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

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 Inspection

A F	or th	e 2016	6 calendar year, or tax year begin	ning	, 2016	, and er	nding	_		, 20
_			C Name of organization					D Employer id	entifica	ation number
Во	heck if ap	oplicable:	THE PACK SHACK							
X	Addre		Doing Business As					46-3323	3793	
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addr	ress)	Room/su	iite	E Telephone n	umber	
	Initial	return	1091 E. LOWELL AVENUE					(479) 46	6 – 36	546
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal co	ode					
	Amen		CAVE SPRINGS, AR 72718	3				G Gross receip	ts \$	1,372,653.
	Applio pendi	cation	F Name and address of principal officer:	BRET RAYMON	D			H(a) Is this a grown subordinates		of for Yes X No
			1091 E. LOWELL AVENUE	CAVE SPRINGS,	AR 7271	8		H(b) Are all subord		luded? Yes No
I	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527	If "No," attac	ch a list.	(see instructions)
J	Websi	ite: 🕨 1	WWW.THEPACKSHACK.ORG					H(c) Group exem	ption nur	mber >
K	Form o	of organi	ization: X Corporation Trust	Association Other	>	L Ye	ear of forma	ation: 2013 M	State o	of legal domicile: AR
P	art I	Sun	nmary							
	1	Briefly	describe the organization's mission or	most significant activit	ies: THE P	ACK SE	HACK ST	JPPLIES PR	OVIS	SIONS AND
e		OPPC	ORTUNITIES TO OUR NEIGHE	ORS IN NEED.	WE BRING	PEOPI	LE TOGI	ETHER		
Jan		TO F	PACK MEALS FOR HUNGER RE	LIEF GROUPS.						
Governance	2	Check	this box if the organization di	scontinued its operati	ons or dispose	ed of mor	e than 25%	% of its net asset	s.	
တိ	3	Numbe	er of voting members of the governing	body (Part VI, line 1a)					3	4.
න් ග			er of independent voting members of the						4	2.
ctivities &			number of individuals employed in cale						5	7.
÷			number of volunteers (estimate if necess						6	26,456.
ĕ	7a	Total u	unrelated business revenue from Part VI	II, column (C), line 12					7a	0.
			related business taxable income from I						7b	0.
								Prior Year		Current Year
ø	8	Contrib	butions and grants (Part VIII, line 1h)				\neg $lacksquare$	1,187,04	18.	1,354,099.
aun	9	Progra	m service revenue (Part VIII, line 2g)		COP	Y FOR			0.	0.
Revenue	10	Investr	ment income (Part VIII, column (A), line	s 3, 4, and 7d)	PUBLICII	NSPECTI			0.	0.
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11	e)			14,42	25.	11,687.
	12	Total r	evenue - add lines 8 through 11 (must	equal Part VIII, column	(A), line 12) .			1,201,47	73.	1,365,786.
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				11,68	34.	14,528.
	14	Benefi	ts paid to or for members (Part IX, colu	mn (A), line 4)					0.	<u> </u>
es	15		es, other compensation, employee bene		320,65	6.	487,866.			
Expenses	16a	Profes	sional fundraising fees (Part IX, column	(A), line 11e)				35	72.	3,065.
ă X	b		undraising expenses (Part IX, column ([
	17		expenses (Part IX, column (A), lines 11:					625,68		806,654.
	18	Total e	expenses. Add lines 13-17 (must equal	Part IX, column (A), lin	e 25)			958,39	_	1,312,113.
. 10	19	Reven	ue less expenses. Subtract line 18 from	line 12				243,07		53,673.
Net Assets or Fund Balances								nning of Current \		End of Year
sset	20	Total a	assets (Part X, line 16)					350,17		427,122.
nd E	21		iabilities (Part X, line 26)					52,20		75,484.
			sets or fund balances. Subtract line 21	from line 20				297,96	5.	351,638.
	rt II		nature Block							
true	der per e, corre	naities of ect, and c	f perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accon officer) is based on all inf	npanying schedi formation of whi	ules and s ich prepar	itatements, er has any l	and to the best of knowledge.	my kr	nowledge and belief, it is
								11/1	F / O O	1.0
Sig	ın	a	Signature of officer					11/1 Date	5/20)17
He					GEO / GI			Date		
		I B -	BRET RAYMOND		CEO/CI	FO				
			Type or print name and title Type preparer's name	Preparer's signature		Date				TIN
Paid	t			i reparer a signature		Date		Check	J "	
Prepare			LUNDY					self-employ	eu L	200842085
Use	Only	Firm's	<u> </u>	me a poceso	AD 70750			Firm's EIN	470	045 0070
N 4 -	, the "	-	address > 809 S 52ND ST, S					Phone no.	4/9.	845.0270
			cuss this return with the preparer shown	•	лі5)					X Yes No Form 990 (2016)
ror	rape	ı work h	Reduction Act Notice, see the separate	e instructions.						Form 330 (2016)

