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$\mathsf{Form}\, 990$

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

and ending JUN 30, 2016

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning JUL 1, 2015

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

١	B Check if applicable		C Name of organization) D	D Employer identific	cation number		
		ηAddres	INTERNATIONAL ROCKY MOUNTAIN STAGE STO	JP				
	\vdash	Jchange	S SLED DOG RACE			24424		
	\vdash	Name change Initial				314194		
	\vdash	return Final	1	Room/suite		4 <u>1</u> 3-5481		
	L	/return termin	PO BOX 1940					
		ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	297,534.		
	<u></u>	Jreturn Applic	Jackson, Wi 83001		H(a) is this a group re			
	L	Ition pendir	F Name and address of principal officer Flatik leastey		for subordinates			
		·	PO Box 1940, Jackson, WY 83001		H(b) Are all subordinates in			
1 Tax exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see								
			e:▶ www.wyomingstagestop.org		H(c) Group exemption			
1			organization: X Corporation	L Year	of formation: 1996 N	State of legal domicile: WY		
Į	Pa	rt I	Summary					
	ابه		Briefly describe the organization's mission or most significant activities $\overline{ ext{The}}$ $\overline{ ext{r}}$					
	Activities & Governance		childhood immunizations. Also to make sle					
	ב <u>ّו</u>	2	Check this box 🕨 🛄 if the organization discontinued its operations of dispos			sets		
	8	3	Number of voting members of the governing body (Part VI, line 1a)	RECE	IVED 3	4		
	2		Number of independent voting members of the governing body (Part VI, line 1p)		Q 4	1		
	es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2	mmn 0	1 2017	0		
	Ě	6	Total number of volunteers (estimate if necessary)	FEB 2	1 2017	150		
	ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	4	b	Net unrelated business taxable income from Form 990-T, line 34	ICUE	N 11 76	0.		
-					Prior Year	Current Year		
	0	8	Contributions and grants (Part VIII, line 1h)		290,690.	275,273.		
	Revenue		Program service revenue (Part VIII, line 2g)		24,154.	22,240.		
			Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24.	21.		
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	1		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		314,868.	297,534.		
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,800.	9,600.		
	ļ		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ŷ	_		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
SCANNED	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.		
Z	en		Total fundraising expenses (Part IX, column (A), line 25)	0.		<u>.</u>		
2	ă l			<u> </u>	317,287.	285,779.		
<u>(C</u> _ 3	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	}-	328,087.	295,379.		
~_	Ì		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	-13,219.	2,155.		
Ŕ	اب	19	Revenue less expenses Subtract line 18 from line 12		eginning of Current Year			
矣	tso		7	<u> </u>	18,347.	End of Year 20, 485.		
Æ . ≔.	Bala		Total assets (Part X, line 16)	}-	18,547.	395.		
(A)	Fund		Total liabilities (Part X, line 26)	<u> </u>	18,347.	20,090.		
\sim			Net assets or fund balances Subtract line 21 from line 20 Signature Block					
	Fa	11.11	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of with the complete of the complete of the complete.	c and states	nante, and to the best of m	v knowledge and helief it is		
~	unae	er pena	tles of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of pleparer (other than officer) is based on all information of wi	S allu Statet	r bas any kaomindra	y knowledge and belief, it is		
	irue,	correc	t, and complete, Declaration of Dieparer Joiner main office yis based on all information of wi	псп ргераге	i has any knowledge.	117		
	_		Synature of officer		Date (2)	///		
	Sıgr							
	Here	9	Frank Teasley, Executive Director Type or print name and title					
					Date Check	PTIN		
			Print/Type preparer's name Preparer's signature	11/	oa tao ta shir	-		
	Paid		Connie M. Huspek	1/	01/10/17 sett-emptoy			
	Prep 			soc P	.C. Firm's EIN	83-0280165		
	Use	Only	Firm's address Box 8			00) 000 000		
			Jackson, WY 83001		Phone no. (3			
,	May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
			ILIA Fan Danamurali Dadisation Ant Nation, and the comprete instructu	000		Form 990 (2015)		

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP SLED DOG RACE 83-0314194 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 Make sled dog racing more accessible to the public and to spread the word about the need for childhood immunizations. Each year the race makes contributions to communities on the race route for childhood immunizations. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 263,218. including grants of \$ _____ (Code ______) (Expenses \$ _____ __) (Revenue \$ _ An annual sled dog race is held to provide information on the importance of immunizations. 9,600.) (Revenue \$ 9,600. including grants of \$ Each year, the race makes contributions to communities on the race route for childhood immunizations. The organization also generates additional donations of pet food to animal shelters along it's race route through it's major sponsor Pedigree. The organization also makes donations directly to some of these animal shelters and other non-profits located in the sponsoring communities. (Code ______) (Expenses \$ ______ including grants of \$ Other program services (Describe in Schedule O)

532002 12-16-15

Total program service expenses

Form 990 (2015)

272.818.

