

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

OMB No 1545-1150

**2017****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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 2017                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                       |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Minnehaha Archers Inc.</b><br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>P.O. Box 617</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Sioux Falls, South Dakota 57101</b> |
| <b>D</b> Employer identification number<br><b>27-7243533</b>                                                                                                                                                                                                                                               | <b>E</b> Telephone number<br><b>605-336-1979</b>                                                                                                                                                                                                                                                      |
| <b>F</b> Group Exemption Number ▶                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                       |
| <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                       |
| <b>I</b> Website: ▶ <a href="http://www.minnehaha-archers.com">www.minnehaha-archers.com</a>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                       |
| <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 7 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                        |                                                                                                                                                                                                                                                                                                       |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                                                                                                                                       |
| <b>L</b> 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. ▶ \$ <b>69412</b>                                                            |                                                                                                                                                                                                                                                                                                       |

**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 ☒

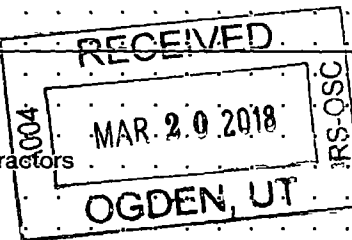
|                                                                                                                                                                                                                                             |                                                                                                                                                                                        |          |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| <b>Revenue</b>                                                                                                                                                                                                                              | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                          | <b>1</b> | <b>9,306</b>  |
|                                                                                                                                                                                                                                             | <b>2</b> Program service revenue including government fees and contracts . . . . .                                                                                                     | <b>2</b> | <b>18,209</b> |
|                                                                                                                                                                                                                                             | <b>3</b> Membership dues and assessments . . . . .                                                                                                                                     | <b>3</b> | <b>25,252</b> |
|                                                                                                                                                                                                                                             | <b>4</b> Investment income . . . . .                                                                                                                                                   | <b>4</b> | <b>5,529</b>  |
|                                                                                                                                                                                                                                             | <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b> 0                                                                                                  |          |               |
|                                                                                                                                                                                                                                             | <b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b> 0                                                                                                            |          |               |
|                                                                                                                                                                                                                                             | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b> 0                                                                 |          |               |
|                                                                                                                                                                                                                                             | <b>6</b> Gaming and fundraising events                                                                                                                                                 |          |               |
|                                                                                                                                                                                                                                             | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b> 0                                                                                   |          |               |
| <b>b</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) . . . . . <b>6b</b> 0 |                                                                                                                                                                                        |          |               |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b> 0                                                                                                                                                     |                                                                                                                                                                                        |          |               |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b> 0                                                                                                           |                                                                                                                                                                                        |          |               |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b> 3,510                                                                                                                                                   |                                                                                                                                                                                        |          |               |
| <b>b</b> Less: cost of goods sold . . . . . <b>7b</b> 4,937                                                                                                                                                                                 |                                                                                                                                                                                        |          |               |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b> -1,428                                                                                                                          |                                                                                                                                                                                        |          |               |
| <b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b> 4,176                                                                                                                                                                    |                                                                                                                                                                                        |          |               |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . <b>9</b> 64,555                                                                                                                                            |                                                                                                                                                                                        |          |               |
| <b>Expenses</b>                                                                                                                                                                                                                             | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b> 30                                                                                                  |          |               |
|                                                                                                                                                                                                                                             | <b>11</b> Benefits paid to or for members . . . . . <b>11</b> 3,176                                                                                                                    |          |               |
|                                                                                                                                                                                                                                             | <b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b> 0                                                                                                    |          |               |
|                                                                                                                                                                                                                                             | <b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> 6,625                                                                                    |          |               |
|                                                                                                                                                                                                                                             | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 15,175                                                                                                       |          |               |
|                                                                                                                                                                                                                                             | <b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> 250                                                                                                        |          |               |
|                                                                                                                                                                                                                                             | <b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b> 23,082                                                                                                           |          |               |
|                                                                                                                                                                                                                                             | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . <b>17</b> 48,339                                                                                                    |          |               |
| <b>Net Assets</b>                                                                                                                                                                                                                           | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b> 16,216                                                                                   |          |               |
|                                                                                                                                                                                                                                             | <b>19</b> 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) . . . . . <b>19</b> 441,289 |          |               |
|                                                                                                                                                                                                                                             | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b> 6,031                                                                               |          |               |
|                                                                                                                                                                                                                                             | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . <b>21</b> 463,536                                                                          |          |               |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)

