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Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning January 1 2014, and ending December 31 , 20 14 B Check if applicable C Name of organization D Employer identification number Address change Minnehaha Archers, Inc 23-7243533 Name chance Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 605-336-1979 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Sioux Falls, South Dakota, 57101 Application pending G Accounting Method: ✓ Cash ☐ Accrual H Check ► ✓ If the organization is not Other (specify) required to attach Schedule B Website: ▶ www.minnehaha-archers.com (Form 990, 990-EZ, or 990-PF). □527 ☐ Trust ☐ Association Other 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received . . . . . 18811.90 2 2 Program service revenue including government fees and contracts 0 3 3 28572.90 4 Investment income . . . . . . . . . . . . . . . . 2111.28 Gross amount from sale of assets other than inventory 5a 5a 0 Less: cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ o 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 0 Less: direct expenses from gaming and fundraising events . . . 6¢ Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . . . . 0 7a Gross sales of inventory, less returns and allowances . . . 2359.44 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 1217.51 8 8 25721.39 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 76434.98 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 0 12 12 0 Professional fees and other payments to independent contractors... 13 13 4518.84 Occupancy, rent, utilities, and maintenance . . . " 14 14 15530.06 15 15 377.41 16 16 Other expenses (describe in Schedule O) . . . 47859.04 Total expenses. Add lines 10 through 16 . . . . . . 17 17 68285.35 Excess or (deficit) for the year (Subtract line 17 from line 9)- . . . 18 18 8149.63 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 389978.51 ž Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 1918 55

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No 106421

400046.69 Form 990-EZ (2014)

21

Frank Raymond III, Past President

120 W 42nd St , Sioux Falls, SD 57105

O

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			<b>V</b>
	mandenona for Part V) Office in the organization used schedule O to respond to any question in this	ail	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		<b>√</b>
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		<u> </u>
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		<b>√</b>
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			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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  0	- Ca		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		<b>\</b>
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization of books are in our of the		9-079	5
h	Located at ► 2501 S. Roosevelt Circle, Sioux Falls, SD 57106 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	57	106 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		110
	If 'Yes," enter the name of the foreign country: ▶			-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
<del>-, +</del> a	completed instead of Form 990-EZ	44a		1
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		<b>√</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
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	+	<b>✓</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	<b>  ✓</b>
b	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		1

Form 99	90-EZ (2014)						P	age 4
							Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," or	idirectly, in political c	ampaign activities or	behalf of or ii	opposition			ļ.,
A			, raiti	<del></del>	<del>· · · · ·</del>	46		
Part	All section 501(c)(3) organizations		etions 47–49b and	52 and com	nlote the t	ables f	or line	<b></b>
	50 and 51.	s must answer que	Stions 47 450 and	JZ, and Com	piete trie t	ables i	01 1111	ÇĞ
	Check if the organization used Sch	nedule O to respond	I to any question in t	his Part VI				Г
	Oncok ii the organization used oci	reduic O to respond	to any question in	ins rait vi	<del></del>	· · ·	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect du	ring the tax	ĸ 🗀		1
• •	year? If "Yes," complete Schedule C, Part				_	47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		48		
49a	Did the organization make any transfers to					49a		
b	If "Yes," was the related organization a se	ection 527 organization	on?			49b		
50	Complete this table for the organization's	five highest compen	sated employees (ot	her than office	rs, directors	s, truste	es an	d ke
	employees) who each received more than	\$100,000 of compe	nsation from the orga	nization. If the	re is none, o	enter "N	lone."	'
		(b) Average	(c) Reportable	(d) Health be		) Estimate	d amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, ar	d deferred	other com		
			( 2 2. 2 2 2	compensa	ition			
					1			
				<del> </del>				
			<u> </u>	<del>-  </del>				
				-				
					ļ			
f 51	Total number of other employees paid over Complete this table for the organization			contractors v	who each re	eceived	more	tha
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	lent contractor	(b) Type of service		(c) Compensation			
			-					
			-	1				
					_			-
			1					
					<u> </u>			
			_					
d	Total number of other independent contra							
52	Did the organization complete Scheducompleted Schedule A	ule A? <b>Note</b> . All se	ection 501(c)(3) orga			a ►∏ Yes		No
	penalties of perjury, I declare that I have examined this	-atura unaluduna saasamaa						
true, co	penalties of perjury, I declare that I have examined this in prect, and complete. Declaration of preparer other than	etticer) is based on all infe	ormation of which preparer	has any knowledg	est of filly know	vieuge and	ı beller,	, 11 15
	1 table	also s	-	T	2/2	3//3	_	•
Sign	Signature of officer	<del></del>		Date		7.7		
Here	▲ Tom Fullerton, Treasurer				_			
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check I if	PTIN		
_	parer				self-employed	<u> </u>		
	Only Firm's name			Firm's	EIN ▶			
	Firm's address ▶			Phone				
Maria	he IDC discuss this return with the property	r chown above? See	inetriletions		<b></b>	Vac		Na