THE PACK SHACK 46-3323793 Form 990 (2016) 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 \$__ 1,033,701. including grants of \$ _____14,528.) (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 2016, 5.56 MILLION MEALS WERE PACKED. **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:

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

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

4e Total program service expenses ▶ 1,033,701.

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a 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 Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

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bill the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domenstic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and III. 2	Y	'es	No
b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?. 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27 Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or payables to any current or former officers, directors, trustees, key employees. If "Yes," complete Schedule L, Part II. 27 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 employee? 28 Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any)a		Х
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Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and IIII. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 27d Did the organization an escrow account other than a refunding escrow at any time during the year? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at ny time during the year? 28d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 29d 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 organizations prior Forms 990 or 990-EZ? 21f If "Yes," complete Schedule L, Part II 22d 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 III. 23d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 24d A family member of any of these person	1		Х
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 2 Did the organization miest any proceeds of tax-exempt bonds beyond a temporary period exception?. 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 Did 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 organizations prior Forms 990 or 990-EZ? 2 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 propers, and that the transaction and the organization 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 II. 2 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV.			
 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 2 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 d Did the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 d Did the organization avare that it engaged in an excess benefit transaction with a disqualified person of an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 d Did the organization avare 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 organizations provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 2 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 II. 2 A current or former officer, director, trust	2	Х	
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	la		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 225a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_		
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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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	6		Х
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			
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	7		X
Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	3a		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	3b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	ЗС		X
conservation contributions? If "Yes," complete Schedule M	9		Х
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
Part I	0		Х
Part I			
complete Schedule N, Part II	1		Х
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			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	2		X
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			
or IV, and Part V, line 1	3		X
 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
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 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	4		X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	5a		Х
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	5b		
related organization? If "Yes," complete Schedule R, Part V, line 2			
	6		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	7		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.		X 00 "	

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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 organization have excess business holdings at any time during the year?............ 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?

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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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses 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		Х
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	4.01		
	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		A
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?	150		Х
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		A
40-	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	16a		Х
_	with a taxable entity during the year?	Toa		21
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	100		
	List the states with which a copy of this Form 990 is required to be filed ▶ AR ,			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	·)(3)~	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	301(0	,)(3)3	Offig)
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
•	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	IS:►		

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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	related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er an	Pos heck ss pe	rson	e than of is both tor/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 organizations	
(1)BRET RAYMOND CEO/CFO	50.00	х		х				135,354.	0.	10,303.	
(2)JAROD RING	50.00										
C00	0.	Х		Х				88,234.	0.	9,572.	
(3)JOHNNA RAYMOND	.25										
DIRECTOR	0.	X						0.	0.	0.	
(4)SARAH RING	.25										
DIRECTOR	0.	X						0.	0.	0.	
_(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
<u>(11)</u>											
<u>(12)</u>											
<u>(13)</u>											
(14)											

