

2020

Open to Public  
Inspection

Form 990-EZ

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)

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2012

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable	C Name of organization <b>?</b> Sequim Prairie Grange #1108	D Employer identification number <b>?</b> 237136387
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <b>?</b> PO Box 201	E Telephone number 3604774742
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Sequim, WA 98382	F Group Exemption Number <b>?</b> 08
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method:  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule BI Website: ► <http://www.grange.org/sequimpairiewa1108/>

(Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other non-profit fraternal organization

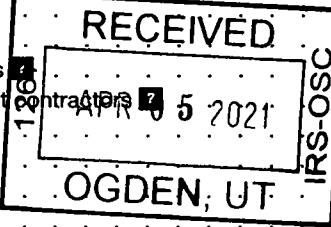
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

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

► \$ 35457

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	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	1 2808	10 7050	18 -796
2 Program service revenue including government fees and contracts	2 0	11 0	19 421399
3 Membership dues and assessments	3 0	12 0	20 30801.
4 Investment income	4 9944	13 1502	21 456404
5a Gross amount from sale of assets other than inventory	5a 9983	14 13368	
b Less: cost or other basis and sales expenses	5b 5481	15 371	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 4502	16 6524	
6 Gaming and fundraising events:		17 28815	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 1029	18 0	
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 11693	19 0	
c Less: direct expenses from gaming and fundraising events	6c 1957	20 0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 10765	21 0	
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 28019		
10 Grants and similar amounts paid (list in Schedule O)	10		
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 1502		
14 Occupancy, rent, utilities, and maintenance	14 13368		
15 Printing, publications, postage, and shipping	15 371		
16 Other expenses (describe in Schedule O) <b>?</b>	16 6524		
17 Total expenses. Add lines 10 through 16	17 28815		
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -796		
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 421399		
20 Other changes in net assets or fund balances (explain in Schedule O)	20 30801.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 456404		



**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	191846	22 209583
23 Land and buildings	229553	23 229553
24 Other assets (describe in Schedule O)	0	24 0
<b>25 Total assets</b>	<b>421399</b>	<b>25 439136</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>421399</b>	<b>27 439136</b>

**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? Promoting family, fair, and community life

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)

28 Our Grange supported family and education by giving scholarships to support students' education.

(Grants \$ 6000) If this amount includes foreign grants, check here 

28a

29 Our Grange donated to other non-profits, supported youth involvement in 4-H and FFA, and contributed hundreds of hours of community service.

(Grants \$ 1050) If this amount includes foreign grants, check here 

29a

30 Our Grange donated meeting space for educational meetings and community service projects

(Grants \$ ) If this amount includes foreign grants, check here 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here 

31a

32 Total program service expenses (add lines 28a through 31a) 

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) <input type="checkbox"/> (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David McDaniels	5	0	0	0
Master/President	5	0	0	0
Fred Grant	2	0	0	0
Overseer/Vice President	2	0	0	0
Philomena Lund	2	0	0	0
Lecturer	2	0	0	0
Braven Headley	2	0	0	0
Steward	2	0	0	0
Brian Ellard	2	0	0	0
Asst. Steward	2	0	0	0
Becky Horst, then Dorinda Becker	2	0	0	0
Asst. Steward	2	0	0	0
Sue Hargrave	5	0	0	0
Chaplain	5	0	0	0
Ted Lund	5	0	0	0
Treasurer	5	0	0	0
Joy Grant	5	0	0	0
Secretary	5	0	0	0
Bob Clark	2	0	0	0
Gatekeeper	2	0	0	0
Loretta Billow	2	0	0	0
Ceres	2	0	0	0
Deb Marshall	2	0	0	0
Pomona	2	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	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 ► _____		
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	40b	
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 ► <u>Teddy Lund</u> Telephone no. ► <u>360-477-4742</u> Located at ► <u>12 Kirner Ridge Lane, Sequim, WA</u> ZIP + 4 ► <u>98382-8574</u>	42b	Yes
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	No
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 ► <input type="checkbox"/> 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	✓
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**

1

		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."		

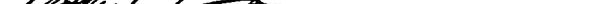
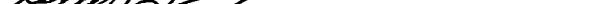
f Total number of other employees paid over \$100,000 . . . . ►

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."

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 	 Signature of officer	 March 30, 2021
	 Teddy L. Lund, Treasurer	Date
	 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 . . . . . ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sequim Prairie Grange #1108

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

Open to Public  
Inspection

Employer identification number  
237136387

Part 1, line 10: Five scholarships totaling \$6000 were awarded to local students. None exceeded \$1500. Donations totalling \$1050 were made

to four organizations, none exceeded \$500

Part 1, line 16: Dues received totaled 3720. Dues passed on to the parent organization totaled \$5017, leaving a deficit of \$1297.

We replaced a mower, at a cost of \$5000. Check printing was \$32. Chamber of Commerce dues were \$195. Dues invoices  
cost \$286.

Part 1, line 20: Unrealized investment gains from the scholarship fund = \$30801

**Part IV, Other officers:**

Carol Reed, Flora 2 0 0 0

Bonnie Hagberg, Executive Board 2 0 0 0

Helen Bucher, Executive Board 2 0 0 0

Hazel Lowe, Executive Board 2 0 0 0