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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2018 calendar year, or tax year beginning , 2018, and ending		,	
В	Check	ıf applicable C		D Employer identification number	
	Addre	ss change	41 1402502		
Ĺ	╡	change SAHÁRA SANDS INC C/O STEVEN GILBRAITH	41-1483503 E Telephone number		
Ļ	Initial	1465 265TH AVE NE	763-444-6491		
Ļ	╡	um/teminated   TCANTT MN FEO40-F2FQ	~E	-	
┝	╡	ded return ation pending	05	F Group Exemption Number  ►	
G			H Check	x ► X if the organization is <b>not</b>	
ī		Website: N/A  Website: N/A  Website: N/A			
J	Tax-e	xempt status (check only one) — 501(c)(3) X 501(c) ( 5	(Form	990, 990-EZ, or 990-PF)	
K	Form	of organization Corporation Trust Association Other			
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ore, or if t	total ▶\$ 90,833	
P	ărt 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	the ins		
		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>	
	1	Contributions, gifts, grants, and similar amounts received		1 525	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5 a	Gross amount from sale of assets other than inventory			
	t	Less cost or other basis and sales expenses 5 b	·		
	0	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
		Gaming and fundraising events			
Revenue	a	Gross income from gaming (attach Schedule G if greater than \$15,000).			
ē	;   E	Gross income from fundraising events (not including \$ of contribut	ions		
<u> </u>		from fundraising events reported on line 1) (attach Schedule G if the sum			
Œ	· I	of such gross income and contributions exceeds \$15,000)  Less direct expenses from gaming and fundraising events  6c	90,3	126/2/3/30091	
			67,7	121.	
	9	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d 22,581	
	7 a	Gross sales of inventory, less returns and allowances 7 a			
	b	Less cost of goods sold 7 b	·		
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		<b>▶</b> 9 23,106	
	10	Grants and similar amounts paid (list in Schedule O)		10 10,610	
•	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
- se	13	Projessional lees and other payments to independent contractors		13 310	
Expenses	14	Occupancy, rent, utilities, and maintenance OGDEN, UT		14	
ă	15	PHONOG ODDICAROUS DOSIAGE AND SHIDDING	1 - 0	15	
ш	16	Other expenses (describe in Schedule O)  See Schedu	ile o	16 8,138	
	17	Total expenses. Add lines 10 through 16		<b>▶</b> 17 19,058	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 4,048	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	/ear		
ASS		figure reported on prior year's return)	,	19 46,509	
ŧ	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		► 21 50,557	
B	AA Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2018	

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TEEA0812L 01/21/19

Form **990-EZ** (2018)