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	rt VII Section A. Officers, Directors, Tru	ictore Ko	v En	nla			and L	امال	hast Campansat	od Emplo	V005 (a	ontinuo		age o
Га	-		;y ∟ 11	ipic			anu i	iigi			yees (6			
	(A) Name and title		(B) (C) Average Position						(D) Reportable	(E) Reportable			(F) imated	
	Name and tille	Average hours per	(do r	not c			e than o	ne	compensation	compensati			ount of	
		week (list any							from	relate			ther	
		hours for	officer and a director/						the	organiza			ensatio	on
		related	ndi or d	nsti	Officer	Key employee	digh High	Former	organization	(W-2/1099	-MISC)		m the nization	n
		organizations below dotted	/idu	tuti	ĕ	emp	lest	ner	(W-2/1099-MISC)			•	related	
		line)	al tr	onal		oloy	con						nization	
			Individual trustee or director	Institutional truste		ee	Highest compensated employee							
			ď	stee			nsat							
							ed							
		L												
			1											
			1											
	Sub-total	l				<u> </u>			223,588.		0.		19,8	75.
	Total from continuation sheets to Part VII, S			• •	• •	• •			0.		0.		, -	0.
	Total (add lines 1b and 1c)	-				• •			223,588.		0.		19,8	
	Total number of individuals (including but not							re	1	\$100 000			, -	
_	reportable compensation from the organization			L	- u		-,			÷ . 50,500	٠.			
_			· ·										Yes	No
2	Did the organization list any former office	or directo		40.	ıoto		kov. o	. m n	Javaa ar biabaa	· aamnana	otod		100	110
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedi</i>											3		X
												3		71
4	For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	pen	sation	n ai	nd other compens	sation from	the			
	organization and related organizations gre								complete Schedu	ie J for	such	A		X
_														
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													
	ction B. Independent Contractors	zs, comple	1 0 301	ieul	iie J	, 101	SuCII	ρer	3011			Э		
	•	noncotod :	ndon	n d -	n+	000	tracto	rc t	hat received man	than \$100	2 000 -	.f		
1	Complete this table for your five highest com- compensation from the organization. Report of													
	year.	-cinpensati	J.1 101		, oa		aai ye	۵1 C	Zing with Or With	ale orga	Zati0i			
	<u>·</u>							1						
	(A)								(B)		1	(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 ar	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					
≣a	d	Related organizations 1d					
ns, Sim	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	1,354,099.				
in di	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,354,099.			
Program Service Revenue			Business Code				
Şeve	2a						
Se F	b						
Ž	С	-					
n Se	d						
Iran	е						
rog	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			<u> </u>
	3	, 9	nds, interest,	0.			
		and other similar amounts)		0.			
	4 5	Royalties	•	0.			
	•	(i) Real	(ii) Personal	0.			
	60		. ,				
	6a	Gross rents					
	b	Rental income or (loss)					
	c d	` ,		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other	0.			
		assets other than inventory					
	b	Less: cost or other basis					
	"	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
•	8a	Gross income from fundraising					
u ne	•	events (not including \$					
Other Revenue		of contributions reported on line 1c).					
E.		See Part IV, line 18 a	0.				
ţ	b	Less: direct expenses b					
U		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods soldATCH .1 . b	6,867.				
	С	Net income or (loss) from sales of inventory.		6,623.			6,623.
		Miscellaneous Revenue	Business Code				
	11a	<u>.</u>					
	b	<u>·</u>					
	С	<u>·</u>					
	d	All other revenue		5,064.			5,064.
	e	Total. Add lines 11a-11d		5,064.			
	12	Total revenue. See instructions.	.	1,365,786.			11,687.

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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 or note to any line in this Part IX											
	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	8,528.	8,528.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,000.	6,000.								
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.									
	Compensation of current officers, directors, trustees, and key employees	247,090.	154,431.	43,241.	49,418.						
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	176,383.	152,865.		23,518.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,539.	3,934.		605.						
9	Other employee benefits	29,122.	25,239.		3,883.						
10	Payroll taxes	30,732.	21,389.	3,375.	5,968.						
11	Fees for services (non-employees):										
а	ı Management	0.									
b	Legal	94.		94.							
c	Accounting	24,254.		24,254.							
d	I Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	3,065.			3,065.						
1	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.)	43,558.	778.	42,780.							
12	Advertising and promotion	19,153.			19,153.						
13	Office expenses	55,450.	48,118.	7,332.							
14	Information technology	21,367.	16,536.	4,831.							
15	Royalties	0.									
16	Occupancy	25,010.	22,768.	2,242.							
17	Travel	108,048.	95,259.	2,683.	10,106.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	483.		483.							
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	22,456.		22,456.							
23	Insurance	9,055.	6,543.	2,512.							
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.)										
а	INGREDIENTS/SUPPLIES	433,328.	433,328.								
b	COMMISSIONED SALES	37,985.	37,985.								
c	THANK YOU GIFTS	645.		645.							
d	ı. <u> </u>										
е	All other expenses	5,768.		5,768.							
25	Total functional expenses. Add lines 1 through 24e	1,312,113.	1,033,701.	162,696.	115,716.						
	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)										
JSA	10110WILING COT 30-Z (ACC 330-720)	0.			F 000 (0040)						

