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Form 990-EZ

## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

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

2015

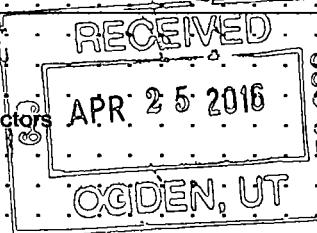
Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/form990).

<b>A For the 2015 calendar year, or tax year beginning</b>		January 1	, 2015, and ending	December 31	, 2015
<b>B Check if applicable.</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<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)		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, WA 98382-0201			
<input type="checkbox"/> Application pending					
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				<b>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ► <a href="http://www.grange.org/sequimpairiewa1108">www.grange.org/sequimpairiewa1108</a>					
<b>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</b>					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Nonprofit fraternal</b>					
<b>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 . . . . . ► \$</b>				51437	

**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 . . . . .	2 Program service revenue including government fees and contracts . . . . .	3 Membership dues and assessments . . . . .	4 Investment income . . . . .	5a Gross amount from sale of assets other than inventory . . . . .	5b Less: cost or other basis and sales expenses . . . . .	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b Less: direct expenses from gaming and fundraising events . . . . .	6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	1 3132
													2
		7a Gross sales of inventory, less returns and allowances . . . . .	7b Less: cost of goods sold . . . . .	7c	7d								
		8 Other revenue (describe in Schedule O) . . . . .	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 43702	10 20697								
	<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	11 Benefits paid to or for members . . . . .	12 Salaries, other compensation, and employee benefits . . . . .	13 Professional fees and other payments to independent contractors . . . . .	14 Occupancy, rent, utilities, and maintenance . . . . .	15 Printing, publications, postage, and shipping . . . . .	16 Other expenses (describe in Schedule O) . . . . .	17 Total expenses. Add lines 10 through 16 . . . . . ►	10 20697	11		
		18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	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) . . . . .	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	18 -2739	19 381789	20 (3284)	21 375766				
	<b>Net Assets</b>												

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	183318	22 177295
23	Land and buildings . . . . .	198471	23 198471
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	381789	25 375766
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	381789	27 375766

**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? Fraternal organization promoting farm, family, community

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 fund raisers for community charities and activities. Fund raisers also supported maintaining <del>the</del> hall which is frequently rented to organizations and individuals for community functions. The building use is donated for informative agricultural, health and welfare, and community meetings. (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	N/A
29	The Grange donated to other nonprofits and to private individuals with health and financial needs. Members take part in community functions to increase awareness of the grange and its activities. Members contribute many hours in service to the community. (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	N/A
30	The Grange supported family and education by giving scholarships and supporting the students' education. It welcomes family participation by hosting activities that invite children and parent involvement and held information meetings to educate Sequim residents about the school 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	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► 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 . . . . . 

(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				
Master/President	N/A	0	0	0
Bob Clark				
Vice-President / Overseer	N/A	0	0	0
Sheron Koehler				
Secretary	N/A	0	0	0
Wanda Schneider				
Treasurer	N/A	0	0	0
Jerry Hagberg				
Executive Committee Member - 1 year	N/A	0	0	0
Nancy Hutt				
Executive Committee Member - 2 year	N/A	0	0	0
Bonnie Hagberg				
Executive Committee Member - 3 year	N/A	0	0	0
Loretta Grant				
Steward	N/A	0	0	0
Fred Grant				
Assistant Stewart	N/A	0	0	0
Kim Moulson				
Lady Assistant Stewart	N/A	0	0	0
Keith Koehler				
Program Director/Lecturer	N/A	0	0	0
Sue Hargrave				
Chaplain	N/A	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	37a	N/A
b Did the organization file Form 1120-POL for this year? . . . . .	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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9 . . . . .	39b	N/A
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	✓
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 ► None		
42a The organization's books are in care of ► Wanda Schneider, Treasurer	Telephone no. ► 360-504-2207	
Located at ► 290 Macleay Road, Sequim, Wa	ZIP + 4 ► 98382	
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: ►	42b	✓
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 U.S.? 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   N/A		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	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	✓
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	✓

		Yes	No
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	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		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."		

(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
<b>NONE</b>				

f Total number of other employees paid over \$100,000 ► **NONE**

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
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 ► **NONE**

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	► <i>Joy Barrett</i> Signature of officer	Date <i>4/12/16</i>
	► Joy Barrett, President/Grange Master Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open 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 or Fund Balance****Line #10****Dues in the amount of \$6,313 were paid to parent organization - Washington State Grange, P.O.Box 1186, Olympia, Wa, 98507-1186****None of the remaining balance for line 10 exceeded \$5,000 to any one individual or organization. Donation totaling \$6,434 were paid to 17 organizations or individuals. The largest amount paid to one individual grantee was \$1,743.****Nine scholarships were awarded totaling \$7,950. The largest scholarship awarded to any one individual was \$1,300****Line #16****\$1,010 travel expenses for Sequim Prairie Grange members and talent contest winner to attend the Washington State Grange convention;****\$1,215 water and miscellaneous kitchen supplies; \$2235 scholarship investment account fees; \$518 community programs****Part IV - List of Officers, Directors and Key Employees - Continued**

	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>
Myron Teterud - Gatekeeper	0 hours	N/A	N/A	N/A
Dorinda Becker - Ceres	0 hours	N/A	N/A	N/A
Shelly Smith - Pomona	0 hours	N/A	N/A	N/A
Carol Reed - Flora	0 hours	N/A	N/A	N/A
Valerie Ellard - Chair of Family Living	0 hours	N/A	N/A	N/A