Fo	<b>990</b>		Return of Organization Exempt From Income Tax  Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)						
Department of the Treasury Internal Revenue Service			<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						
Ā	For the 2018	calenda	ar year, or tax year beginning	, 2018, and ending	_	, 20			
В	C Name of organization  THE PACK SHACK		3		D Employer identification 46-3323793	number			
	Address change	Doing	business as						

В	Check if ap	oplicable: THE PACK SHACK			46-33237	93
	Addre					
		Number and street (or P.O. box if mail is not delivered to street addres	E Telephone numb	er		
F	_	return 1091 E. LOWELL AVENUE			(479) 466-	- 3646
F	Final	return/ City or town, state or province, country, and ZIP or foreign postal code	l e			
H	termir Amen	ded CAVE SPRINGS, AR 72718			<b>G</b> Gross receipts \$	2,077,480.
-	return Applio	F Name and address of principal officer: RRET RAYMOND			H(a) Is this a group re	
_	pendi	1091 E. LOWELL AVENUE, CAVE SPRINGS,	AR 727	1.8	subordinates? <b>H(b)</b> Are all subordinate	
_	Tay-ey	empt status: X   501(c)(3)   501(c) ( )   (insert no.)	4947(a)(1)		* * * * * * * * * * * * * * * * * * * *	a list. (see instructions)
<u>.</u> J		te: WWW.THEPACKSHACK.ORG	4947 (a)(1)	01   32	H(c) Group exemption	
<u>.</u> К		of organization: X Corporation Trust Association Other		1 Voor of	formation: 2013 M Sta	
				L real of	Tormation. 2015 W Sta	ite or regar dornicile. Arc
	art I	Summary	ייטדי ס	VCK CHYC	ע כווסחו דביכ ספרני	TCTOMC AND
_		Briefly describe the organization's mission or most significant activities OPPORTUNITIES TO OUR NEIGHBORS IN NEED. W				TISTONS AND
ü		TO PACK MEALS FOR HUNGER RELIEF GROUPS.	E DKING	PEOPLE	TOGETHER	
Governance					050/ 61/	
Ş	2	Check this box if the organization discontinued its operation	•		1	
		Number of voting members of the governing body (Part VI, line 1a)				
S	4	Number of independent voting members of the governing body (Part				
Ξ	5	Total number of individuals employed in calendar year 2018 (Part V, li				
Activities &	6	Total number of volunteers (estimate if necessary)				
٩	ı a	Total unrelated business revenue from Part VIII, column (C), line 12 $$ .				
	b	Net unrelated business taxable income from Form 990-T, line 38				
Revenue					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,734,289.	
	9	Program service revenue (Part VIII, line 2g)			0	1 1
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0	-,
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	)		1,743	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (	A), line 12) .		1,736,032.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) $ \ldots  $			3,005	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5-10).		758,477	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		10,780	. 0.	
Ž	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	222,396	•		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,232,202.	1,180,356.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		2,004,464.	
		Revenue less expenses. Subtract line 18 from line 12			-268,432	21,472.
ts or	2				Beginning of Current Yea	r End of Year
set	20	Total assets (Part X, line 16)			214,353	. 237,144.
FAS	21	Total liabilities (Part X, line 26)			131,147	. 175,410.
Š.	20 21 22	Net assets or fund balances. Subtract line 21 from line 20			83,206	. 61,734.
P	art II	Signature Block				
Ur tru	nder per ue, corre	nalties of perjury, I declare that I have examined this return, including accomp tt, and complete. Declaration of preparer (other than officer) is based on all infor	anying schedurmation of whi	iles and staten ch preparer ha	nents, and to the best of m s any knowledge.	y knowledge and belief, it is
					11/05/	2019
Si	gn	Signature of officer			Date	
He	ere	BRET RAYMOND	CEO/CFO	)		
		Type or print name and title		-		
		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
Pai	id	J M LUNDY			self-employed	P00842085
Pre	eparer	. DVD IID				100012003
Us	e Only	Firm's name BRD, LLP Firm's address >809 S 52ND ST, STE A ROGERS, AR	72758		Firm's EIN ► Phone no. 479	9.845.0270
		I I III a dudica Pour a comme de l'action de l'action de l'action de la comme			I FIIONE NO. +/-	

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

THE PACK SHACK 46-3323793 Form 990 (2018) 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? 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 \$ 1,481,219. including grants of \$ 150. ) (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 2018, 8.3 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 ► 1,481,219.