SCANNED MAY 03 2018



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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 |
|----|------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .                                                             | 116,289               | 138,536         |
| 23 | Land and buildings . . . . .                                                                         | 325,000               | 325,000         |
| 24 | Other assets (describe in Schedule O) . . . . .                                                      |                       |                 |
| 25 | <b>Total assets</b> . . . . .                                                                        | 441,289               | 463,536         |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                          |                       |                 |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . . | 441,289               | 463,536         |

|                 |                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (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/education of sport archery in South Dakota

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, optional for others.)

|    |                                                                                                                                     |     |       |
|----|-------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 28 | Junior Olympic Archery Development program for youth. Approx. 100+ kids have participated in this instructional program of our club |     |       |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>                                  | 28a | 1,180 |
| 29 | Indoor and Outdoor tournaments for the public at large                                                                              |     |       |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>                                  | 29a | 1,617 |
| 30 | Indoor and Outdoor leagues for members                                                                                              |     |       |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>                                  | 30a | 1,568 |
| 31 | Other program services (describe in Schedule O) . . . . .                                                                           |     |       |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>                                  | 31a | 200   |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶                                                       | 32  | 4,565 |

**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

[illegible]

**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>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                  | <b>37b</b>       | <input checked="" type="checkbox"/> |
| <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>       |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                          | <b>39b</b> 1,376 |                                     |
| <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, Sioux Falls, SD 57106</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 United States?<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>                                                                                                                                                                                                                     |                  | <input type="checkbox"/>            |
| <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> |     |    |

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

|           |  |  |
|-----------|--|--|
| <b>48</b> |  |  |
|-----------|--|--|

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

|            |  |  |
|------------|--|--|
| <b>49a</b> |  |  |
|------------|--|--|

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

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

**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 |
|--------------------------------------------------------------|---------------------|------------------|
| None                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

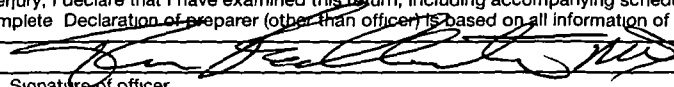
**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

0

**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.

**Sign Here** ▶  Date 3/8/18  
 ▶ **Tom Fullerton, Treasurer**  
 Type or print name and title

**Paid Preparer Use Only**

|                            |                      |      |                                                 |      |
|----------------------------|----------------------|------|-------------------------------------------------|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              | Firm's EIN ▶         |      | Phone no                                        |      |
| Firm's address ▶           |                      |      |                                                 |      |

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**Minnehaha Archers, Inc**

Employer identification number

**23-7243533**

Item 1: Donations: \$368.64; JOAD free will offerings: \$25; Grants (Pittman-Roberts): 8912.69

Item 2: Tournament Registration: 6,047; Indoor range public use fees: 394; Outdoor public use fees: 982; Bow hunter league fees: 759.01;

Spot league fees: 1,598.17; JOAD League Session fees: 8,429.19

Item 3: Memberships and renewals: 25,251.78

Item 4: Voyage Credit Union interest checking interest: 26.39; Vanguard Money Market interest: 88.82; Vanguard Wellesley dividends and cap  
gains: 2,617.29; Vanguard Dividend Growth dividends and cap gains: 844.93; Vanguard Equity Income dividends and cap gains: 532.89

Vanguard Windsor II dividends and cap gains: 1,418.69

Item 7a: Pop: 950.35; paper targets: 693.20; Key cards: 1,191.19; JOAD pins, awards, lanyards: 69; JOAD clothing 605.90