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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. Employer identification number Name of the organization

Open to Public Inspection

23-7243533

Minnehaha Archers, Inc	23-7243533
Item 4: Investment income: Checking account interest: 79 47; Vanguard Money Market interest: 1.94;	Vanguard Wellesley 1,121.93 (Total ordi
nary dividends + Total capital gain); Vanguard Dividend Growth 227.58; Vanguard Equity Income Fun	d 228.42; Vanguard Windsor II: 451.94
Total Investment income: \$2,111.28	
Item 1: Contributions, gifts, grants: Pittman-Robertson Grant: 18450; Miscellaneous donations: 361,9	0; Total: 18,811.90
Item 7a: Gross sales of inventory: Pop: 890.80; Targets: 1266.15; Key cards: 1420.00; Total: \$3576.95	
Item 7b: Cost of inventory items: Pop: 413.30; Tagets: 1221.10; Key cards: 725.04; Total cost: \$2359	.44
Item 7c: Gross profit = 3576 95 - 2359.44 = \$1217.51	
Item 8: Other revenue: Tournament Registration (all tournaments): 4310.00; Tournament concession	s (all tournaments): 191 25:
Public shooting fees: 765.00; Bowhunters League: 1590.85; Spot league: 870.00; JOAD league sess	
JOAD shirts, pins, etc: 2873.00; JOAD good-will donations: 632.41; Bow locker rental: 576.00; Award	ls Banquet: 1347.88
Total other income: 25721.39	
Item 13: Professional fees/Independent contractors: Cleaning (SD Achieve): 1266.24; Snow removal:	936.00; Mowing: 2316.60 Total: 4518.84
Item 14: Utilities/Maintenance: Furnace repairs: 164.19; Roof & gutter repair (Haug steel): 3903.12; F	ire & safety equip: 39.75; Lock & key: 53
Miscellaneous maint items: 2403.50; Utilities: Water (Sioux Falls Utility): 518.64; Septic tank: 274.30;	Propane (Eastern Farmers) : 3076.17
Garbage Service: 530.00; Electric (Sioux Valley Energy & Xcel Energy): 3174.22; Telephone & Interne	et: 1170.57; Outdoor toilets: 222.60
Total for all: \$15,530.06	
ltem 15: Printing/postage: Printing: 295.81; Postage: 81.60; Total: 377.41	
Item 16: Other expenses: Website hosting fee: 24.84; Sportsman's show booths/advertising: 1192.50	; 3-D and indoor targets bales: 29080.94
Tournament expenses: 193.38; Insurance: 1373.00; charitable donations (29/90 club): 400.00; Trophi	es & Awards: 649.89; Key card reimburs
ement: 110 00; Misc. office supplies/Safe Deposit Box: 349.60; League costs: 588.68; Memorials/Sym	pathies: 131.97; Work party: 161.17

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Minnehaha Archers, Inc	23-7243533
tem 16 (continued): South Dakota Corp fee: 10.00; SD State Sales and Use taxes: 3193.52; JOAD progra	m costs (all): 8522.27
Annual Awards Banquet costs: 1877.28; Total for Item 16: 47859.04	
tem 20: Other changes in net assets/fund balances: Fluctuation of daily Vanguard Fund share prices: +1	918.55
tem 22: Checking balance at start of 2014: 23016.03 Bal at end of 2014: 20530.95	
Vanguard Balance at start of 2014: 41352.48 Vanguard Bal at end of 2014: 53905.74	
Cash in Registration and Concessions pouches: 400.00 & 210.00 = 610.00	
Item 23: Estimated property & building value: \$325,000	
Item 31: Adaptive Archery for handicapped veterans. This is a volunteered service to the community dis-	abled veterans that our club hosts
and provides guidance and instruction and safety monitors for veterans with a wide range of physical and	I psychological disabilities. It is a
program that we host with coordination with the local VA hospital here. Costs are donated range time and	d donated target faces. No way to
estimate a meaningful or accurate dollar amount for 31a best guess would be about \$200 estimating wh	at we would normally charge for
range time and target use.	
Item 35b: Answered No to Item 35a. Not sure that Form 990-T is applicable for us.	