JSA
8E1020 1.000

Form **990** (2018)

Form 990 (2018)

Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
u	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
		22	х	ĺ
	employees? If "Yes," complete Schedule J	23	Λ	
24 a	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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27				ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
J-T	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D		256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		7.7	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
			~~~	

Form 990 (2018) Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 14			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	···		
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	, ,			

Form 990 (2018) THE PACK SHACK 46-3323793 Page **6** 

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

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

Sect	ion A. Governing Body and Management				
0000	Ton A. Coverning Body and management		Yes	No	
4.	Enter the number of voting members of the governing body at the end of the tax year.	1			
1a	Enter the number of voting members of the governing body at the end of the tax year				
	if the governing body delegated broad authority to an executive committee or similar				
_	committee, explain in Schedule O.	1			
	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u>	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Х	
	any other officer, director, trustee, or key employee?	2		^	
3	Did the organization delegate control over management duties customarily performed by or under the direct			37	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X	
	one or more members of the governing body?				
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	37		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		Х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		X	
b	Other officers or key employees of the organization	15b		Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b		<u> </u>	
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ AR,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	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 BRET RAYMOND 5211 S 43RD ST ROGERS, AR 72758	ls ▶			

Form **990** (2018)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of veek (list anv officer and a director/trustee) from related other Individual t or director hours for organizations compensation Officer employee Institutional trustee Highest compensated organization (W-2/1099-MISC) related from the employee (W-2/1099-MISC) organizations organization below dotted and related trustee line) organizations (1) BRET RAYMOND 40.00 CEO/CFO 0. Χ Χ 153,109 0 14,569. (2)ANGELA BLUMA .25 PRESIDENT 0. Χ Χ 0 0. 0. (3)MIKE HARVEY .25 TREASURER 0. Х 0 0 0. X (4)KEITH PROVINCE .25 VICE PRESIDENT 0. 0. Χ X 0 0 (5)PHILLIP SHERO .25 SECRETARY 0. X 0 0 0. X (6) (7) (8) (9) (10)(11)(12)(13) (14)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles	s pe	ition more rson irect	e than or trusted that the than or trusted employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		am com fro orga and	(F) timated tount of other pensation om the anization d related unizations
1b Sub-total c Total from continuation sheets to Part VII, S	oction A						<b>&gt;</b>	153,109.		0.		14,569.
d Total (add lines 1b and 1c)	<u> </u>						<u></u>	153,109.		0.		14,569.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose I 1		d at	oove	e) who	re	ceived more than	\$100,000	of		
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>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</li> </ul>								3 4 5	Yes No X X			
Section B. Independent Contractors	os, comple	.G 001	Guu	10 J	101	Sucil	μσι	JOII			, J	
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens	ation
							+			+		

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512-514
1a	Federated campaigns 1a					
b	Membership dues 1b					
С	§					
d	9					
е	• , , ,					
f	, , , , ,	2,067,328.				
1a b c d e f						
g h			2,067,328.			
		Business Code				
2a						
b						
С						
d						
e						
g	All other program service revenue L  Total. Add lines 2a-2f		0.	L		
3	Investment income (including dividence					
	and other similar amounts)	▶ │	0.			
4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
5	Royalties		0.			
	(i) Real	(ii) Personal				
6a						
b						
d			0.			
7a	(i) Convition	(ii) Other	0.			
	assets other than inventory	2,317.				
Ь	Less: cost or other basis					
-	and sales expenses					
c		2,317.				
d	Net gain or (loss)		2,317.	2,317.		
8a	Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).	0.				
١.	See Part IV, line 18	0.				
b			0.			
9a						
	See Part IV, line 19	0.				
b		0.				
С		▶	0.			
10a	· · · · · · · · · · · · · · · · · · ·					
	returns and allowances a	2,815.				
b		4,555.	1 740			1 74
С	Miscellaneous Revenue	Business Code	-1,740.			-1,74
44-	ALL OTHER MISC REVENUE	900099	5,020.			5,020
11a b			2,020.			3,32
C						
d						
e			5,020.			
12	Total revenue. See instructions.		2,072,925.	2,317.		3,280

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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	onse 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	150.	150.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
	individuals. See Part IV, lines 15 and 16	0.			
4		0.			
5	Compensation of current officers, directors, trustees, and key employees	167,678.		167,678.	
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	542,062.	339,337.	86,187.	116,538.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,083.	17,580.	4,465.	6,038.
9	Other employee benefits	110,705.	69,303.	17,602.	23,800.
10	Payroll taxes	65,363.	40,918.	10,393.	14,052.
11	Fees for services (non-employees):				
a	Management	0.			
b	Legal	1,517.		1,517.	
C	Accounting	19,575.		19,575.	
C	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	0.			