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Part X **Balance Sheet**

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
		Chook ii Conocure o containe a response o	11100		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,719.	1	226,328.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			40,563.	4	64,809.
	5	Loans and other receivables from current and	forme	r officers, directors.	.,	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont	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	, and	contributing employers			
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
\ss	8	Inventories for sale or use			29,379.	8	56,951.
~	9	Prepaid expenses and deferred charges			0.	9	5,365.
	10 a	Land, buildings, and equipment: cost or					
			10a	99,463.			
	b	Less: accumulated depreciation	10b	26,794.	44,510.	10c	72,669.
	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				14	0.
	15	Other assets. See Part IV, line 11				15	1,000.
	16	Total assets. Add lines 1 through 15 (must equal			350,171.	16	427,122.
	17	Accounts payable and accrued expenses			39,044.	17	21,386.
	18	Grants payable					0.
	19	Deferred revenue				19	20,000.
	20	Tax-exempt bond liabilities			0.		0.
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.		
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
įż		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			13,162.	23	34,098.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		· ·	0.	25	0.
	26	of Schedule D			52,206.	25 26	75,484.
_	20	Organizations that follow SFAS 117 (ASC 958),			32,200.	20	75,101.
es		complete lines 27 through 29, and lines 33 and		There P and			
ğ	27	Unrestricted net assets			297,965.	27	351,638.
sala	28	Temporarily restricted net assets			0.	28	0.
<u> </u>	29	Permanently restricted net assets			0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)			-		
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or equ				31	
et	32	Retained earnings, endowment, accumulated inco	ome,	or other runds	207.065	32	251 620
Ž	33	Total net assets or fund balances			297,965.	33	351,638.
	34	Total liabilities and net assets/fund balances		<u> </u>	350,171.	34	427,122.

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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		1,3	65,7	786.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	12,1	13.			
3	Revenue less expenses. Subtract line 2 from line 1	3			53,6	573.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	97,9	965.			
5	Net unrealized gains (losses) on investments								
6	6 Donated services and use of facilities								
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))	10		3	51,6	538.			
Part	· · ·								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			Г		Yes	No			
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			.	3.7				
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	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:								
	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		_	20	Х				
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	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	ın	3a		Х			
	the Single Audit Act and OMB Circular A-133?			эa					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		tne	3b					
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such ad	uilo.		งม					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

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Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	J			•	,,,,,,,	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe	-		-			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un on after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su						, , , ,
		Check the box in lines 12a t						
а		☐ Type I. A supporting organical properties. ☐ Type I. A suppo	•		•		• ,,	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b		Type II . A supporting org	•					
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•					
С	L	Type III functionally integ						ly integrated with,
		its supported organization	. , .	•				(- d (/ -)
d	L	Type III non-functionally						
		that is not functionally inte		•	-		•	an attentiveness
_		requirement (see instruct		-				I Tymo III
е	_	Check this box if the orga functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	і, туре ііі
f	En	ter the number of supported	• •			•	IOH.	
		ovide the following information	_					
_ 9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ai							

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **2**

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	340,596.	1,187,048.	1,354,099.	2,881,743.				
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.	2,881,743.				
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)						466,390.				
6	Public support. Subtract line 5 from line 4.						2,415,353.				
Sec	tion B. Total Support						2,113,333.				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4			340,596.	1,187,048.	1,354,099.	2,881,743.				
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.	18,554.	47,752.				
11	Total support. Add lines 7 through 10						2,929,495.				
12	Gross receipts from related activities, etc. (s	see instructions)				12					
13	First five years. If the Form 990 is forganization, check this box and stop here										
Sec	tion C. Computation of Public Sup	port Percenta	ge								
14	Public support percentage for 2016 (li	ne 6, column (f)) divided by line	11, column (f))		14	%_				
15	Public support percentage from 2015	Schedule A, Pa	art II, line 14			15	<u>%</u>				
16a	331/3% support test - 2016. If the o	rganization did	not check the	box on line 13,	and line 14 is	331/3 % or more	e, check				
	this box and stop here . The organization										
b	331/3% support test - 2015. If the c										
	check this box and stop here . The orga	•									
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circums	tances" test, ch	eck this box ar	nd stop here. Ex	kplain in				
	organization										
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	anization meets on meets	the "facts-and facts-and-circun	d-circumstances" nstances" test	' test, check th The organizatio	nis box and sto in qualifies as a	p here.				
18	supported organization 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	. \square				
						abadula A (Farm 00					

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
7 a	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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	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 f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	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 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li			13, column (f)) _		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

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

			res	N
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 12a or 12b 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) purposes.	4c		
5а	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).	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			

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.**

disqualified persons as defined in section 4946 (other than foundation managers and organizations described

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.)