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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?		(ĺ
	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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	X	<u></u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	{
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year?			}
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	_X_
	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	ļ	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	ł	}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}	ļ	
	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	<u> </u>	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	ļ	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	}	
	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	<u></u>	X

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Pa	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Γ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_x_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	int		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	}	1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		}
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	•		
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	ď		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	}	{
	Schedule L, Part I	25b	'	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
-	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,	n		{
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27]	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	to the state of th	28a	X	1
b	to the state of th	/V 28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	<u> </u>
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	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			J
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		Ì
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}	"	}
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	. у		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	zation?		1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is tracted as a partnership for federal income tay purposes? If "Ves." complete Schedule R. Part VI	37	1	x

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) SLED DOG RACE

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					
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 0						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		_X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	!	_X_			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_ [4.5			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.					
_	were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).	7a		Х			
	to the second and the						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b					
С	to file Form 8282?	7c		x			
d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	ĺ					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Ĺ <u> </u>				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>			
0	Section 501(c)(7) organizations. Enter	<u> </u>]			
	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}					
1	Section 501(c)(12) organizations. Enter	}					
	Gross income from members or shareholders	}		!			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	}					
_	amounts due or received from them)	40-	ł				
	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(e)(20) qualified perpendit health insurance issuers.		}				
3	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		 - -			
а	Note. See the instructions for additional information the organization must report on Schedule O	134					
.	Enter the amount of reserves the organization is required to maintain by the states in which the			l			
D	organization is licensed to issue qualified health plans	1	ĺ	1			
_	Enter the amount of reserves on hand	{	ĺ	1			
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ —	Х			
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u> -			

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

	. Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	\bigcap						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		1					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1		İ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1	İ					
	officer, director, trustee, or key employee?	2	Ì	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		$\frac{x}{x}$				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X X X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_==_				
	more members of the governing body?	7a	Ì	X				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b	ĺ	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	x					
	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							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- {	Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
000	tion B. Follows (This decide Briedlesis Information about policies not required by the internal richards decide)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			 -				
Ü	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	}					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
		12a	Ì	X				
	 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
·	In Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	} }						
_	The organization's CEO, Executive Director, or top management official	15a	X					
d	Other officers or key employees of the organization	15b	X					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
162	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
IUa	taxable entity during the year?							
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>				
U	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						
Sec	tion C. Disclosure	100						
	List the states with which a copy of this Form 990 is required to be filed ►WY							
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	—.—- le					
18	for public inspection. Indicate how you made these available. Check all that apply		.5					
	Own website Another's website X Upon request Other (explain in Schedule O)							
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	rial					
19								
00	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records:							
20	Frank Teasley - 307-733-7388							
	PO Por 1040 Tagkgon WV 93001							

	8	3 –	0.3	14	19	4	Page
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more to box, unless person is officer and a director.			ore than one on is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Frank Teasley	5.00								_	
Executive Director		X		X	L_	<u> </u>	<u> </u>	22,000.	0.	0
(2) Dan Carter	3.00			:	1	ĺ	ĺ			
Race Director		X	<u> </u>	X		<u> </u>	<u> </u>	30,000.	0.	0
(3) Debbie Guthrie	3.00							1 050		
Treasurer		X	}	X	├	 	 	1,960.	0.	0
(4) Dianna Lehn	3.00	١,,		7.				21 200	0.	_
Secretary		X	 	X	├-	-	┝┈	21,300.	J	0
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		1	1	1			1			1
		l	L	L_	<u> </u>		l	.	<u> </u>	L

			Yes	No
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	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		}	į
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	<u> </u>	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	Ì	1	{
	rendered to the organization? If "Yes," complete Schedule J for such person	5	<u>L</u>	X

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year								
(A)		(B)	(C)					
Name and business address	NONE	Description of services	Compensation					
								
