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Return of Organization Exempt From Income Tax

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning		January 1	, 2014, and ending	December 31	, 2014
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Sequim Prairie Grange #1108		23-7136387	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Initial return		P O Box 201		360-683-3194	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► C433	
<input type="checkbox"/> Amended return		Sequim, Washington 98382-0201			
<input type="checkbox"/> Application pending					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► www.grange.org/sequimprairiewa1108					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Nonprofit fraternal					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$	57334

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	9520
1	Contributions, gifts, grants, and similar amounts received	1	9520
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	21340
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	26474
c	Less direct expenses from gaming and fundraising events	6c	8172
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18302
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	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	49162
	Expenses	10	22782
10	Grants and similar amounts paid (list in Schedule O)	10	22782
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	30138
15	Printing, publications, postage, and shipping	15	1016
16	Other expenses (describe in Schedule O)	16	2880
17	Total expenses. Add lines 10 through 16 ►	17	56816
	Net Assets	18	(7654)
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7654)
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	389443
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	381789

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 <input type="checkbox"/>					
		(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	190972	22	183318	
23	Land and buildings	198471	23	198471	
24	Other assets (describe in Schedule O)	0	24	0	
25	Total assets	389443	25	381789	
26	Total liabilities (describe in Schedule O)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	389443	27	381789	
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 <input type="checkbox"/>					
What is the organization's primary exempt purpose? <u>Fraternal organization promoting farm, family, community</u>			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)		
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	Held numerous fundraisers for community and national charities & activities. Also to maintain the hall which is frequently rented for community involved functions as well as private individuals. The building is donated for informative agricultural, community & political meetings (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	N/A		
29	The Grange donated to other nonprofits and private individuals with health & financial issues. Members take part in community functions helping to keep the Grange's presence known. Members contribute many volunteer hours within the community (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	N/A		
30	The Grange promotes family & education by giving scholarships to students, delivering dictionaries to private school students. The Grange welcomed families by holding activities inviting children involvement. The held public forums supporting the Sequim School District building bond (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	N/A		
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	N/A		
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	N/A		
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 <input checked="" type="checkbox"/>					
(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	
Joy Barrett	0 hours	0	0	0	
President / Master	0 hours	0	0	0	
David Zerby	0 hours	0	0	0	
Vice-President / Overseer	0 hours	0	0	0	
Helen Bucher	0 hours	0	0	0	
Secretary	0 hours	0	0	0	
Loretta Grant	0 hours	0	0	0	
Treasurer	0 hours	0	0	0	
Valerie Ellard	0 hours	0	0	0	
Executive Committee Member - 1 year	0 hours	0	0	0	
Jerry Haqberg	0 hours	0	0	0	
Executive Committee Member - 2 year	0 hours	0	0	0	
Nancy Hutt	0 hours	0	0	0	
Executive Committee Member - 3 year	0 hours	0	0	0	
Fred Grant	0 hours	0	0	0	
Steward	0 hours	0	0	0	
Robert Clark	0 hours	0	0	0	
Assistant Steward	0 hours	0	0	0	
Carla Madison	0 hours	0	0	0	
Lady Assistant Steward	0 hours	0	0	0	
Kim Moulson	0 hours	0	0	0	
Program Director / Lecturer	0 hours	0	0	0	
Sue Hargrave	0 hours	0	0	0	
Chaplain	0 hours	0	0	0	

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

	Yes	No
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	✓
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	✓
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	✓
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/A	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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	N/A
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter	39b	N/A
a Initiation fees and capital contributions included on line 9	40a	N/A
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A	40c	N/A
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	40d	N/A
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 ► N/A	40e	✓
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► N/A		
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 ► N/A		
42a The organization's books are in care of ► Loretta Grant	Telephone no ► 360-683-3194	
Located at ► 792 West Sequim Bay Road Sequim, Washington	ZIP + 4 ► 98382-9000	
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 ► N/A	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► N/A	42c	✓
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	Yes	No
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	44a	✓
c Did the organization receive any payments for indoor tanning services during the year?	44b	✓
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	44c	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	✓
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)	45a	✓
	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

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  **Signature of officer**  **Date**

<input checked="" type="checkbox"/> Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
					<input type="checkbox"/> if self-employed
	Firm's name ►			Firm's EIN ►	

Firm's address ► May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

Sequim Prairie Grange #1108

23-7136387

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to 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

	(a) Event #1 NONE (event type)	(b) Event #2 NONE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue				
	1 Gross receipts			
	2 Less Contributions			
Direct Expenses	3 Gross income (line 1 minus line 2)			
	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary Add lines 4 through 9 in column (d)			►
	11 Net income summary Subtract line 10 from line 3, column (d)			►

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
	1 Gross revenue			
	2 Cash prizes			
Direct Expenses	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization conducts gaming activities

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

Sequim Prairie Grange #1108

Employer identification number

23-7136387

Part I - Revenue, Expenses, and Changes in Net Assets of Fund Balance**Line #10****Dues in the amount of \$5968 were paid to Parent Organization - Washington State Grange P.O. Box 1186 Olympia, Washington 98507-1186****None of the remaining amount in line #10 was paid in excess of \$5000 to any one organization or individual****Donations were made in the amount of \$6614 to thirteen different groups or individuals. The largest donation to any one individual grantee was in the amount of \$2783****Fourteen scholarships totaling \$10200 were awarded with the largest scholarship awarded to any one individual grantee being \$1000****Line #16****\$450 was sent to the Internal Revenue Service for balance owed for requesting reinstatement of non-profit tax exemption****\$2430 was for expenses to state grange convention for Sequim Prairie Grange's Delegates, talent contestant and members of the the****2nd Degree Team****Part IV - List of Officers, Directors, Trustees, and Key Employees****Continued List of Officers**

(a) Name and Title	(b)	(c)	(d)	(e)
Myron Teterud - Greeter/Gatekeeper	0 hours	0	0	0
Dorinda Becker - Ceres	0 hours	0	0	0
Wanda Schneider - Pomona	0 hours	0	0	0
Patty Erickson - Flora	0 hours	0	0	0
Bonnie Hagberg - Chairperson of Family Living	0 hours	0	0	0