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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Minnehaha Archers, Inc**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 617**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Sioux Falls, South Dakota, 57101**

**D** Employer identification number  
**23-7243533**

**E** Telephone number  
**605-336-1979**

**F** Group Exemption Number ▶

**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.minnehaha-archers.com](http://www.minnehaha-archers.com)

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 7 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ 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 . . . . . ▶ \$

**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 |                                                                                                                                                                                                                        | Expenses |           | Net Assets |                                                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                   | 1        | 264.35    | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |
| 2       | Program service revenue including government fees and contracts . . . . .                                                                                                                                              | 2        | 23909.25  | 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) |
| 3       | Membership dues and assessments . . . . .                                                                                                                                                                              | 3        | 31084.27  | 20         | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                   |
| 4       | Investment income . . . . .                                                                                                                                                                                            | 4        | 4430.61   | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                |
| 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       | 0         |            |                                                                                                                                                  |
| 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       | 0         |            |                                                                                                                                                  |
| c       | Less: direct expenses from gaming and fundraising events . . . . .                                                                                                                                                     | 6c       | 0         |            |                                                                                                                                                  |
| d       | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .                                                                                                           | 6d       | 0         |            |                                                                                                                                                  |
| 7a      | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                        | 7a       | 5502.07   |            |                                                                                                                                                  |
| b       | Less: cost of goods sold . . . . .                                                                                                                                                                                     | 7b       | 6527.31   |            |                                                                                                                                                  |
| c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                                                                               | 7c       | (1025.24) |            |                                                                                                                                                  |
| 8       | Other revenue (describe in Schedule O) . . . . .                                                                                                                                                                       | 8        | 6446.49   |            |                                                                                                                                                  |
| 9       | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶                                                                                                                                              | 9        | 65109.73  |            |                                                                                                                                                  |
| 10      | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                                   | 10       | 0         |            |                                                                                                                                                  |
| 11      | Benefits paid to or for members . . . . .                                                                                                                                                                              | 11       | 1000.47   |            |                                                                                                                                                  |
| 12      | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                          | 12       | 0         |            |                                                                                                                                                  |
| 13      | Professional fees and other payments to independent contractors . . . . .                                                                                                                                              | 13       | 4500.92   |            |                                                                                                                                                  |
| 14      | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                  | 14       | 17205.66  |            |                                                                                                                                                  |
| 15      | Printing, publications, postage, and shipping . . . . .                                                                                                                                                                | 15       | 671.11    |            |                                                                                                                                                  |
| 16      | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                      | 16       | 16703.04  |            |                                                                                                                                                  |
| 17      | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶                                                                                                                                                             | 17       | 40081.20  |            |                                                                                                                                                  |
| 18      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                        | 18       | 25028.53  |            |                                                                                                                                                  |
| 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       | 400046.69 |            |                                                                                                                                                  |
| 20      | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                         | 20       | (4360.32) |            |                                                                                                                                                  |
| 21      | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶                                                                                                                                    | 21       | 420714.90 |            |                                                                                                                                                  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2015)

3-7

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**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     |
|--------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                                     | <b>75046.69</b>       | <b>22 95714.90</b>  |
| <b>23</b> Land and buildings . . . . .                                                                 | <b>325000</b>         | <b>23 325000</b>    |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                              | <b>0</b>              | <b>24 0</b>         |
| <b>25</b> <b>Total assets</b> . . . . .                                                                | <b>400046.69</b>      | <b>25 420714.90</b> |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .                                  | <b>0</b>              | <b>26 0</b>         |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | <b>400046.69</b>      | <b>27 420714.90</b> |

