subtract line 2 from line 1	3		2	43,0	074.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,891.			391.		
5	Net unrealized gains (losses) on investments	5	0.					
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
33, column (B))								
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
					Yes	No		
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na					
	separate basis, consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent according	countai	nt?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

Employer identification number

THE	i PA	ACK SHACK					46-	-3323/93
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throuç	gh 11, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma				ort from	contributions, member	ership fees, and gross
		receipts from activities rela	ated to its exemp	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3% of its
		support from gross invest	-	-		-		
		acquired by the organizatio	n after June 30, 19	75. See section 509	(a)(2). (C	Complete	Part III.)	
10		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11		An organization organized	and operated excl	usively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See sec	ction 509(a)(3). Check
		the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а		$\overline{}$ Type I . A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	•		-			
		organization. You must c	. , .	• • • •		, ,		11 0
b		Type II. A supporting org	-		nnection	with its	supported organization	on(s), by having
		control or management of	· ·				· · · -	· · · · · ·
		organization(s). You must	• • • •	=				
С		Type III functionally inte	=		ited in co	onnectio	n with, and functional	ly integrated with.
		its supported organization						,,
d		Type III non-functionally		· ·				ted organization(s)
		that is not functionally inte						= ::
		requirement (see instruct	-	= -	-		•	
е		Check this box if the orga	•	-				I. Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, ,,,
f	En	ter the number of supported						
g		ovide the following information						
_		lame of supported organization	(ii) EIN		(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (odo mondono))	dood	mont:	motradions)	mondono
					Yes	No		
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	340,596.	1,187,048.	1,527,644.
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.	1,527,644.
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)						202 020
6	Public support. Subtract line 5 from line 4.						282,839. 1,244,805.
Sec	tion B. Total Support						1,244,605.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				340,596.	1,187,048.	1,527,644.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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.) ATCH 1				4,594.	24,604.	29,198.
11	Total support. Add lines 7 through 10						1,556,842.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Supp						
14	Public support percentage for 2015 (lin		-			14	<u>%</u>
15	Public support percentage from 2014					15	<u>%</u>
16a	331/3% support test - 2015. If the o	-					.
h	this box and stop here . The organization 331/3% support test - 2014. If the o	-		-			
	check this box and stop here. The orga	anization qualifie	es as a publicly s	supported orgar	nization		. ▶ □
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the "facts and c	cts-and-circumsta ircumstances" te	ances" test, che st. The organiz	eck this box an zation qualifies	d stop here. Ex as a publicly su	plain in
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	2014. If the organization meets on meets the "f	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16a test, check th The organizatio	a, 16b, or 17a, a his box and sto n qualifies as a	p here.
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
. u	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
40	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	ation's first. seco	nd, third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	•	·				` ` ` ` _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014 S					18	%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
~	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			

Schedule A (Form 990 or 990-EZ) 2015 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	----------------------

Secu	ion A. Ali Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)			
5а	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	4c		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined 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.	9b		
С	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.	9c		
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			
ı_	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

Schedule A (Form 990 or 990-EZ) 2015

Part	V Supporting Organizations (continued)			
			Yes	No
11	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		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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		•		
2	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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•		20		
3	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			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	5 .0		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

			3
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7) The Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

THE PACK SHACK

Schedule A (Form 990 or 990-EZ) 2015 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes			
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section				
	D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a					
b					
С	Excess from 2013				
d					
е					
					

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II	- OTHER INCOM	E		<u>A</u>	TTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
INVENTORY SALES				4,540.	21,829.	26,369.
OTHER REVENUE				54.	2,775.	2,829.
TOTALS			_	4,594.	24,604.	29,198.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

THE PACK SHACK 46-3323793 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 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** X 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$175,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$26,026.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	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.)		
(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.)		

Name of organization THE PACK SHACK

Employer identification number

46-3323793

art II	Noncash Property	(see instructions).	Use duplicate c	opies of Part II if a	additional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE PACK SHACK **Employer identification number** 46-3323793 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

IValli	e of the organization	Employer identification number
THI	E PACK SHACK	46-3323793
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Other Funds	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		f a certified historic structure
		r a certified historic structure
•	Preservation of open space	he form of a concernation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	
Pa	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 SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations and the second	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educing public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ation, or research in furtherance of ribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
D	works of art, historical treasures, or other similar assets held for public exhibition, educations and the organization elected, as permitted under SPAS 116 (ASC 936), to report in its review of art, historical treasures, or other similar assets held for public exhibition, educations are also as the organization elected, as permitted under SPAS 116 (ASC 936), to report in its review of art, historical treasures, or other similar assets held for public exhibition, educations are also as the organization elected, as permitted under SPAS 116 (ASC 936), to report in its review of art, historical treasures, or other similar assets held for public exhibition, education and the organization of the organi	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	
	Assets included in Form 990 Part X	> ¢