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33 Du the organization engage in any significant activity not previously reported to the IRS?   Yes   No.   34 West any significant changes make to the organization group engagement (activity in Schedule)   34   X   35 a Dut the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6s, and 7s, among others)?   35 a Dut the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6s, and 7s, among others)?   35 a Dut the organization shares \$1,0(4), \$10(5), \$0.00(16) (organization subject to section 6033(e) notice,   35 a   X   3				Ш		
Mere any political challege made to be organized processing desimals? If "rist, allach a conformed cupy of the amended decrements if they reflect as change to the organization name of the expansion of processing and comments of the state of the organization name of the expansion of the comments of t	33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes			
a charge to the organizations are difference, explain the charge on Schodle O Sensitutions 35. Did the organization have unrelated bissness gross increme of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b) If "Yes to line 55s, has the organization field a Form 90.1" for the year? If "No, "provide an explanation in Schedule O c Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes, Complete Sprideder (-Part III   35 b) the organization of not assets during the year? If "Yes, Complete Sprideder (-Part III   36 b) the organization of not assets during the year? If yes, complete Sprideder (-Part III   37 a) Enter amount of political expenditures, or card or indirect, so described parts of Schodule N 37 a Enter amount of political expenditures, or card or indirect, as described in the instructions * 27 a) or card or cardiotic parts of the organization of the second organization organizatio	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X		
\$3.a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on these 2, 6a, and 74, annong others?)  bif "Yes" to line 35a, has the organization filed a Form 990-1 for the year? If No, provide an explanation in Schedule C. Was the organization of 90(c)(4), 501(c)(6), 505(c)(6)(6) organization subject to section G33(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C. Part III 35b.  Did the organization underly of a liquidation, dissolution, termination, or significant of disposal properties of a liquidation of the sessets during the year? If Yes, complete spelication parts of Schedule C. Part III 37a		34		y		
Such as those reported on lines 2, 6a, and 7a, among others?  6 If Yes's to line 53a, has the organization for all Form 990-17 for the year? If No, provide an explanation in Schedule C  6 Was the organization a section 501(c)(4), 501(c)(5), of 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Speciate C, Part III  7 So Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete a protection 50 Schedule N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions  8 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct or indirect, as described in the instructions  9 To Enter amount of political expenditures, direct the total amount movibed and provided on the property of the instructions of the instructi						
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Sended (C, Part III)  36 Dut the organization undergo a injudiation, dissolution, termination, or significant deposition of net assets during the year? If Yes, complete spring the Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.   38 a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  38 a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  39 Section 501(c)(7) reginaziones Enter amount of tax winposed on the organization during the year under N/A  39 Section 501(c)(3) organizations Enter amount of tax winposed on the organization during the year under N/A  30 Section 501(c)(3) organizations Enter amount of tax winposed on the organization organization and yor its prior from \$90 or 990 Ez? If Yes, complete Schedule L, Part II organization and yor its prior from \$90 or 990 Ez? If Yes, complete Schedule L, Part II organization and enter the tax and any organizations and any organizations and a party to a prohibited tax shorter 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 the prior from \$900 or 990 Ez? If Yes, complete Schedule L, Part II  C Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations Enter amount of tax minosed on organization manages or organization. A gray time starting the tax year in the starting tax year in the starting tax year. If Yes, complete Form \$886.7  42 If the significant in the starting tax year, did the organization ma		35 a		X		
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III		35 b				
36 Did the organization undergo a legulation, desolution, termination, or significant deposition of het assets during the year? If "Yes," complete parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  \$\frac{1}{2}\$ and the organization borrow from, or make any leans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still doustanding at the end of the tax year covered by this return?  \$\frac{1}{2}\$ bit "Yes," complete Schedule L, Part II and enter the total amount involved  \$\frac{3}{2}\$ as Excens 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under N/A  \$\frac{3}{2}\$ as Excens 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A  \$\frac{3}{2}\$ as Excens 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bother organization engage in any section 4955 excess reported on any of its prior firms 90 or 990.E-Z? If "Nes, complete Schedule L, Part I  \$\frac{3}{2}\$ as N/A  \$\frac{3}{2}\$ bit (c)(4), and 501(c)(29) organizations. Bother organization engage in any section 4958 excess reported on any of its prior firms 90 or 990.E-Z? If "Nes, complete Schedule L, Part I  \$\frac{3}{2}\$ as N/A  \$\frac{3}{2}\$ bit (c)(4), and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amongs or disqualified persons during the year under schores 4912, 4955, and 4958  \$\frac{3}{2}\$ csclon 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the year under schores 4912, 4955, and 4958  \$\frac{3}{2}\$ csclon 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the message and the schores and the sch	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	36 Did the organization undergo a liquidation, dissolution, termination, or significant					
b Did the organization file Form 1129-PQL for this year?  38 a Did the organization from from, or make any loans to, any officer, director, flustee, 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?  38 b M/A  39 section 501(c/G) organizations. Enter amount of tex imposed on the organization during the year under N/A  40 section 501(c/G) organizations. Enter amount of tex imposed on the organization during the year under N/A  59 b Gross receipts, included on line 9, for public use of club facilities  40 section 501(c/G), organizations. Enter amount of tex imposed on the organization during the year under N/A  59 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b M/A  50 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b M/A  50 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b M/A  50 b Gross receipts, included on line 9, for public use of club facilities.  50 b M/A  50 b			(Las. 198. 5			
38a D dhe organization borrow from, or make any loans to, any officer, director, frustee, 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?  38 b if "Yes," complete Schedule L, Part II and enter the total amount moveled  39 Section 501(c)(7) organizations. Enter all initiation fees and capital contributions included on line 9  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4911 P N/A, section 49656 P N/A  5 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of its prior Forms 990 or 990-E27 if Yes," complete Schedule L, Part I continued on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I continued to the prior forms 990 or 990-E27 if Yes, complete Schedule L, Part I continued on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I continued to the organization managers or disqualitied persons during the year under sections 4912, 4955, and 4956 P D D D D D D D D D D D D D D D D D D		100000000000000000000000000000000000000				
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section 4911 * N/A, section 4912 * N/A, section 4912 * N/A bSection 501(c)(3), 501(c)(4), and 501(c)(29) organization. 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-E27 if Yes, complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<b>b</b> Gross receipts, included on line 9, for public use of club facilities  39 b  N/A	3				
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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 c Section 50 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 50 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization of the foreign country by the organization at At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T  List the states with which a copy of this return is filed by None   42.a The organization's books are in care of by STEVEN GILBRAITH  Located at by 465 265TH AVE NE ISANTI MN  but 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 y such as a bank account, securities account, or other financial accounts (FBAR)  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country by If "Yes," enter the mamount of tax-exempt interest received or accrued during the tax year  of Form 990-EZ  b) did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) did the organization review and proving the year of the proving the year of the proving the year			* 7			
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managers or disqualified persons during the year under sections 4912, 4955, and 4955  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-1  List the states with which a copy of this return is filed * None  42a The organization's books are in care of * STEVEN GILBRAITH Discrete form 8666-1  Located at * 465 265TH AVE NE TSANTT MN Transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' form 990 must be completed instead of Form 990-EZ or line 445a Did the organization maintain any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' but the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' if I 'Yes,' if I 'Yes,' if I 'Yes,' if I 'Yes,' but the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' if I 'Yes,' if I 'Yes,' if I 'Yes,' but the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' if I 'Yes,'		40 b	*N . 1 1862	-1444 n 54 <del>4</del>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the during the tax year, was the organization a party to a prohibited tax.  All control or a prohibited tax shelfer transaction? If Yes, complete Form 8886-T.  List the states with which a copy of this return is filed. None  **None**  **None**  **Telephone no ** 763 - 444 - 6491**  Located at **A 65 265TH AVE NE ISANTI MN	c 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. ► 0.					
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T  40 e	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
42 a The organization's books are in care of ► STEVEN GILBRAITH  Located at ► 465 265TH AVE NE ISANTI MN  Death and 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 N/A  Yes No  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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  c Did the organization operate one or more hospital facilities during the year?  If 'No,' provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit the organization receive any payment from or enage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit is the organization receive any payment from or enage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit is the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' bit If	· · · · · · · · · · · · · · · · · · ·					
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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,'	42 a The organization's books are in care of STEVEN GILBRAITH  Located at 465 265TH AVE NE TSANTI MN  2IP + 4 55040  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c	Yes	X X N/A N/A No		
If 'No,' provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a X  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,'	42 a The organization's books are in care of ▶ STEVEN GILBRAITH Telephone no ▶ 763-4. Located at ▶ 465 265TH AVE NE ISANTI MN 2IP + 4 ▶ 55040  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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	42 b 42 c 42 c	Yes	X X N/A N/A N/A X X		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a X  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,'	42 a The organization's books are in care of ▶ STEVEN GILBRAITH Telephone no ▶ 763-4. Located at ▶ 465 265TH AVE NE ISANTI MN 2/P+4 ▶ 55040  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 42 c	Yes Yes	X X N/A N/A NO X X X		
	42 a The organization's books are in care of ► STEVEN GILBRAITH  Located at ► 465 265TH AVE NE ISANTI MN  2/P + 4 ► 55040  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 42 c	Yes Yes	X X N/A N/A NO X X X		
	42 a The organization's books are in care of ► STEVEN_GILBRAITH Telephone no ► 763-4. Located at ► 465 265TH_AVE_NE_ISANTI_MN  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes or provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 b 42 c 42 c 44 a 44 b 44 c 44 d 45 a	Yes Yes	X X N/A N/A X X X X		

