

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 1545-0047

2020

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.

2012
Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning		, 2020, and ending	
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	PO Box 1022		701-241-9002
<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		4
<input type="checkbox"/> Application pending			
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website: ► www.sandhillsarchers.org			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one)	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association
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			
			► \$ 80,509

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	5,076
	3 Membership dues and assessments	3	67,860
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	2,100
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	2,100
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	4,415
Expenses	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less: direct expenses from gaming and fundraising events	6c	2,289
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,126
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	1,058
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	78,220
	10 Grants and similar amounts paid (list in Schedule O)	10	0
Net Assets	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	18,810
	15 Printing, publications, postage, and shipping	15	304
	16 Other expenses (describe in Schedule O)	16	78,654
	17 Total expenses. Add lines 10 through 16 ►	17	97,768
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-19,548
	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	251,112
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	995
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	232,559

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	90,495	22 70,947
23	Land and buildings	180,000	23 180,000
24	Other assets (describe in Schedule O)	30,000	24 30,000
25	Total assets	300,495	25 280,947
26	Total liabilities (describe in Schedule O)	49,383	26 48,388
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	251,112	27 232,559

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? 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 All volunteer staff maintains a National Field Archery Association 5 star rating for the park. We have 315 paid members and serve the greater community and civic groups	<input checked="" type="checkbox"/>	28a	80,748
29	We hosted one target shoot in 2020 before COVID that was open to the public which brought in participants of all ages and allows free spectator admissions. We also purchased targets in 2020 in preparation for leagues in 2021 (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<input type="checkbox"/>	29a	5,756
30	The club provides training for youth and adult archers, including a Junior Olympic Archery Development Program and a Scholastic 3-D Program. Costs include targets, archery tackle and training. (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<input type="checkbox"/>	30a	2,106
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	88,610

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

?	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	?	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	Brian Hage	3 00	0		0	0
	President					
	Kevin Tabosa	2 00	0		0	0
	Secretary					
	Odin Helgerson	2 00	0		0	0
	Treasurer					
	Eric Thomas	1 00	0		0	0
	Director					
	Mike Jeanotte	1 00	0		0	0
	Director					
	Mark Klukken	3.00	0		0	0
	Director					
	Amber Triebold	3 00	0		0	0
	Director					
	Bryan Triebold	1 00	0		0	0
	Director					
	Tim Hamre	1 00	0		0	0
	Director					

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 33

Yes	No
-----	----

33	✓
----	---

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34

34	✓
----	---

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

35a	✓
-----	---

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

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

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 36

36	✓
----	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37a	✓
-----	---

b Did the organization file Form 1120-POL for this year? 37b

37b	✓
-----	---

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? 38a

38a	✓
-----	---

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

38b	✓
-----	---

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

39a	✓
-----	---

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

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 ► _____ 40b

40b	✓
-----	---

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

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

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

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 40f

40f	✓
-----	---

41 List the states with which a copy of this return is filed ► 41

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 42b

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 ► 42c

42c	✓
-----	---

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

43	✓
----	---

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

44a	✓
-----	---

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

44b	✓
-----	---

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

44c	✓
-----	---

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

44d	✓
-----	---

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

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

45b	✓
-----	---

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

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

		Yes	No
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	47	?
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	?
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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."		

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ?		11-11-21
	Signature of officer	Date
	Odin Helgerson, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Marshall W McCullough	Preparer's signature 	Date 11-11-21	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► OHNSTAD TWICHELL, P C	Firm's EIN ► 45-0310621			
	Firm's address ► 444 Sheyenne Street Suite 102, West Fargo, ND 58078	Phone no. (701) 282-3249			

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

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

2020

**Open to Public
Inspection**

Name of the organization

Employer identification number

Sandhill Archers, Inc.

45-0411319

Line 8: Vending Income from pop, water, candy bars and paper targets.

Line 16: 72% Property taxes, 11% memberships to North Dakota Bowhunters Association, 7% insurance

Line 20: Reduction in the outstanding loan balance for the year.

Line 24: Trailers, targets and lawn mowers.