Schedule D (Form 990) 2015

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

Par	Organizations Maintaining Col								
3	Using the organization's acquisition, acc	ession, and other	records,	check any of	the f	ollowing that	are a sigr	nificant us	se of its
	collection items (check all that apply):								
а	Public exhibition	d		oan or excha		-			
b	Scholarly research	е	C	ther					
С	Preservation for future generations								
4	Provide a description of the organization	's collections and	explain h	now they furt	ther th	e organization	n's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization solic							_	
	assets to be sold to raise funds rather than		as part of	the organiza	tion's	collection?		Yes	No
Par	Complete if the organization and 990, Part X, line 21.		Form 99	0, Part IV, Iiı	ne 9, d	or reported a	n amount	on Forn	า
1a	Is the organization an agent, trustee, cust	odian or other inte	rmediary	for contributi	ons or	other assets n	ot		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part	XIII and complete t	he followii	ng table:			_		
	-					,	Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount or	n Form 990, Part X	(, line 21,	for escrow o	r custo	odial account li	ability?	Yes	No
b	If "Yes," explain the arrangement in Part								
Par									
	Complete if the organization an	swered "Yes" on	Form 99	0, Part IV, Iii	ne 10				
	· · · · · · · · · · · · · · · · · · ·		b) Prior year		years b		years back	(e) Four y	ears back
1.	Poginning of year balance						-		
_	Beginning of year balance								
b									
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programo I I I I I I I I								
f									
g									
2 a	Provide the estimated percentage of the Board designated or quasi-endowment	%	alance (lin	e 1g, column	(a)) he	eld as:			
b		6							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c	•							
3a	Are there endowment funds not in the pos	ssession of the org	anization	that are held	l and a	administered fo	r the	TV.	N-
	organization by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga		•		?			3b	
4	Describe in Part XIII the intended uses of		endowme	ent funds.					
Par	Land, Buildings, and Equipmen Complete if the organization ar	t. Iswered "Yes" on	Form 9	00 Part IV I	ine 11	la See Form	990 Par	t X line	10
	Description of property	(a) Cost or other b		Cost or other bas		c) Accumulated	1	book valu	
		(investment)		(other)		depreciation	'		
1a	Land								
b	Buildings				\perp				
С	Leasehold improvements				\perp				
d	Equipment	-		59,79	-	16,291			3,507.
e	Other			3,00		2,001			1,003.
Tota	l. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990,	Part X, c	olumn (B), line	e 10c.)	<u> ▶</u>	•	4	<u>4,510.</u>

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Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
/ A \			
<u>(A)</u>			
(D)			
(C)			
(E)			
<u>\'</u> _/			
(U)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
		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:
	(,,	(4,	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
_(8)			
_(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	L III	D. (1)// 1' 44 O. (Free 000 De ()/ 1' 45
	· · · · · · · · · · · · · · · · · · ·), Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	escription	(b) Book value
(1)			
(2)			
(3)			
(5) (6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	line 15.)	
Part X	Other Liabilities.	,	'
	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie
(1) Feder	ral income taxes	, ,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability f	or 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) 2015 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	1,211,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,179.
3	Subtract line 2e from line 1	3	1,201,473.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,201,473.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	968,578.
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	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	.	10 170
_	Add lines 2a through 2d	2e 3	10,179. 958,399.
3	Subtract line 2e from line 1	3	930,399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	investment expenses not included on Form 550, Fart Vin, line 75	-	
b	Other (Describe III at All.)	4c	
С 5	Add lines 4a and 4b	5	958,399.
	XIII Supplemental Information.		,
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Schedule D (Form 990) 2015 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

MERCHANDISE COST OF GOODS SOLD \$10,179

FORM 990, SCHEDULE D, PART XII, LINE 2D

MERCHANDISE COST OF GOODS SOLD \$10,179

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number 46-3323793

Name of the organization
THE PACK SHACK

FORM 990, PART VI, LINE 2

SINCE BRET RAYMOND, CEO, AND JAROD RING, COO, ARE BOTH OFFICERS AND DIRECTORS, THEY HAVE A BUSINESS RELATIONSHIP.

BRET RAYMOND AND JOHNNA RAYMOND HAVE A FAMILY RELATIONSHIP.

JAROD RING AND SARAH RING HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, LINE 8

THE ORGANIZATION CURRENTLY DOES NOT HAVE ANY PRACTICES OR POLICIES IN PLACE REGARDING THE DOCUMENTATION OF MEETINGS AND WRITTEN ACTIONS OF ITS GOVERNING BODY AND COMMITTEES WITH AUTHORITY TO ACT ON ITS BEHALF. THEY ARE IN THE PROCESS OF PUTTING AN INDEPENDENT BOARD OF DIRECTORS IN PLACE ALONG WITH POLICIES REGARDING THE DOCUMENTATION OF THE BOARD'S MEETINGS AND WRITTEN ACTIONS.

FORM 990, PART VI, LINE 11B

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

FORM 990, PART VI, LINE 12

THE PACK SHACK IS CURRENTLY WORKING TO PUT A CONFLICT OF INTEREST POLICY,
AS WELL AS, ALL OTHER POLICIES AND PROCEDURES, IN PLACE.

FORM 990, PART VI, LINE 15A & 15B

THE CEO SETS AND REVIEWS ALL COMPENSATION ANNUALLY. THE ORGANIZATION IS

Schedule O (Form 990 or 990-EZ) 2015 Page **2**

Name of the organization

THE PACK SHACK

46-3323793

IN THE PROCESS OF PUTTING A BOARD OF DIRECTORS, AS WELL AS, SEVERAL POLICIES AND PROCEDURES, IN PLACE TO IMPROVE THE REVIEW AND APPROVAL PROCESS OF 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.

	ATTACHMENT 1
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	. 21,829.
INVENTORY AT BEGINNING OF YEAR	. 17,925.
	·
PURCHASES	. 21,633.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	. 39,558.
MINUS ENDING INVENTORY	. 29,379.
COST OF GOODS SOLD	10,179.