Q	Other. (If line 11g amount exceeds 10% of line 25, column	7 401	0.50	6 163	
	(A) amount, list line 11g expenses on Schedule O.)	7,421.	958.	6,463.	11,673.
	Advertising and promotion	77,873.	60,793.	17,080.	11,073.
	Office expenses	31,128.	18,996.	12,132.	
	Information technology	0.	10,990.	12,132.	
	Royalties	119,553.	119,553.		
	Occupancy	195,878.	168,407.	5,630.	21,841.
	Travel	173,070.	100,107.	3,030.	21,011.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40		14,264.			14,264.
	Conferences, conventions, and meetings	3,294.		3,294.	,201.
	Interest Payments to affiliates	0.		-,	
	Depreciation, depletion, and amortization	34,672.		34,672.	
	Insurance	15,251.	15,251.		
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	INGREDIENTS/SUPPLIES	629,973.	629,973.		
b	COMMISSIONED SALES	14,190.			14,190.
c	MISCELLANEOUS	4,094.		4,094.	
c	I				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,094,397.	1,481,219.	390,782.	222,396.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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### Part X Balance Sheet

	ILA				
		Check if Schedule O contains a response or note to any line in the	s Part X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	24,215.	1	23,451.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	35,766.	4	49,182.
	5	Loans and other receivables from current and former officers, director	S,		
		trustees, key employees, and highest compensated employee	s.		
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employee	On on	5	0.
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia	iry		0
Ś		organizations (see instructions). Complete Part II of Schedule L		6	0.
Assets	7	Notes and loans receivable, net		7	0.
As	8	Inventories for sale or use		8	84,517.
	9	Prepaid expenses and deferred charges	2,725.	9	500.
	10 a	Land, buildings, and equipment: cost or	2		
		other basis. Complete Part VI of Schedule D  10a 167, 95  Less: accumulated depreciation			79,494.
		Zood documented deprocedure 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	11	Investments - publicly traded securities			0.
	12	Investments - other securities. See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11			0.
	14	Intangible assets		17	0.
	15	Other assets. See Part IV, line 11	• • — — — — — — — — — — — — — — — — — —	15 16	237,144.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	114,569.
	17	Accounts payable and accrued expenses	• •		0.
	18	Grants payable			2,500.
	19	Deferred revenue			0.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D			0.
"	22	Loans and other payables to current and former officers, director		21	0.
ţį	22	trustees, key employees, highest compensated employees, ar			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties			58,341.
	24	Unsecured notes and loans payable to unrelated third parties	• •		0.
	25	Other liabilities (including federal income tax, payables to related thin			
		parties, and other liabilities not included on lines 17-24). Complete Part	I		
		of Schedule D		25	0.
	26	Total liabilities. Add lines 17 through 25	131,147.	26	175,410.
es		Organizations that follow SFAS 117 (ASC 958), check here X are complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	83,206.	27	61,734.
Fund Balances	28	Temporarily restricted net assets	0.	28	0.
Þ	29	Permanently restricted net assets	0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here arcomplete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
¥	32	Retained earnings, endowment, accumulated income, or other funds	' '	32	
Net	33	Total net assets or fund balances	83,206.	33	61,734.
_	34	Total liabilities and net assets/fund balances	214,353.	34	237,144.

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI			2 0	72,9	125
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,094,397. -21,472.	
3	Revenue less expenses. Subtract line 2 from line 1	3			83,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			03,2	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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			61,7	734.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	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 compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	na 📗			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiç	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountar	nt?	2c	X	
	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	in			
	the Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

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

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(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	Illy receives: (1) meted to its exempt f	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
		acquired by the organizatio						
11		An organization organized	•	•	-		, , , ,	1
12		An organization organized		-	-			
		of one or more publicly su						
	Г	Check the box in lines 12a t	=				•	=
а	L	Type I. A supporting orga	•	•			• , ,	
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization. `	-					
b	L	<b>Type II.</b> A supporting org	•					
		control or management of			the sam	e person	is that control or man	age the supported
	Г	organization(s). You must	=					
С	L	Type III functionally integ						ly integrated with,
	Г	its supported organization		· ·				(
d	L	Type III non-functionally			-			- ' '
		that is not functionally inte			-		•	an attentiveness
_	Г	requirement (see instruct	•	-				I. Tumo III
е	L	Check this box if the orga						і, туре ііі
f	Fr	functionally integrated, or nter the number of supported	• •		porting t	Jigariizai	IOTI.	
		ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(-)		(, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
						1.0		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	340,596.	1,187,048.	1,354,099.	1,734,289.	2,067,328.	6,683,360.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	340,596.	1,187,048.	1,354,099.	1,734,289.	2,067,328.	6,683,360.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
_6_	Public support. Subtract line 5 from line 4						6,683,360.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶ │	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	340,596.	1,187,048.	1,354,099.	1,734,289.	2,067,328.	6,683,360.
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.	7,707.	7,835.	63,294.
11	Total support. Add lines 7 through 10						6,746,654.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2018 (lin	. ,	•			14	%
15	Public support percentage from 2017 \$				· ·	15	<u>%</u>
16a	331/3% support test - 2018. If the org	janization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch	neck this
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
b	331/3% support test - 2017. If the org						
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
17a	17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	nization meets on meets the "	the "facts-and facts-and-circum	l-circumstances' stances" test.	" test, check th The organizatio	nis box and <b>sto</b> in qualifies as a	p here.
18	Private foundation. If the organization						
10	3						▶ 🗀
	instructions						

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

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

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

Sec	tion A. Public Support			, ı	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	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.)						
	tion B. Total Support		I		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	,					
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	,	, ,			` ` ` '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lir			13 column (f))		17	%
17 10							
18	Investment income percentage from 2017 \$					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions -

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Schedule A (Form 990 or 990-EZ) 2018 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.)

#### $\overline{\mathsf{s}}$

ecti	on A. All Supporting Organizations		Voc	Nic
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	NC
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		

10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to 10b

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

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Page 5 Schedule A (Form 990 or 990-EZ) 2018

THE PACK SHACK

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 <b>Part VI</b> 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.					
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			
Secti	on C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Secti	on D. All Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior				
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of				
	the organization's governing documents in effect on the date of notification, to the extent not previously				
_	provided?	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's				
	supported organizations played in this regard.	2			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	,u ucu	OHS).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).		
_	o organization cuppertou a governmental entity. December in the transmit of any feet cuppertou a government entity (ese		Yes		
2	Activities Test. Answer (a) and (b) below.				
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 <b>Part VI identify those supported organizations and explain</b> 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			
h					
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 <b>Part VI</b> the				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>				
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? Provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

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Schedule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
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	v intears	ated Type III supporting	n organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

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THE PACK SHACK Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018		
_1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
a	From 2013					
b	From 2014					
C	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i_	Carryover from 2013 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
a	Excess from 2014					
b	Excess from 2015					
	Excess from 2016					
d	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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.)

	OFFIED INCOM	-		:	ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	<u>.</u>				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
INVENTORY SALES	4,540.	21,829.	13,490.	6,235.	2,815.	48,909.
OTHER REVENUE	54.	2,775.	5,064.	1,472.	5,020.	14,385.
TOTALS	4,594.	24,604.	18,554.	7,707.	7,835.	63,294.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** Name of the organization THE PACK SHACK 46-3323793 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(03 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KPMG 100 WEST FIFTH STREET	<b>\$</b> 176,575.	Person X Payroll Noncash
	TULSA, OK 74103	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OHIO STATE UNIVERSITY 281 W LANE AVE		Person X Payroll
	COLUMBUS, OH 43210		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	ARKANSAS BLUE CROSS AND BLUE SHIELD  PO BOX 2181  LITTLE ROCK, AR 72203-2181	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VARIOUS CONTRIBUTORS  1091 E LOWELL AVENUE  CAVE SPRINGS, AR 72718	\$1,489,129.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE PACK SHACK

Employer identification number 46-3323793

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

(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

Part I

#### **SCHEDULE D** (Form 990)

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

THE	PACK SHACK	46-3323793
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt    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 land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•		470(L)(4)(D)(')
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	ar statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	· · · · · · · · · · · · · · · · · · ·	revenue statement and halance sheet
·u	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rworks of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2018

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Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures,	or Other	Similar Assets	s (cont	inued)	
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any of	the follow	ving that are a s	ignifica	int use	of its
	collection items (check all that apply):										
а	Public exhibition			d	Loan	or exchar	ge progra	ms			
b	Scholarly research			е	Other						
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
	XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
	assets to be sold to raise funds rath			ained as pa	rt of the o	organizat	ion's colle	ction?		res	No
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, truste									_	_
	included on Form 990, Part X?								<b>'</b>	res	No
b	If "Yes," explain the arrangement is	n Part XII	I and comp	plete the fo	llowing tab	ole:					
								Amo	unt		
С	Beginning balance						c				
d	Additions during the year						d				
e	Distributions during the year						le				
f	Ending balance  Did the organization include an am						f	account liability?		res	No
	If "Yes," explain the arrangement in							•			
	rt V Endowment Funds.	T AIL AII	i. Check ii		γριαπατίστ	nas beei	i provid <del>e</del> d	OffactAlli			
ıa	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990. F	Part IV. li	ne 10.				