		1						
		 						
		}						
		 						
		j						
		<u> </u>						

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

Form 990 (2015)

SLED DOG RACE

Form 990 (2015)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 14 32,000. e Government grants (contributions) f All other contributions, gifts, grants, and 243,273 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 275,273 h Total. Add lines 1a-1f Business Code 21,200. 2 a Musher Entry Fees 713990 21,200. Program Service Revenue 1,040. ь Banquet 713990 1,040. f All other program service revenue 22,240. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 21 21. other similar amounts) Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 297 ,534 240 0. Total revenue See instructions

Form 990 (2015) SLED DOG RACE
Part IX Statement of Functional Expenses

ااماتار	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			трівсе соіштіп (А)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,600.	9,600.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			j	
	individuals See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,			,	
	trustees, and key employees				
6	Compensation not included above, to disqualified	}		}	
	persons (as defined under section 4958(f)(1)) and	}		}	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	Ì		Ì	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	75 060	62 200	12 060	
	Management	75,260.	62,300.	12,960.	
	Legal			888.	
	Accounting	888.		800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	18,850.	18,850.		
	column (A) amount, list line 11g expenses on Sch 0.)	15,448.	15,448.		
12	Advertising and promotion	236.	13,440.	236.	
13	Office expenses	230.			
14	Information technology				
15	Royalties	6,000.		6,000.	
16	Occupancy	4,292.	2,146.	2,146.	
17	Travel Payments of travel or entertainment expenses	3,252.			
18	for any federal, state, or local public officials		ļ	j	
10	Conferences, conventions, and meetings				
19 20	Interest	59.		59.	
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	639.	639.		
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e If line)		ł		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Budda Mamaia	88,919.	88,919.		
b	D T	13,029.	13,029.		
c	Event Audio/Video Produ	10,326.	10,326.		
d	Opening and Closing Cer	9,785.	9,785.		
	All other expenses See Sch O	42,048.	41,776.	272.	
25	Total functional expenses Add lines 1 through 24e	295,379.	272,818.	22,561.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here It following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X | Balance Sheet

SLED DOG RACE

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 19,526. 16,749. Cash · non interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment cost or other 4,192. basis Complete Part VI of Schedule D 10a 3,233. 1,598. 10c 959. 10b b Less accumulated depreciation 11 Investments · publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 18,347. 20,485. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 395. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 20,090. 18,347. 32 Retained earnings, endowment, accumulated income, or other funds 32 <u>20,090.</u> 18,347. 33 Total net assets or fund balances 33 18,347 20,485. 34 Total liabilities and net assets/fund balances

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP
SLED DOG RACE 8

Form	990 (2015) SLED DOG RACE	<u>83-031</u>	4194	Page 12			
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	297	,534.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	295	,379.			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	,155. ,347.			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-412.			
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	20	090.			
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			· · · · · ·	Yes No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		} }				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	İ			
	separate basis, consolidated basis, or both		\ \ \ \				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	1			
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	1 1				
	consolidated basis, or both		1 1				
	Separate basis Consolidated basis Both consolidated and separate basis			}			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	}				
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1	Ì			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1 1				
	Act and OMB Circular A-133?		3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200			
			Form	990 (2015)			

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete of 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.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP Employee