**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? Promotion of Archery in the Sioux Falls, SD Region

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<br>(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------|
| <b>28</b> <u>Junior Olympic Archery Development program for youth. Approximately 100+ kids have participated in this instructional program</u>                                                                                                                            |            |                                                                                                |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                  | <b>28a</b> | <b>3948.43</b>                                                                                 |
| <b>29</b> <u>Indoor and Outdoor State and Regional tournaments and archery competitions for the public. Approximately 100 people attend each event. Non-members welcome. (Expense of outdoor and indoor targets shared with all events.) Specific costs listed on 29a</u> |            |                                                                                                |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                  | <b>29a</b> | <b>3644.87</b>                                                                                 |
| <b>30</b> <u>Indoor and Outdoor leagues offer competition events weekly. Requires club membership annual fees. Shared costs of all other events. Specific costs listed on 30a Approx. 60-90 members participate in leagues</u>                                            |            |                                                                                                |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                  | <b>30a</b> | <b>226.31</b>                                                                                  |
| <b>31</b> <u>Other program services (describe in Schedule O)</u>                                                                                                                                                                                                          |            |                                                                                                |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                  | <b>31a</b> | <b>200</b>                                                                                     |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                     | <b>32</b>  | <b>8019.61</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 title                                                                             | (b) 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 |
|------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Chris Winseman, President<br>6400 S. Mogen Ave, Sioux Falls, SD 57108                          | 10                                             | 0                                                                          | 0                                                                                       | 0                                          |
| Matt Schrader, Vice President<br>2708 S. Sandstone Cr., Sioux Falls, SD 57103                  | 10                                             | 0                                                                          | 0                                                                                       | 0                                          |
| Tom Fullerton, Treasurer<br>2501 S. Roosevelt Cr., Sioux Falls, SD 57106                       | 15                                             | 0                                                                          | 0                                                                                       | 0                                          |
| Rick DiSanto, Secretary<br>300 E. Plum Creek Road, Sioux Falls, SD 57105                       | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Eric Peterson, Board Member<br>4705 E. 3rd St., Sioux Falls, SD 57110                          | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Brian Tanner, Board Member<br>112 S. Corey Pl, Sioux Falls, SD 57110                           | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Frank Raymond III, Board Member, Past Pres. position<br>120 W. 42nd St., Sioux Falls, SD 57105 | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Alan Rogers, Board Member<br>7501 W. Boysenberry St., Sioux Falls, SD 57106                    | 1                                              | 0                                                                          | 0                                                                                       | 0                                          |
| Charla Aramayo, Board Member<br>1013 W. Batcheller Lane, Sioux Falls, SD 57105                 | 1                                              | 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                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------|
| <b>33</b> 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 . . . . .                                                                                                                                                                                                                                                           | <b>33</b>      | <input checked="" type="checkbox"/> |
| <b>34</b> 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) . . . . .                                                                                                                                                                    | <b>34</b>      | <input checked="" type="checkbox"/> |
| <b>35a</b> 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)? . . . . .                                                                                                                                                                                                                                         | <b>35a</b>     | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                                     | <b>35b</b>     | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . .                                                                                                                                                                                                               | <b>35c</b>     | <input checked="" type="checkbox"/> |
| <b>36</b> 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 . . . . .                                                                                                                                                                                                                                             | <b>36</b>      | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0                                                                                                                                                                                                                                                                                                                            | <b>37b</b>     |                                     |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                  | <b>37b</b>     |                                     |
| <b>38a</b> 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? . . . . .                                                                                                                                                                                                 | <b>38a</b>     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                     | <b>38b</b> 0   |                                     |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                     |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                   | <b>39a</b> 0   |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                          | <b>39b</b> 804 |                                     |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶                                                                                                                                                                                                                                                                               |                |                                     |
| <b>b</b> 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                                                                                                      | <b>40b</b>     | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . . ▶                                                                                                                                                                                                                                 |                |                                     |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶                                                                                                                                                                                                                                                                                                   |                |                                     |
| <b>e</b> 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 . . . . .                                                                                                                                                                                                                                                                       | <b>40e</b>     | <input checked="" type="checkbox"/> |
| <b>41</b> List the states with which a copy of this return is filed ▶ <b>None</b>                                                                                                                                                                                                                                                                                                                                                                 |                |                                     |
| <b>42a</b> The organization's books are in care of ▶ <b>Tom Fullerton</b> Telephone no. ▶ <b>605-759-0795</b><br>Located at ▶ <b>2501 S. Roosevelt Circle</b> ZIP + 4 ▶ <b>57106</b>                                                                                                                                                                                                                                                              |                |                                     |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <b>42b</b>     | <input checked="" type="checkbox"/> |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                          | <b>42c</b>     | <input checked="" type="checkbox"/> |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                                                                                                     |                |                                     |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                           | <b>44a</b>     | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                      | <b>44b</b>     | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                         | <b>44c</b>     | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                            | <b>44d</b>     | <input checked="" type="checkbox"/> |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                      | <b>45a</b>     | <input checked="" type="checkbox"/> |
| <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) . . . . .                                                                                                                                                                             | <b>45b</b>     | <input checked="" type="checkbox"/> |

**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 . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . . ☐

**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 . . . . .

|            | Yes | No |
|------------|-----|----|
| <b>47</b>  |     |    |
| <b>48</b>  |     |    |
| <b>49a</b> |     |    |
| <b>49b</b> |     |    |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

**b** If "Yes," was the related organization a section 527 organization? . . . . .

**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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

**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."

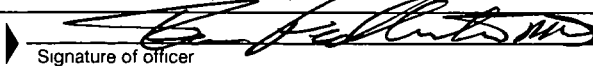
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