			rent year	(b) Prio			/ears back	(d) Three years bad	ck (e)	Four years	back
1.0	Paginning of year balance										
1a	Beginning of year balance Contributions										
b											
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the cui	rent vear	end balanc	e (line 1a	column (	a)) held as				
a	Board designated or quasi-endown				o (o .g,	(	۵,, ۱۰۰۰۵ ۵۰				
b	Permanent endowment >	%		_							
С	Temporarily restricted endowment	<u> </u>	%								
	The percentages on lines 2a, 2b, a	ind 2c sho	ould equal	100%.							
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and admir	nistered for the			
	organization by:								_	Yes	No
	(i) unrelated organizations									ı(i)	
	(ii) related organizations									(ii)	
b	If "Yes" on line 3a(ii), are the relate	Ū		•					. 3	b	$\perp$
4	Describe in Part XIII the intended u		e organiza	tion's endo	wment fur	nds.					
Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property		(a) Cost or	other basis	(b) Cost of	or other basi	s <b>(c)</b> Ac	cumulated		ok value	
4 ::	Lond		(inves	tment)	(0	ther)	depr	eciation			
_	Land	F									
b	Buildings	- t									
۲ C	Leasehold improvements				1	17,046		55,713.		61	333.
d	Equipment					50,906	_	32,745.			$\frac{333.}{161.}$
Tota	Other	(d) must	egual Forr	n 990. Part	X. columi						$\frac{101.}{494.}$

46-3323793 THE PACK SHACK

Schedule D (Form 990) 2018 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
	-held equity interests			
	more equity interests [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		_	
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)				
_(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	escription		(b) Book value
(1)				
_(2)				
_(3)				
_(4)				
_(5)				
_(6)				
_(7)				
(8)				
_(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie.	
	ral income taxes	(,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>		
	or uncertain tax positions. In Part XIII, provide the		e organization's financial statements that re	ports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,077,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,555.
3	Subtract line 2e from line 1	3	2,072,925.
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.)		
_ C	Add lines 4a and 4b	4c	2,072,925.
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	5   Irn	2,012,023.
ган	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,098,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,555.
3	Subtract line 2e from line 1	3	2,094,397.
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.)		
_ C	Add lines 4a and 4b	4c 5	2,094,397.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	2,001,007.
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, li nation.	ne 4; Part X, line

JSA 8E1271 1.000 Schedule D (Form 990) 2018 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 \$4,555

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

MERCHANDISE COST OF GOODS SOLD \$4,555

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization THE PACK SHACK

Department of the Treasury

Internal Revenue Service

Employer identification number 46-3323793

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the						
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:	4 -		Х			
a	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X			
C	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
3	compensation contingent on the revenues of:						
а	The organization?	5a	X				
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.	30					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
·	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
_	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.						
8	, , , , , , , , , , , , , , , , , , , ,						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRET RAYMOND	(i)	101,609.	51,500.	0.	0.	14,569.	167,678.	
1CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i) (ii)							
15								
40	(i) (ii)							
16	(II)							

Schedule J (Form 990) 2018 Page 3

#### Part III Supplemental Information

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

SCHEDULE J, PART 1, LINE 5A

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

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

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

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

THE PRIMARY DRIVER OF ORGANIZATIONAL REVENUE.

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 46-3323793

Name of the organization
THE PACK SHACK

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

THE PACK SHACK HAS A CONFLICT OF INTEREST POLICY THAT BECAME EFFECTIVE ON 1/01/2017. EVERY OFFICER, BOARD MEMBER, EMPLOYEE AND COMMITTEE MEMBER IS REQUIRED TO SIGN OFF ON THE CONFLICT OF INTEREST/CONFIDENTIALITY POLICY WHICH DOCUMENTS THEIR COMPLIANCE WITH THIS POLICY. THIS POLICY IS MONITORED ON AN ONGOING BASIS.

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

THE CEO SETS AND REVIEWS ALL COMPENSATION ANNUALLY. THE ORGANIZATION HAS
A BOARD OF DIRECTORS, AS WELL AS, POLICIES AND PROCEDURES, IN PLACE TO
COMPLETE THE REVIEW AND APPROVAL PROCESS FOR ALL COMPENSATION.

FORM 990, PART VI, LINE 19

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN ADVISORY COMMITTEE IN PLACE TO REVIEW BOTH THE AUDIT OF ITS FINANCIAL STATEMENTS AND FORM 990.