Employer identification number

		SLED	DOG_RACE					8	3-0314194
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions	3	
he	organ	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of chi	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))			
3		A hospital or a cooperative		•			i).		
4		A medical research organiza	-				•	(iii). Enter	the hospital's name.
		city, and state	•	•			V-7/ 7/ 7	` '	
5	\Box	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental u	nıt describ	ed in
•		section 170(b)(1)(A)(iv). (C		,		- , 3			
6	\Box	A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
	$\overline{\mathbf{x}}$	An organization that normal	-					ne deneral	nublic described in
•	ليفقي	section 170(b)(1)(A)(vi). (Co	•	ma part of its capport.				, a gomera.	paone described in
8		A community trust describe	· ·	(1)(A)(vi) (Complete Par	H 11 1				
9	一	An organization that normal	• •			contributir	ns members	hin fees a	nd aross receipts from
•		activities related to its exem							=
		income and unrelated busin	•	•					<u> </u>
		See section 509(a)(2). (Cor		hood doction on havy in				9424.0	a.to. bane bo, 1576
10	\Box	An organization organized a		ively to test for public sa	fetv See	section 50	9(a)(4).		
11	Ħ.	An organization organized a	· ·	-				rry out the	purposes of one or
• •	بيت	more publicly supported or		•					
		lines 11a through 11d that	-			`			
а		Type I. A supporting orga							aivina
_		the supported organization							
		organization You must c							., 5
b		Type II. A supporting org	•		tion with it	s supporte	ed organizatio	n(s), by ha	iving
-		control or management o							
		organization(s) You mus							
c		Type III functionally inte			in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization							
d		Type III non-functionally	integrated. A supp	orting organization opei	ated in co	nnection v	vith its suppo	ted organi	zation(s)
		that is not functionally int	egrated The organi	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	ions) You must cor	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	ı Type I, Type	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated support	ing organi	zation			
f	Ente	er the number of supported o	organizations						L
g		ride the following information		ed organization(s)	le A L. Alica				<u> </u>
	(Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1.9	l listed i	n vour	(v) Amount of support		(vi) Amount of other support (see
		organization		above (see instructions))	governing		instruct		instructions)
					Yes	No	ļ	<u>.</u>	
					}				}
						 	 		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 SLED DOG RACE

83-0314194 Page 2 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	328,000.	277,240.	260,300.	290,690.	275,273.	1431503.
2	Tax revenues levied for the organ-		· · · · · · · · · · · · · · · · · · ·				
-	ization's benefit and either paid to]				}	
	or expended on its behalf					}	
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge]					
	Total. Add lines 1 through 3	328,000.	277,240.	260,300.	290,690.	275,273.	1431503.
	The portion of total contributions	320,000.	211,240.	200,300.	200,000.	213,213.	1431303.
Э	•		•			Ì	
	by each person (other than a		•			}	
	governmental unit or publicly		4			ì	
	supported organization) included		i				
	on line 1 that exceeds 2% of the	1				}	
	amount shown on line 11,	1	j			[000 000
	column (f)						999,980.
	Public support. Subtract line 5 from line 4				Ĺ		431,523.
	ction B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	328,000.	277,240.	260,300.	290,690.	275,273.	1431503.
8	Gross income from interest,						
	dividends, payments received on	Ì					
	securities loans, rents, royalties			i .			
	and income from similar sources	58.	49.		24.	21.	152.
9	Net income from unrelated business			'	ĺ		
	activities, whether or not the		,		(}	
	business is regularly carried on	}		720.	<u> </u>		720.
10	Other income Do not include gain				}	l I	
	or loss from the sale of capital				Ì	İ	н
	assets (Explain in Part VI)					!	
11	Total support. Add lines 7 through 10						1432375.
	Gross receipts from related activities,	etc (see instruction	ons)			12	131,573.
	First five years, If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here		·			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				_
	Public support percentage for 2015 (olumn (f))		14	30.13 %
	Public support percentage from 2014			• ••		15	24.87 %
	33 1/3% support test - 2015. If the			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies						▶□
h	33 1/3% support test - 2014. If the				l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual					,	▶
17~	10% -facts-and-circumstances tes				e 13, 16a, or 16b	and line 14 is 10%	or more.
ıı a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					tilo olgal	▶ X
	10% -facts-and-circumstances tes					17a and line 15 is	
b							
	more, and if the organization meets the						, ►\\
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, or 1/1	u, check this box a	and see instruction	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015 SLED DOG RACE

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

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(Complete only if you checked			rganization falled t	o quality under Pa	art ii if the organiz	zation fails to
gualify under the tests listed to Section A. Public Support	pelow, please comp	olete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)	<u> </u>	<u> </u>	<u> </u>		L	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included 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		s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	nization,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2015			column (f))		15	%
16 Public support percentage from 201					16	32.13 %
Section D. Computation of Inve						
17 Investment income percentage for 2	7 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))					
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2015. If the						e 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organizatio	
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check to	nis box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	V.	
	Yes	No
1		
2		
3a		
3b		
3c		
_4a		
4b		
40		
4c		
-		[
5a		-
5b_		<u> </u>
5c		
]
}		}
6_		
}		}
7		
8_		
9a		
_ 9b		Ì
30		
9c		<u></u>
]
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<u>Sche</u>	edule A (Form 990 or 990-EZ) 2015 SLED DOG RACE 83	-031419	4 P:	ane 5
Pa	rt IV Supporting Organizations (continued)			<u> </u>
	•		Yes	No
11	Haş 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		
c	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		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		} .	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion 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	<u></u>	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		·	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		[
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Ì '	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ĺ	
	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	ļ	,	
	significant voice in the organization's investment policies and in directing the use of the organization's	}	,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ļ	ļ
	supported organizations played in this regard	3	<u>L</u>	L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ee instructions	i}	
2	Activities Test Answer (a) and (b) below.	_ _	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		[
	how the organization was responsive to those supported organizations, and how the organization determined		ł	
	that these activities constituted substantially all of its activities.		├ ─	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	ļ:	
3	Parent of Supported Organizations Answer (a) and (b) below.		.	
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		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	}	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	L