Form 990-EZ (2018)

					Yes No		
	Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complete		gn activities on behalf of	or in opposition to	46 X		
Parl	Section 501(c)(3) Organization	s Only					
	All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b ar	nd 52, and complet	e the tables		
	Check if the organization used Schedule	e O to respond to any	question in this Part VI				
47	Did the assessment of the latest		FO1/h) alastran in affact di		Yes No		
	Did the organization engage in lobbying activiticomplete Schedule C, Part II				47		
	Is the organization a school as described in se			ule E	48		
	Did the organization make any transfers to an If 'Yes,' was the related organization a section	•	related organization:		49 a 49 b		
	Complete this table for the organization's five it	₹	employees (other than of	ficers, directors, trustee			
	employees) who each received more than \$10						
	(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		
			<del>                                     </del>	<u> </u>			
			<del></del>				
		<del></del>					
	Total number of other employees paid over \$1	·					
51	Complete this table for the organization's five to compensation from the organization of there is	nighest compensated i s none, enter 'None '	ndependent contractors v	who each received more	e than \$100,000 of		
	(a) Name and business address of each independent of	· · · · · · · · · · · · · · · · · · ·	(b) Type o	of service	(c) Compensation		
			-				
			<u></u>		<del></del>		
			-				
		== ****	<del>  -</del>				
		<del>-</del>	-				
					-		
			<u> </u>				
	Total number of other independent contractors	<b>.</b>	•	▶.			
	Did the organization complete Schedule A? <b>No</b> completed Schedule A	te: All section 501(c)(.	3) organizations must atta	acn a 	► Yes No		
Under po true, co	enalties of perjury, I declare that I have examined this return, inclurrect, and complete Declaration of prespect (other than office	ding accompanying schedules er) is based on all information	and statements, and to the best of r of which preparer has any know				
	Ita Cilbrith			5-7-2019			
Sign Here	' j	Signature of officer		Date			
Here	STEVEN GILBRAITH Type or print name and title			Treasurer			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	James Jensen	James Jensen	15/2/1		00165189		
raiu Prepa	EMM Mars C Assessed		7//				
Use C	Inly Firm's address ► 3525 253rd Ave	Firm's EIN	41-1413424				
	Isanti, MN 5504			Phone no 763	-444-4856		
May tl	ne IRS discuss this return with the preparer sho	own above? See instri	uctions		► X Yes No		

