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# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

2011

Open to Public  
Inspection

- 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

**A For the 2011 calendar year, or tax year beginning**

, 2011, and ending , 20

<b>B</b> Check if applicable	<b>C</b> Name of organization	<b>D</b> 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  Cash  Accrual Other (specify) ►

**H** Check ►  if the organization is not required to attach Schedule B

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

**I** Website: ► [www.sandhillsarchers.org](http://www.sandhillsarchers.org)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K** Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ 62089

**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 . . . . .

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 7902
	2 Program service revenue including government fees and contracts . . . . .	2 13161
	3 Membership dues and assessments . . . . .	3 31536
	4 Investment income . . . . .	4 0
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	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 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 5101
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 2230	
c Less. direct expenses from gaming and fundraising events . . . . .	6c 5192	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 2139	
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 2159	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 56897	
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 0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 17872
	15 Printing, publications, postage, and shipping . . . . .	15 1244
	16 Other expenses (describe in Schedule O) . . . . .	16 25882
	17 Total expenses. Add lines 10 through 16	17 44998
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 11899
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 210345	
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 222244	

**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	7406	22 12244
23 Land and buildings	180000	23 180000
24 Other assets (describe in Schedule O)	30000	24 30000
25 Total assets	217406	25 222244
26 Total liabilities (describe in Schedule O)	7061	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	210345	27 222244

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Sandhill Archers, Inc. owns and operates a 25+ acre outdoor archery park which includes an indoor range and a fishing pond. We maintain a National Field Archery Association 5 star rating for the park. We serve the greater community and many civic organizations including Scouts, 4-H and community Ed, 1-2000 participants (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	32311
29 We host 3-4 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. These events provide some capital from participation fees that are mainly used for facility improvements. (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	3093
30 The club runs several indoor target leagues in winter. This includes traditional, compound, target, open practice and kids night. An estimated 150 to 250 people participate. Participation fees are meant to equal costs. (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1657
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a) ► <input type="checkbox"/>	<b>32</b>	<b>37061</b>

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
President Brian Hage 1818 33 St S Moorhead, MN 56560	President /Member ship 4 hr	0	0	0
Vice President Lisa Jo Hage 1818 33 St S Moorhead, MN 56560	Vice President/ Membership 2hr	0	0	0
Secretary Jason Jelinek 5053 10 Ave SW Fargo, ND 58103	Secretary 1 hr	0	0	0
Treasurer Odin Helgerson 117 27 Ave N Fargo, ND 58103	Treasurer: 2hr	0	0	0
Director Brian Horn 2408 Fairway Drive N Moorhead, MN 56560	Director 1hr	0	0	0
Director Mike Jeanotte 1579 Baywood Dr West Fargo, ND 58078	Director 2hr	0	0	0
Director Tony Turner 3202 1 St N Fargo, ND 58102	Director 1hr	0	0	0
Director Tim Hamre 725 42 St S Apt 301B Fargo, ND 58103	Director 1hr	0	0	0
Director Scott Volden 3765 10 St N Fargo, ND 58102	Director: 1hr	0	0	0
Director Steve Whaley 1258 3 St N Fargo, ND 58102	Director: 1 hr	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
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		
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)? 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.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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

**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 or have a section 501(h) election in effect during the tax year? 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."		

f Total number of other employees paid over \$100,000

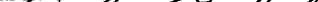
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  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.

<b>Sign Here</b>	 Signature of officer	5-15-2012 Date
	 Odin Helgeson, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Marshall M'Gullough	Marshall M'Gullough	5-15-12		
	Firm's name ► Ohnsted	Twicell		Firm's EIN ► 45-0310621	
Firm's address ► 901	13 <sup>th</sup> Ave E.	WF ND	59078	Phone no	701-282-3249

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

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Form 990-EZ (2011)

## 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.

2011

Open to Public  
Inspection

Name of the organization  
Sandhill Archers, Inc

Employer identification number  
45-041319

Line 8. Sold Kiwanis Sports show tickets, Sold scrap metal, vending income from Pop and paper targets

Line 16 Advertising, Block Targets, Property Taxes, P&C Insurance, 3-D Targets, Gifts, Pizza Expense, Construction,

Line 16 continued, Shooting Leagues, Licenses and Permits.

Line 24 Trailers, Targets, Lawn Mower,

Line 26 Paid off loan