9a

9b

9c

10a

10b

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

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Part	IV 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		
b	A family member of a person described in (a) above?	11b		
С	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	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).	4		
Socti	ion D. All Type III Supporting Organizations	1		
Jecu	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
	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? 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	ons).	
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	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.	26		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization have the power to regularly appoint or elect a majority of the officers directors or			
а	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 Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	<u> </u>	1 age C
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organia	zations n	nust complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(op.non.a.)
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)
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-functional	ly integra	ted Type III supporting	g organization (see
instructions).	•		

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Page **7**

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			
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	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 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4a	1		

Schedule A (Form 990 or 990-EZ) 2016

b

Breakdown of line 7:

Excess from 2013

Excess from 2014....
Excess from 2015....
Excess from 2016....

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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.)

	· ·	'	<u>, </u>	`	,	
					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	Æ				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
INVENTORY SALES			4,540.	21,829.	13,490.	39,859.
OTHER REVENUE			54.	2,775.	5,064.	7,893.
TOTAL C			4.504	04.604	10.554	45.550
TOTALS			<u>4,594.</u>	24,604.	<u> 18,554.</u> _	47,752.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number						
THE PACK SHACK		45,000,000						
Organization type (check or	۵)،	46-3323793						
Organization type (check of	е).							
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	a private foundation						
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation						
instructions.	7), (8), or (10) organization can check boxes for both the Gen	eral Rule and a Special Rule. See						
General Rule								
_	n filing Form 990, 990-EZ, or 990-PF that received, during the or property) from any one contributor. Complete Parts I and contributions.							
Special Rules								
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedund that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9	ale A (Form 990 or 990-EZ), Part II, line tal contributions of the greater of (1)						
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 the year, total contributions of more than \$1,000 exclusively onal purposes, or for the prevention of cruelty to children or a	for religious, charitable, scientific,						
contributor, during contributions total during the year fo General Rule app	n described in section 501(c)(7), (8), or (10) filing Form 990 the year, contributions <i>exclusively</i> for religious, charitable, et ed more than \$1,000. If this box is checked, enter here the to an <i>exclusively</i> religious, charitable, etc., purpose. Don't comples to this organization because it received <i>nonexclusively</i> religions more during the year	c., purposes, but no such tal contributions that were received blete any of the parts unless the lious, charitable, etc., contributions						
=	t isn't covered by the General Rule and/or the Special Rules ust answer "No" on Part IV, line 2, of its Form 990; or check	· · · · · · · · · · · · · · · · · · ·						

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) (2016)

Name of organization THE PACK SHACK

Employer identification number

			46-3323793
Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	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 X 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_		\$\$	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_		\$ 32,500.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

	Contributors (See instructions). Use duplicate cop		
(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

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.									
(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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other at 1 Total number at end of year	accounts
1 Total number at end of year	accounts
1 Total number at end of year	accounts
2 Aggregate value of contributions to (during 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	
y y	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	Yes No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important	nt land area
Protection of natural habitat Preservation of a certified historic stru	ucture
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservat	ion
easement on the last day of the tax year. Held at the End o	f the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c 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	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizatio	n during the
tax year 🕨	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	Yes L No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	g the year
>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements d	uring the year
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
\ /\ /\ /\ /	Yes L No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descri	bes the
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the statement and works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the statement and works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the statement and works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the statement and the statement and the statement and works of art, historical treasures, or other similar assets held for public exhibition.	furtherance of
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in the public service, provide the following amounts relating to these items:	furtherance of
· · · · · · · · · · · · · · · · · · ·	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gair	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	i, provide tile
a Revenue included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **2**