	dule A (Form 990 or 990 EZ) 2015 SLED DOG RACE			83-0314194 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 See instr	uctions. All
	. other Type III non functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion 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	·	<u> </u>
7	Other expenses (see instructions)	7	· — — — — — — — — — — — — — — — — — — —	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u> </u>
ect	ion 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)			
<u>a</u>	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c	·	
d	Total (add lines 1a, 1b, and 1c)	1d	·—·—	
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			<u> </u>
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		
ect	ion 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-functiona	lly-integrate	ed Type III supporting or	ganization (see
	unaturational			

Schedule A (Form 990 or 990-EZ) 2015

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orac	nizations (anatom d	3-0314194 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(a) Supporting Orga	arrizations (continued)	
<u>9661</u>	Amounts paid to supported organizations to accomplish exe	mot nurnoses		Current Year
2	Amounts paid to supported organizations to accomplish exe			
2	organizations, in excess of income from activity	or purposes or supported		
-	Administrative expenses paid to accomplish exempt purpose	es of supported organization		
3_		es of supported organization	<u>s</u>	
	Amounts paid to acquire exempt use assets			
5	Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions			<u></u>
6	Total annual distributions. Add lines 1 through 6			
		no organization is tochonomic	·	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(1)	((1.2)
Sect	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			- -
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			}
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			}
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c		<u></u>	
8	Breakdown of line 7			
_ 				
<u>_</u> b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 SLED DOG RACE 83-0314194 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
(See instructions)
Part II, Section C, line 17a, Facts and Circumstances Test:
During the last five years the organization recieved more than 10% of its
total support from either government agencies, other public charities or
the general public. The total amount of support for the last five years
from Government agencies, other public charities and the general public
totals \$348,177 which is 24.32% of total support other than revenue from
exempt purpose activities. The percentages year by year are as follows:
YE 6/2012 = 26.22% Y/E 6/2013 = 29.84% Y/E 6/2014 = 23.17% YE 6/2015
= 24.32% and Y/E 6/2016 = 17.60%. Therefore, the organization continues
to be classifed as a publicly supported organization under Sections
170(b)(1)(A)(iv) and (vi).

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP SLED DOG BACE

Employer identification number 83-031/10/

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			,
	T	(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 wi	riting that the assets held in donor adv	ised fun	ds
•	are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad-		e used d	
•	for charitable purposes and not for the benefit of the donor or			·
	impermissible private benefit?	denot advicer, or let any enter purpose	0 0011101	Yes No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	Part IV,	
1	Purpose(s) of conservation easements held by the organization		<u> </u>	
•	Preservation of land for public use (e.g., recreation or edi		torically	important land area
	Protection of natural habitat	Preservation of a ce	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a co	inservation 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
	Number of conservation easements on a certified historic struc	cture included in (a)		2c
-	Number of conservation easements included in (c) acquired af		ture	
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ne organ	ization during the tax
•	year >	, , ,	_	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		- f	
-	violations, and enforcement of the conservation easements it i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservati	on easements during the year
-	>	-		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	zation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	'0(h)(4)(E	3)(ı)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the org	ganization's accounting for
	conservation easements			
Pa	t III Organizations Maintaining Collections of		Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furthei	rance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
þ	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	acation, or research in furtherance of p	ublic se	rvice, provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gain,	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assessment and the Secret COO. Don't V			~ •

