



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**990-EZ**Form Department of the Treasury  
Internal Revenue Service**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

**2016**Open to Public  
Inspection

► 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).**A For the 2016 calendar year, or tax year beginning**

, 2016, and ending

, 20

**B Check if applicable:**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C Name of organization****Sequim Prairie Grange #1108**

Number and street (or P.O. box, if mail is not delivered to street address)

**D Employer identification number****23-7136387****P.O. Box 201****E Telephone number****360-683-3194**

City or town, state or province, country, and ZIP or foreign postal code

**F Group Exemption****Number ►****Sequim, WA 98382-0201****G Accounting Method:**  Cash  Accrual  Other (specify) ►**I Website:** ► [www.grange.org/sequimpairiewa1108](http://www.grange.org/sequimpairiewa1108)**J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) ◀ (insert no.)  4947(a)(1) or  527****H 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 **Nonprofit fraternal organization****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. ► \$ **39,722******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 □

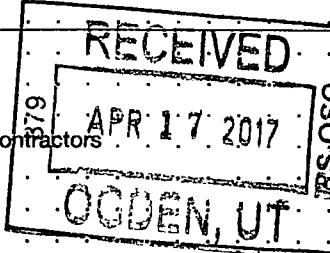
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 1,775
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 4,118
	4 Investment income . . . . .	4 9,945
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6 Gaming and fundraising events	5c
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
<b>Expenses</b>	b Gross income from fundraising events (not including \$ _____ 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 23,933
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 6,422
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	
	7a Gross sales of inventory, less returns and allowances . . . . .	6d 17,511
	b Less: cost of goods sold . . . . .	7a
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7b
	8 Other revenue (describe in Schedule O) . . . . .	
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 33,350
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 16,142
<b>Net Assets</b>	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 10,999
	15 Printing, publications, postage, and shipping . . . . .	15 1,420
	16 Other expenses (describe in Schedule O) . . . . .	16 5,704
	17 <b>Total expenses.</b> Add lines 10 through 16 ►	17 34,265
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -915
	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) . . . . .	19 375,766
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 2,281
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 377,132

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)

SCANNED MAY 16 2017



20

**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
<b>22</b>	<b>Cash, savings, and investments</b>	177,295	<b>22</b> 170,080
<b>23</b>	<b>Land and buildings</b>	198,471	<b>23</b> 207,052
<b>24</b>	<b>Other assets (describe in Schedule O)</b>	24	
<b>25</b>	<b>Total assets</b>	375,766	<b>25</b> 377,132
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>	26	
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	375,766	<b>27</b> 377,132

**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.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b>	<b>Held fund raisers for community charities and activities. Fund raisers also supported maintaining the 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.</b> (Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a	
<b>29</b>	<b>The Grange donated to other non profits 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.</b> (Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a	
<b>30</b>	<b>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 volunteer opportunities and clubs in the area.</b> (Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a	
<b>31</b>	<b>Other program services (describe in Schedule O)</b> (Grants \$ <input type="checkbox"/> If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b> ► <input type="checkbox"/> 32	

**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		0			
Bob Clark					
Overseer/Vice-president		0			
Loretta Grant					
Secretary		0			
Wanda Schneider					
Treasurer		0			
Keith Koehler					
Lecturer		0			
Brian Ellard					
Steward		0			
Fred Grant					
Assistant Steward		0			
Casey Becker					
Lady Assistant Steward		0			
Sue Hargrave					
Chaplain		0			
Myron Teterud					
Gatekeeper		0			
Dorinda Becker					
Ceres		0			
Shelly Smith					
Pamona		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 ► <b>37a</b>	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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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 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 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Sequim Prairie Grange office Located at ► 290 Macleay Road, Sequim, Wa	Telephone no. ► 360-683-5622 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: ► 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 United States? If "Yes," enter the name of the foreign country: ►	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 ► <b>43</b>	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	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	✓

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

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	
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	<input type="text" value="Robert J. Clark"/> Signature of officer	<input type="text" value="4/7/17"/> Date
	<input type="text" value="ROBERT J. CLARK"/> Type or print name and title	

<b>Paid Preparer Use Only</b>	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

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

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**

► 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).

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**

**Dues in the amount of \$6,052 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. Donations totaling \$3,790 were paid to 8 organizations or individuals. The largest amount paid to one individual grantee was \$1,771. A total of 6 scholarships were awarded totaling \$6,300. The largest scholarship awarded to any one individual was \$1,300.**

**Line #16**

**\$1,020 travel expenses for Sequim Prairie Grange members and talent contest winner to attend the Washington State Grange convention;**

**\$1,318 water and miscellaneous kitchen supplies; \$2,133 scholarship investment account fees; \$1233 community programs**

**Part IV - List of Officers, Directors and Key Employees - Continued**

<b>Kim Moulson</b>	<b>0 hours</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
--------------------	----------------	------------	------------	------------

<b>Flora</b>				
--------------	--	--	--	--

<b>Valerie Ellard</b>	<b>0 hours</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
-----------------------	----------------	------------	------------	------------

<b>Chair - family living</b>				
------------------------------	--	--	--	--