Par	t Organizations Maintaini	ng Colle	ctions of	Art, Hist	torical T	reasure	s, or Otl	ner Similar Asse	ts (continu	ued)
3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, checl	k any of	the follow	ing that are a sig	nificant use	of its
	collection items (check all that app	ly):								
а	Public exhibition			d	Loan	or exchan	ge progra	ms		
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's	collections	and expla	ain how t	they furth	er the or	ganization's exemp	t purpose ii	n Part
	XIII.									
5	During the year, did the organization	on solicit o	or receive o	donations o	of art, histo	orical trea	asures, or	other similar		
	assets to be sold to raise funds rath	ner than t	o be maint	ained as pa	rt of the o	organizati	on's collec	ction?	Yes	No
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a	Is the organization an agent, truste									_
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement i									
								Amount		
С	Beginning balance					1	С			
d	Additions during the year					1	d			
е	Distributions during the year						е			
f	Ending balance						f			
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has beer	provided	on Part XIII		
Par				-"	- 000 D	t IV / I!	- 40			
	Complete if the organizat									
		(a) Cu	rrent year	(b) Pric	or year	(c) Two	ears back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage				e (line 1g,	column (a	a)) held as	:		
a	Board designated or quasi-endown			_%						
	Permanent endowment Temporarily restricted endowment	%	0/							
С	, ,		%	1000/						
2.0	The percentages on lines 2a, 2b, a Are there endowment funds not in				stion that	ara hald	and admir	piotorod for the		
sa	organization by:	the possi	2551011 OI 11	ie organiza	ation that	are neid	and admi	iistered for the	Yes	No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the relate								3b	+
4	Describe in Part XIII the intended	•		•					0.0	
	t VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza	tion ans)
	Description of property			other basis tment)		or other basis other)		cumulated (eciation	d) Book value	
1a	Land		\	/		- /	2001			
b	Buildings									
С	Leasehold improvements									
d	Equipment					71,900		22,553.	49,	347.
е	Other					27,563		4,241.	-	322.
Tota	I. Add lines 1a through 1e. (Column		t equal Forr	n 990, Part	X, columi			▶		669.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **3**

Part VII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			
	r-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"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)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X,	
	(a) Des	scription	(b) B	ook value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)		(no. 45.)		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, F	Part X,
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes	.,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	mn (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 t	the organization's financial statements that reports	the

PAGE 30

Schedule D (Form 990) 2016 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	1,372,653.
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.)	<u>.</u>	
е	Add lines 2a through 2d	2e	6,867.
3	Subtract line 2e from line 1	3	1,365,786.
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.)	4 -	
C	Add lines 4a and 4b	4c 5	1,365,786.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		1,303,700.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<i>a</i> i i i .	
1	Total expenses and losses per audited financial statements	1	1,318,980.
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.)	1 1	6 065
е	Add lines 2a through 2d	2e	6,867.
3	Subtract line 2e from line 1	3	1,312,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.	
С 5	Add lines 4a and 4b	4c 5	1,312,113.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	J	1,312,113.
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	art V, II	ine 4; Part X, line

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 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 \$6,867

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

MERCHANDISE COST OF GOODS SOLD \$6,867

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer identifica	tion number
THE PACK SHACK				46-332379	46-3323793		
Part I General Information on Grants and	l Assistanc	е				•	
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistan	ce?				Г	X Yes No
Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipi							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g3 Enter total number of other organizations list							

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ministry contributions	1.	6,000.		N/A	N/A
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE TO AN INDIVIDUAL WHO WAS

SELECTED BY MEMBERS OF THE STAFF BASED ON HIS APPLICATION AND

PRESENTATION. CONTRIBUTIONS ARE SENT ON A MONTHLY BASIS FOR THE

INDIVIDUAL TO PROVIDE LEADERSHIP AND DEVELOPMENT TRAINING WITHIN HIS

MINISTRY.

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.

OMB No. 1545-0047

2016

Open to Public Inspection

46-3323793

Department of the Treasury Internal Revenue Service Name of the organization

THE PACK SHACK

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

Inspection

Employer identification number

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 IS

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

Name of the organization	Employer identification number		
THE PACK SHACK	46-3323793		

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	13,490.
INVENTORY AT BEGINNING OF YEAR	29,379.
PURCHASES	34,439.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	63,818.
MINUS ENDING INVENTORY	56,951.
COST OF GOODS SOLD	6,867.