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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Sandhill Archers, Inc.		45-0411319
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	PO Box 1022		701-277-1442
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Amended return	Fargo, ND 58107-1022		
<input type="checkbox"/> Application pending			

G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ►	www.sandhillsarchers.org			
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(4) ► (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

55879

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	1790
	2 Program service revenue including government fees and contracts . . . . .	2	14646
	3 Membership dues and assessments . . . . .	3	28708
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	874
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	874
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	3892
b Gross income from fundraising events (not including \$ . . . . . from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	4949	
c Less direct expenses from gaming and fundraising events . . . . .	6c	5557	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	3284	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	0	
b Less: cost of goods sold . . . . .	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
8 Other revenue (describe in Schedule O) . . . . .	8	1020	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	50322	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	0
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	0
	13 Professional fees and other payments to independent contractors . . . . .	13	50
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	18808
	15 Printing, publications, postage, and shipping . . . . .	15	1382
	16 Other expenses (describe in Schedule O) . . . . .	16	30444
	17 Total expenses. Add lines 10 through 16 ►	17	51298
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-977
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	204213
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	7109
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	210345

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8383	22 7406
23	Land and buildings	175000	23 180000
24	Other assets (describe in Schedule O)	30000	24 30000
25	<b>Total assets</b>	213383	25 217406
26	<b>Total liabilities</b> (describe in Schedule O)	9170	26 7061
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	204213	27 210345

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? **archery education, safety and practice**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	The Sandhills Archery club owns and operates a 25+ acre outdoor archery park which includes and indoor range and a fishing pond. We maintain a National Field Archery Association 5 star rating for the park. We serve the greater community many civic organizations including Scouts, 4-H and community Ed. 1-2000 participants (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	33428
29	We host 3 or 4 target shoots each year that are open to the public. These events allow kids to participate for free, promote archery and offer free spectator admission. They provide some operating capital to the club via shooting fees. Estimated 400 to 600 participants per year. (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	8307
30	The club runs several indoor targets leagues in the winter. This includes traditional, hunter class, target, open practice and kids night. Estimated 150 to 250 individual participants. Participation fees are meant to equal costs. (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1757
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) ► <input type="checkbox"/>	32	43492

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV. 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>President:</b> Brian Horn 2408 Fairway Drive N Moorhead, MN 56560	President 1hr	0	0	0
<b>Vice President:</b> Craig Manock 737 15th Ave E West Fargo, ND 58078	Vice President 1hr	0	0	0
<b>Secretary</b> Jason Jelinek 5053 SW 10 Ave Fargo, ND 58103	Secretary 1hr	0	0	0
<b>Treasurer:</b> Odin Helgerson 117 27 Ave N Fargo, ND 58102	Treasurer: 2hr	0	0	0
<b>Director:</b> Brian Hage 1818 33 ST S Moorhead, MN 56560	Director/Membership 4hr	0	0	0
<b>Director:</b> Mike Jeanotte 1579 Baywood Dr. West Fargo, ND 58078	Director 1hr	0	0	0
<b>Director:</b> Peter Matthaei 1175 6th Ave. W. West Fargo, ND 58078	Director 1 hr	0	0	0
<b>Director:</b> Steve Whaley 1258 3rd St N Fargo, ND 58102	Director 1 hr	0	0	0
<b>Director:</b> Tony Turner 3202 1 St N Fargo, ND 58102	Director 1hr	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		✓

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		✓
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**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

35a		✓
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35b		✓
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**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36		✓
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**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0**

37b		✓
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38a		✓
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38b		
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**39** Section 501(c)(7) organizations. Enter:

39a		n/a
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39b		n/a
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**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

40b		✓
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40c		
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40d		
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40e		✓
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**41** List the states with which a copy of this return is filed ► **North Dakota**

**42a** The organization's books are in care of ► **Odin Helgerson** Telephone no. ► **701-241-9002**  
 Located at ► **118 Broadway, Ste 707 Fargo, ND 58102** ZIP + 4 ► **58102-4948**

	Yes	No
42b		✓

42c		✓
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**b** 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)?

42d		
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If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

42e		
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42f		
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**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** **n/a**

	Yes	No
44a		✓

44b		✓
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44c		✓
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44d		✓
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**44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

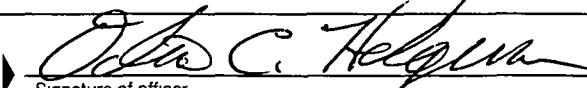
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f	Total number of other employees paid over \$100,000	►
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d	Total number of other independent contractors each receiving over \$100,000	►
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer	11-15-11 Date
	► Odin C. Helgerson, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Marshall McWhaugh	Preparer's signature Marshall McWhaugh	Date 4-15-11	Check <input type="checkbox"/> if self-employed	PTIN P01398172
	Firm's name ► <i>Marshall McWhaugh</i>			Firm's EIN 45-0310624	
	Firm's address ► 901 13th Ave E, West Fargo ND			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions

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Name of the organization  
**Sandhill Archers, Inc.**

Employer identification number  
**45-0411319**

**Line 8 Miscellaneous Income & Pizza**

**Line 16. Shooting Leagues, Administrative, Advertising, Construction, Insurance, Land Purchase, Payment on Loan, Pizza Expense,**

**Line 16, continued, Property Taxes, Targets, Gifts given**

**Line 20. Purchase of Land and Reduction of Debt**

**Line 24. Lawn Mower, Targets, Trailers**