

2018

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)

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

A For the 2018 calendar year, or tax year beginning

, 2018, and ending

, 20

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Sandhill Archers, Inc.		45-0411319
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	P.O. Box 1022		701-277-1442
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►
<input type="checkbox"/> Amended return	Fargo, ND 58107-1022		04
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.sandhillsarchers.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization: Corporation Trust Association Other

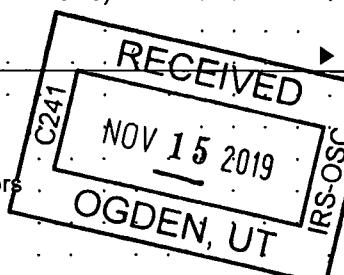
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 81,895.00

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

1 Contributions, gifts, grants, and similar amounts received	1	15,000.00
2 Program service revenue including government fees and contracts	2	6,607.00
3 Membership dues and assessments	3	54,486.00
4 Investment income	4	0.00
5a Gross amount from sale of assets other than inventory	5a	107.00
b Less: cost or other basis and sales expenses	5b	0.00
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	107.00
6 Gaming and fundraising events:		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,742.00
b Gross income from fundraising events (not including \$ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,735.00
c Less: direct expenses from gaming and fundraising events	6c	2,828.00
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	649.00
7a Gross sales of inventory, less returns and allowances	7a	0.00
b Less: cost of goods sold	7b	0.00
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00
8 Other revenue (describe in Schedule O)	8	2,218.00
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,067.00
10 Grants and similar amounts paid (list in Schedule O)	10	0.00
11 Benefits paid to or for members	11	0.00
12 Salaries, other compensation, and employee benefits	12	0.00
13 Professional fees and other payments to independent contractors	13	0.00
14 Occupancy, rent, utilities, and maintenance	14	11,246.00
15 Printing, publications, postage, and shipping	15	388.00
16 Other expenses (describe in Schedule O)	16	60,243.00
17 Total expenses. Add lines 10 through 16	17	71,877.00
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,190.00
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	255,632.00
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	262,822.00



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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Revenue

Expenses

Net Assets

23

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	45,632.00	22 52,822.00
23 Land and buildings	180,000.00	23 180,000.00
24 Other assets (describe in Schedule O)	30,000.00	24 30,000.00
25 Total assets	255,632.00	25 262,822.00
26 Total liabilities (describe in Schedule O)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	255,632.00	27 262,822.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose? Archery education, training, safety and practice

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

28	Sandhill Archers, Inc. owns and operates a 25+ acre outdoor archery park which includes an indoor range. An all volunteer staff maintains a National Field Archery Association 5 star rating for the park. We have 330 paid members and serve the greater community and civic groups, 2000+ people annually. (Grants \$ 15,000.00) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 28a	59,869.00
29	We host 3 target shoots each year that are open to the public. These events allow kids to participate often for free, promote archery and offer free spectator admission. These events bring in new members and provide some capital from fees that is used mainly for facility improvements. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 29a	3,200.00
30	The club provides archery training for youth and adult archers, including a Junior Olympic Archery Development program. Costs include targets, archery tackle and training costs. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 30a	1,944.00
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> 31a	
32	Total program service expenses (add lines 28a through 31a) . . . ► <input type="checkbox"/> 32	65,013.00

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.

Check if the organization used Schedule C to respond to any question in this Part IV				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brian Hage, President	3	0	0	0
Kevin Tabosa, Secretary	2	0	0	0
Odin Helgerson, Treasurer	2	0	0	0
Eric Thomas, Director	1	0	0	0
Mike Jeanotte, Director	1	0	0	0
Mark Klukken, Director	2	0	0	0
Amber Triebold, Director	3	0	0	0
Bryan Triebold, Director	1	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions Yes No
34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 Yes No
37b X

b Did the organization file Form 1120-POL for this year?
38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b

39 Section 501(c)(7) organizations. Enter.
39a

a Initiation fees and capital contributions included on line 9
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____ Yes No
40b X

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
40c

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
40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Odin Helgerson Telephone no. ► 701-241-9002
 Located at ► 2315 University Dr. N, Ste 12, Fargo, ND ZIP + 4 ► 58102-1815 Yes No
42b

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)
42c

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 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b X

c Did the organization receive any payments for indoor tanning services during the year?
44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
44d X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions
45b X

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
46		

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

1

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
47		X
48		X
49a		X
49b		

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

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

49a x

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

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
None				

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

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

(a) Name and 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

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

Paid Preparer Use Only	Print/Type preparer's name Marshall McCullough	Preparer's signature <i>Marshall McCullough</i>	Date 11-12-19	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Obstruct Twinkell			Firm's EIN ► 45-0310621	
	Firm's address ► 444 Sherman St WF ND 58571			Phone no	

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Sandhill Archers, Inc.

Employer identification number

45-0411319

Part I, Line 8: Vending income from incidental food items, pop, water, paper targets from
a vending machine and apparel sold at cost.

Part I, Line 16: 54% Property taxes and special assessments. 12% Administration expenses
and 9% Business insurance.

Part II, Line 24: Trailers, targets and lawn mowers.

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