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

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	<b>&gt;</b> (	io to www.irs.			or Form 930-62 ructions and the latest i	nformation.	Open to Public.
Name of the organization SAHA						Employer ide	ntification number
Fundraising Ac	STEVEN GI	ete if the organ	nization an	swered 'Y	es' on Form 990, Part IV		5503
Form 990-EZ fi	lers are not red	quired to comp	lete this pa	art			
		aised funds thr	ougn any	of the folio e	wing activities. Check a		
a				f	Solicitation of gover	_	
c Phone solicitation				g	Special fundraising	_	
d  n-person solicit				9			
2 a Did the organization	have a written	or oral agreen	nent with a	any individi	ual (including officers, d	rectors, trustees, o	or key Yes No
	ighest paid indi	viduals or entit	ties (fundra	•	ofessional fundraising se suant to agreements un		
	31 \$5,000 by th	organization.	1			(v) Amount paid	to kind in
(i) Name and address of or entity (fundra	of individual iser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed column (i)	(or retained by)
			Yes	No			
1							
					-		
2					•		
3		:					
4							
5							
6							
7							
						<u> </u>	
8							
			ļ				
9							
10							
Total							
3 List all states in which or licensing	ch the organiza	ition is register	ed or licen	sed to soli	icit contributions or has	been notified it is e	exempt from registration
		<del>-</del>	<del>-</del>	<b></b>			
		<b>-</b>		<del>_</del>			
					. <b></b>		
	· – – – – •						

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R			(a) Event #1  SPRING CLASSIC (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	90,308.			90,308.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	90,308.			90,308.
	4	Cash prizes	2,022.			2,022.
	5	Noncash prizes	5,215.			5,215.
DIRECT	6	Rent/facility costs	27,253.	<del></del>		27,253.
	7	Food and beverages	1,906.			1,906.
EXPENSES	8	Entertainment				
N S E	9	Other direct expenses	31,331.			31,331.
	10 11	Direct expense summary Add lines 4 thro Net income summary Subtract line 10 fro	67,727. 22,581.			
Par	<u>t:   </u>	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' on	Form 990, Part IV,	line 19, or reported	more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
_	2	Cash prizes				
EXPENSES	3	Noncash prizes	.=	****		
T E	4	Rent/facility costs		<del>-</del> -		
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary Add lines 2 through 5 in column (d)					
	8	Net gaming income summary Subtract lin	ne 7 from line 1, column	ı (d)		
9 Enter the state(s) in which the organization conducts gaming activities  a is the organization licensed to conduct gaming activities in each of these states?  b if 'No,' explain						
		e any of the organization's gaming licenses		or terminated during the		Yes No

5 CD	edule G (Form 990 or 990-EZ) 2018 SAHARA SANDS INC	41-148	3503	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity administer charitable gaming?	formed to	Yes	No
13	Indicate the percentage of gaming activity conducted in.	1 1		
i	a The organization's facility	13a		૪
ı	<b>b</b> An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records	:	
	Name •			
	Address •			
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?	Yes	No
		d the amou	ınt	_
	of gaming revenue retained by the third party • \$	•		
•	c If 'Yes,' enter name and address of the third party			
	Name •			
	Address ►			i 
16				
10	daning manager mornation			
	Name •			
	Gaming manager compensation  \$			
	Description of services provided		· 	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	etain the	□Yes	□No
I	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r spent in t	the	
	organization's own exempt activities during the tax year • \$			-
<u>P</u> a	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	any add	s (III) and litional	(V);
	information. See instructions.			
BAA	TEEA3703L 07/02/18 Scher	dule G (For	m 990 or 99	0-EZ) 2018

BAA

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018

ÒMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAHARA SANDS INC C/O STEVEN GILBRAITH Employer identification number

41-1483503

Form 990-EZ, Part I, Line 16 **Other Expenses** 

CLUB FUNCTIONS DELEGATE EXP GIFTS / MEMORIALS JACKET NEW MEMBER REGION 10 DUES

	\$ 5,471. 850.
	236.
	336.
	 1,245.
Total	\$ 8,138.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FUNDRAISING TO PROVIDE GRANTS TO VARIOUS LOCAL NON-PROFIT ORGANIZATIONS