Item 7b: Pop: 275.68; Paper Targets: 2,873.63; Key cards: 745.50; JOAD pins, awards, lanyards: 639.92; JOAD clothing: 402.57

Item 8: Tournament concessions: 1,054.50; Bow locker rental: 718.54; Awards Banquet Registration: 845.32; Introduction to Archery instructi  
onal course: 1,558.15

Item 10: 29.56 (mistaken use of club VISA card and paid back under "donations" for net/net = 0

Item 11: Trophies, payouts, awards: 420.97; Key card reimbursements: 40; League paybacks: 1,146.60; Memorials/sympathies: 149.19; Award  
Banquet costs (food and prizes): 1,419.07

Item 13: Cleaning (LifeScape): 1,810.24; Mowing: 3,362.29; Septic tank service: 1,452.86

Item 14: Misc. indoor range maintenance expenses: 2,998.53; Outdoor range maintenance expenses: 1,180.01; Website hosting fees: 180;

Sioux Falls Utilities (Potable water): 582; Eastern Farmers Coop (Propane): 2,091.98; Garbage service: 674.08; Sioux Valley Energy (indoor  
electric): 2,823; Xcel Energy (outdoor electric): 223.78; Telephone and Internet service: 1,269.90; Outdoor range construction costs: 2,012.58

Outdoor range toilet service: 1,139.59

Item 15: Postage: 95.60; Printing: 154.88

Item 16: Insurance (Liability and Property): 1997.00; Advertising: 261.98; 3D targets, vital inserts, foam arrow stops: 15,466.38; Tournament  
Expenses (all): 1,617.18; Office supplies & Safe deposit box fee: 721.44; SD State Non-Profit Registration fee: 40; SD State Sales and Use tax  
for 2016 paid in 2017: 2790.61; JOAD equipment: 50.34; JOAD misc. expenses: 87.06; NFAA, SDAA club dues: 50.00

Item 17: Total Expenses: 48,338.70

Item 18: Excess or (Deficit): 16,136.28

Item 19: Net assets/balances at beginning of year: 441,288.93

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

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Minnehaha Archers, Inc

Employer identification number

23-7243533

**Item 20: Other changes:** 6,220.75 Our investment dividends and capital gains are reinvested in shares so end of year values depends on market value per share owned; other unaccounted for may be small differences in amounts posted to our spreadsheet versus the fees that are charged on memberships purchasd via Paypal or Square; also unaccounted possibilities are memberships or concessions that are paid or received, but not posted to the spreadsheet (this should be very, very minimal)

**Item 21: Net assets or fund balances at end of year:** 463,535.96

**Part II**

**Item 22: Cash, Savings, & Investments**                      **A. Beginning of year**                      **B. End of year**

Checking account                      9,203.20                      17,085.39

PayPal Sweep                      0                      448.05

Investments                      105635.73                      119756.55

Cash in Reg & Concession pouches                      550                      550

Scheels gift card value                      900                      695.97

**Total:**                      116,288.93                      138,535.96

**Item 23: Land and Buildings:**                      325,000                      325,000

**Item 24: Other assets:**                      0                      0

**Item 25: Total assets**                      441,288.93                      463,535.96

**Item 26: Total liabilities**                      0                      0

**Item 27: Net assets or fund balances:**                      441,288.93                      463,535.96

**Item 28a: JOAD expenses (all):** 1,179.89

**Item 29a: Indoor and Outdoor tournament expenses (all):** 1,617.18

**Item 30a: Indoor and Outdoor league expenses (all):** Trophies, league paybacks, awards: 1,567.57

**Item 31a: Adaptive archery program: Estimated costs absorbed by our club:** 200

**Item 32: Total program service expenses:** 4,564.64

**Item 39b: Gross receipts, included on line 9, for public use of club: Indoor range public fees: 394; Outdoor range public fees: 982**