**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 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  | Date <u>2/25/16</u> |
|                  | <b>Tom Fullerton, Treasurer</b><br>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 |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |                                                 |      |
|                               | Firm's address ▶           | Phone no. ▶          |      |                                                 |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Minnehaha Archers, Inc

Employer identification number

27-7243533

Item 1: Donations: \$140; JOAD free will food offerings: \$124.35

Item 2: Tournament Registration (all events): \$8,596.25; Indoor range public fees: \$450; Outdoor paypost fees: \$354; Bow hunter league fees: \$1,710; Spot league fees: \$840; JOAD League Session fees: \$11,959 (((NOTE: These items were listed under Item #8 on 2014 return)))

Item 3: Memberships and renewals: \$31,084.27

Item 4: Voyage Credit Union interest checking: \$15.50; Vanguard Money Market interest: \$1.80; Vanguard Wellesley dividends and capital gains: \$2,046.33; Vanguard Dividend Growth dividends and capital gains: \$712.24; Vanguard Equity Income dividends and capital gains: \$665.51; Vanguard Windsor II dividends and capital gains: \$989.23

Item 7a: Pop: \$1,205.50; Targets (paper): \$1,227.57; Key cards: \$1,325; JOAD Pins, awards, lanyards: \$946; JOAD clothing: \$798

Item 7b: Pop: \$394.14; Targets (paper): \$2,196.20; Key cards: \$1,000; Joad Pins, awards, lanyards: \$2,061.52; JOAD clothing: \$812.27

Item 8: Tournament concessions: \$999.58; JOAD Instructor courses: \$1,153.58; JOAD Hosted Pin shoots: \$1,105; Bow locker rental: \$915  
Awards Banquet Registration: \$1,023.33; Introduction to archery course: \$1,250

Item 11: Trophies, payouts, awards: \$226.31; Key card reimbursements: \$210.00; League paybacks: \$420.00; Memorials/sympathies: \$144.16

Item 13: Cleaning of indoor range (SD Achieve): \$1,287.32; Snow removal: \$936.00; Mowing indoor and outdoor range: \$2,002.00

Septic tank service: \$275.60

Item 14: Misc. indoor range maintenance expenses: \$6,190.13; Outdoor range maintenance expenses: \$341.00; Website hosting fee: \$7.42  
Sioux Falls Utilities (Potable water): \$527.60; Eastern Farmers Coop (Propane): \$2,616.78; Garbage service: \$447.85; Sioux Valley Energy (indoor electric): \$2,835.00; Xcel Energy (outdoor electric): \$268.03; Telephone and Internet service: \$1,427.87; Outdoor range construction costs: \$2,247.18; Outdoor range toilet service: \$296.80

Item 15: Postage: \$66.00; Printing: \$605.11

Item 16: Insurance (liability and general building): \$3,600.64; Banquet expenses: \$1,374.53; 3D targets, vitals, foam arrow stops: \$3,629.75  
Tournament expenses (all on club spreadsheet): \$3,644.87; Office supplies & Safe Deposit Box fee: \$79.25; SD Corp Non-profit registration fee: \$30 (last year's fee included on 2015 spreadsheet); Work party expenses: \$104.02; SD State Sales & Use taxes: \$2,307.89;  
JOAD Equipment: \$733.29; JOAD Misc. expenses: 278.17; NFAA, SDAA dues: \$35

Item 20: Amounts posted end of 2014, but drafted from checking in 2015; posted 2015, pending draft: Net: (4360.32)

Item 22: Checking balance start of 2015: \$20530.95      Checking balance end of 2015: \$12490.56

Vanguard balance start of 2015: \$53,905.74      Vanguard Balance end of 2015: \$81920.73

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

Cat No 51056K

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

Name of the organization

Minnehaha Archers, Inc

Employer identification number

27-7243533

Money pouches: Registration (400) & Concessions (210) start and end of 2015. \$610

Item 23: Estimated property & building value: \$325,000

Item 30a: League expenses that are strictly restricted to "league activities" are the Trophies, Awards, and League Payouts. \$226.31 Cost of having the league is partially part of paper and 3D target overall expense as well as all building utility usage.

Item 31: Our Adaptive Archery for Handicapped Veterans. This is a volunteered and donated service to the community disabled veterans that our club hosts and provides guidance and instruction and safety monitors for veterans with a wide range of physical and psychological disabilities. It is a program that we host with coordination with the local VA hospital here in Sioux Falls. Costs are donated range time and donated target faces and a bow-storage locker. Impossible to estimate a meaningful or accurate dollar amount for Item 31a -- best estimate would be about \$200 estimating what we would normally charge for range time and target and locker rental.

Item 39b: Indoor range public fees. \$450; Outdoor range public paypost: \$354

  
2/25/16