	nedule D (Form 990) 2015 SLED DOG_RACE 83-0314194 Page 2									
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	it are a s	significant u	ise of its	collection	tems
	(check all that apply)									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research	•	e [_]	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ın how th	ey further t	he organizati	on's exe	empt purpo	se in Parl	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er sımıla	ır assets		_	_
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" or	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	is or other as	sets no	t included	Γ	٦.,	<u></u>
	on Form 990, Part X?			1-1-				L_	J Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the to	ollowing t	able						
							h		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance Did the organization include an amount on Fo	rm 000 Part V line	. 01 for a		intedial acco	unt linh	1f		Yes	T No
	If "Yes," explain the arrangement in Part XIII							L	J 162	∐ No
_	t V Endowment Funds. Complete if									
	t t miles interest compete in	(a) Current year		rior year	(c) Two year		(d) Three ye	ears hack	(e) Four y	ears hack
12	Beginning of year balance	(a) Current year	10/1	nor your	(6) 1110 300	Jugar.	(4) (11100)	ouro buon	(C) Tour y	oars oack
	Contributions									
_	Net investment earnings, gains, and losses		ļ ————							
	Grants or scholarships		 						· - · · · · · · · · · · · · · · · · · ·	
	Other expenditures for facilities									
·	and programs		ſ		ĺ			1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	a)) held as					
	Board designated or quasi endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	zation tha	at are held a	ınd admınıste	ered for	the organiz	ation	_	
	by									es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
þ	If "Yes" on line 3a(ii), are the related organiza				•				3b	
4_	Describe in Part XIII the intended uses of the		owment :	funds						
Pai	t Ⅵ									
	Complete if the organization answered							<u> </u>	(.0.5 :	
	Description of property	(a) Cost or			t or other	1 '	Accumulate	ed	(d) Book	value
	 	basis (invest	menu)	Dasis	(other)		epreciation			
_	Land	 								
ь	Buildings					 				
С	Leasehold improvements									
-	Equipment	 			4,192.		3,2	33		959.
	Other Add lines 1a through 1e (Column (d) must ed	rual Form 000 Par	t Y colum	nn (R) line		L	. کے ر			959.
ota	. Add lines ta inrough te (Column (d) must et	_{tuai} ruiii 990, Par	A, COIUI	المال المال المال	· · · · · · · · · · · · · · · · · · ·					<u>, , , , , , , , , , , , , , , , , , , </u>

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP SLED DOG RACE

	DOG_RACE		83-0314194 Page 3
Part VII Investments - Other Secu	ırities.		
Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	11b See Form 990, Part	X, line 12
(a) Description of security or category (including name			ion Cost or end-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other	\	<u> </u>	
(A)		 	
(B)		 	
		 	
(C) (D)		 	
		 	
(E)		 	
(F)		 	
(G)		 	
(H)	- 10.1 N	 	
Total (Coi (b) must equal Form 990, Part X, col. (B)			
Part VIII Investments - Program R			
	vered "Yes" on Form 990, Part IV, line	11c See Form 990, Part)	X, line 13
(a) Description of investment	(b) Book value	(c) Method of Valuation	on Cost or end-of year market value
(1)		 	
(2)		 	
(3)		ļ	
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B)	line 13) >	<u> </u>	
Part IX Other Assets.			
Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	11d See Form 990, Part	X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part >	X col (B) line 15.)		-
Part X Other Liabilities.	(, cor (Symic 10)		
	vered "Yes" on Form 990, Part IV, line	11e or 11f See Form 990). Part X. line 25
(a) Description of lia		(b) Book value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			
(1) Federal income taxes			
(2)			
(3)			
			
(5)			
(6)			
(7)			
(0)		1	
(8)			
(9)			

Schedule D (Form 990) 2015

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP Schedule D (Form 990) 2015 SLED DOG RACE 83-0314194 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 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII) <u>2d</u> e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2<u>a</u> Donated services and use of facilities Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII) 2ď 2e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b Other (Describe in Part XIII) 4c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

% X Employer identification number 83-0314194 Open to Public OMB No 1545-0047 2015 Inspection ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. INTERNATIONAL ROCKY MOUNTAIN STAGE STOP General Information on Grants and Assistance SLED DOG RACE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance?

Schedule I (Form 990) (2015) (h) Purpose of grant or assistance Support for animal Support of Child Support of child Support of Child Support of Child Support of Child Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any .mmunizations mmunizations mmunizations mmunizations mmunizations doptions (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, o o (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1,200. 1,200. 1,200 1,200 1,200 1,200 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table (b) EIN 1 (a) Name and address of organization Paws & Claws of Diamondville, WY Boys and Girls Club of Evanston Sublette County Public Health Town of Big Piney Wyoming or government Lander Ambassadors Club Diamondville, WY 83116 Town of Driggs Idaho Big Piney, WY 83113 Pinedale, WY 82941 Evanston, WY 82930 1530 Main Street Driggs, ID 83422 Lander WY 82520 21 N. Tyler Ave 104 Sublet Ave 419 4th Street PO Box 70 PO Box 48 Part II 0 a

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ROCKY	
NATIONAL	DOG RACE
INTER	SLED

Schedule I (Form 990) SLED DOG RACE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (d)	CACE Assistance to Gover	vernments and Organ	nd Organizations in the Ur	ited States (Sche	dule I (Form 990), Pa	Description of	83-0314194 Page 1
(a) varie and address of organization or government	(a)	if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Jackson Breakfast Rotary Club							
PO Box 3315							Support of Child
Jackson, WY 83001			2,400.	0			<u>immunizations</u>
							;
			!				
							Schedule I (Form 990)

532241 04-01-15

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed SLED DOG RACE Schedule I (Form 990) (2015)

Part III Grants and Other

Page 2

83-0314194

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			,		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, line	e 2, Part III, column	(b), and any other ad	lditional information	
532102 10-28-15		32			Schedule I (Form 990) (2015)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

	INTERNATI		CKY	MOU	NTAIN STAG	E STOP	ı.		ident		on nu	mber
Part I Excess Bene	efit Transact	ions (section 5	01(c)(3	3), sect	on 501(c)(4), and 50	01(c)(29) organizatio	ns only)				
Complete if the						o, or Form 990-EZ, F	art V, I	ine 40)b			
(a) Name of disqualified p	person (b)	Relationship bet person and o			lified (e	c) Description of tran	nsactio	n		(d)	Corre	cted?
	·	person and o			-					- Y	es	No_
										-		
·										+-	-	
										+-	_	
										1	_	
2 Enter the amount of tax section 49583 Enter the amount of tax,	ıf any, on line 2,	above, reimburs	sed by	the or		ring the year under)	> \$ > \$				
Part II Loans to and	d/or From In	terested Per	sons									
Complete if the	organization ans	wered "Yes" on	Form !	990-EZ	, Part V, line 38a or l	Form 990, Part IV, lir	ne 26, d	or if th	e orga	nızatı	on	
reported an amo	-,	1	T						KLA And	20000	,	
(a) Name of interested person	(b) Relationship with organization			oan to or m the	(e) Original principal amount	(f) Balance due	(g) defa		(h) App by bo	ard or	(ı) W	ritten ment?
interested person	With Organization	Orioan	<u> </u>	ization?	principarameeni		 		comm		 	
	 	 	To	From			Yes	No	Yes	No	Yes	No
	 	 	 				1				 	
	 	 	 									
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T - 4 - 1	<u> </u>		٠	٠	<u> </u>	L	┼		 		_	<u> </u>
Part III Grants or As		_			rsons.		<u> </u>		J		L	
Complete if the (a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	e of	\neg	le	Purp	ose o	
(a) Name of interested		interested personal the organization	son ar		assistance	assistar			•	assist		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015 SLED DOG RACE

Dart IV	Business Transactions	Involvina	Interested Bersons
	Dusiness mansactions	11140141119	interested Fersons.

83-0314194 Page 2

Complete if the organization answer	red "Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
Frank Teasley	Executive Director	28,000.	The organiz		Х
Dan Carter	Race Director of IR	30,000.	The Organiz		Х
Dianna Lehn	Secretary of IRMSSS	21,300.	The Organiz	[Х
Debbie Guthrie	Treasurer of IRMSSS	1,960.	The Organiz		Х
				ĺ	
Part V Supplemental Information Provide additional information for re	sponses to questions on Schedule L (see i	instructions)			
Sch L, Part IV, Business	Transactions Involvin	ng Interest	ed Persons:		
(a) Name of Person: Fran	r Teasley				

(b) Relationship Between Interested Person and Organization:

Executive Director of IRMSSSDR and owner of Jackson Hole Iditarod

(d) Description of Transaction: The organization has not paid Frank

Teasley directors fees for several of the past years. The Board of Directors has approved and signed a note payable to Frank Teasley dated September 15, 2005 in the amount of \$218,000 which covers years 1996 through 2005 at \$22,000 per year less payments made through that date. An additional payment was made at that date which brings the balance due to \$206,000. The tax return and the organizations books are kept and prepared on a cash basis and therefore, this note does not appear on the Schedule X - Balance Sheet. The organization paid Frank Teasley \$22,000 in directors fees this fiscal year to reduce the note. The organization also paid Jackson Hole Iditarod \$6,000 in rental fees this fiscal year.

(a) Name of Person: Dan Carter

(b) Relationship Between Interested Person and Organization:

Race Director of IRMSSSDR

(d) Description of Transaction: The Organization paid Dan Carter \$30,000

Schedule L (Form 990 or 990-EZ) 2015

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP Schedule L (Form 990 or 990-EZ) SLED DOG RACE 83-0314194 Page 2 Part V | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) in fees as race director (a) Name of Person: Dianna Lehn (b) Relationship Between Interested Person and Organization: Secretary of IRMSSSDR (d) Description of Transaction: The Organization paid Dianna Lehn \$21,300 in fees for her secretarial services (a) Name of Person: Debbie Guthrie (b) Relationship Between Interested Person and Organization: Treasurer of IRMSSSDR (d) Description of Transaction: The Organization paid Debbie Guthrie \$1,960 in fees as a bookkeeper

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection Employer identification number

83-0314194

Name of the organization

INTERNATIONAL ROCKY MOUNTAIN STAGE STOP

SLED DOG RACE

Form 990, Part I, Line 1, Description of Organization Mission: accessible to the public. This race platform provides an opportunity to spread the word about the need for childhood immunizations. Each year the race makes contributions to communities on teh race route for childhood immunizations.

Form 990, Part VI, Section B, line 11:

The Officers/Directors of the organization receive a copy of the form 990 to review and make comments at least two weeks before the return is filed with the IRS. Any corrections/ additions are made and the final return is signed and filed.

Form 990, Part VI, Section B, Line 12c:

At the annual meeting, Officers/Directors are asked if they have any activities that might constitute a situation that could be a conflict of interest. If a possible conflict is disclosed, it is discussed and appropiate action is taken to remedy the conflict. There have been no conflicts disclosed in the current year.

Form 990, Part VI, Section B, Line 15:

Although the organization has no paid employees, the Race Director and the Board have the authority to review all compensation issues and approve all contracts.

Form 990, Part VI, Section C, Line 18:

The organization will provide copies of its annual 990 to the public

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Race Officail:

Total expenses

Program service expenses 3,500.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 3,500.

Total Other Fees on Form 990, Part IX, line 11g, Col A 18,850.

3,500.

532212 09-02-15

Name of the organization INTERNATIONAL ROCKY MOUNTAIN STAGE SLED DOG RACE	STOP Employer identification number 83-0314194
Fundraising expenses	0
Total expenses	3,601
Race Transportation:	
Program service expenses	3,021
Management and general expenses	0
Fundraising expenses	0
Total expenses	3,021
Insurance:	
Program service expenses	
Management and general expenses	
Fundraising expenses	
Total expenses	2,994
Merchandise:	
Program service expenses	2,902
Management and general expenses	0
Fundraising expenses	0
Total expenses	2,902
Race expense other:	
Program service expenses	2,490
Management and general expenses	0
Fundraising expenses	0
Total expenses	2,490
Trail help:	
39	Schedule O (Form 990 or 990-EZ) (201

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization INTERNATIONAL ROCKY MOUNTAIN STATES SLED DOG RACE	
Program service expenses	1,500.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1,500.
Race Supplies:	
Program service expenses	
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	939.
Miscellaneous:	
Program service expenses	
Management and general expenses	190.
Fundraising expenses	0.
Total expenses	526.
Licenses & Permits:	
Program service expenses	
Management and general expenses	52.
Fundraising expenses	
Total expenses	157.
Bank fees:	
Program service expenses	
Management and general expenses	
Fundraising expenses	0
Total expenses	30.
532212 09-02-15 A O	Schedule O (Form 990 or 990-EZ) (2015)

Name of th	ne organizati	on INTERN	ATI	NAL I	ROCKY	MOUN	TAIN	STAG	E STO	P	Employer ide	Page 2 Intification number
	•	SLED D	OG I	RACE							83-03	14194
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Total	Other	Expenses	on	Form	990.	Part	IX.	line	24e	Col	A	42,048.
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Schedule O (Form 990 or 990-EZ) (2015)