

2020

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)

► 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 informationOpen to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

July 1

, 2020, and ending

June 30

, 20 21

B Check if applicable

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

C Name of organization

Order Sons and Daughters of Italy Grand Lodge of the Northwest

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

% Paul Piotr, 542 North 73rd St, Seattle WA 98103

Room/suite

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

Seattle WA 98103

D Employer identification number

91 6070474

E Telephone number

206 784 3478

F Group Exemption

Number ► 3610

G Accounting Method  Cash  Accrual Other (specify) ►

I Website ►

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 Fraternal

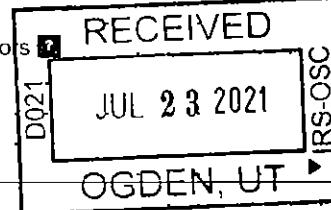
L Add lines 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total assets

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

► \$ 6387 21

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 

1	Contributions, gifts, grants and similar amounts received	1	32461 00
2	Program service revenue including government fees and contracts	2	0 00
3	Membership dues and assessments	3	0 00
4	Investment income	4	1612 10
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)	5c	0 00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	9455 80
c	Less direct expenses from gaming and fundraising events	6c	6323 21
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3132 59
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	64 00
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	64 00
8	Other revenue (describe in Schedule O)	8	4330 00
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41599 69
10	Grants and similar amounts paid (list in Schedule O)	10	4500 00
11	Benefits paid to or for members	11	0 00
12	Salaries, other compensation, and employee benefits	12	8400 00
13	Professional fees and other payments to independent contractors	13	0 00
14	Occupancy rent, utilities, and maintenance	14	0 00
15	Printing, publications, postage, and shipping	15	13549 44
16	Other expenses (describe in Schedule O)	16	3871 00
17	<b>Total expenses</b> Add lines 10 through 16	17	30520 44
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	11079 25
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	125666 60
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0 00
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	136745 85



SCANNED MAY 05 2022

Expenses

Net Assets

MAP - OIV

**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	125666 60	22 11079 25
23	Land and buildings	0 00	23 0 00
24	Other assets (describe in Schedule O)	0 00	24 0 00
25	<b>Total assets</b>	125666 60	25 11079 75
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)	136745 85	27 11079 25

**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?

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	-----	-----	-----	-----	-----	-----	-----
29	-----	-----	-----	-----	-----	-----	-----
30	-----	-----	-----	-----	-----	-----	-----
31	-----	-----	-----	-----	-----	-----	-----
32	-----	-----	-----	-----	-----	-----	-----
	(Grants \$ )	If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	0 00	?	
	(Grants \$ )	If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	0 00		
	(Grants \$ )	If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	0 00		
	Other program services (describe in Schedule O)						
	(Grants \$ )	If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	0 00		
	<b>Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/>	32	0 00		

**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
Dot Chicketti Financial Secretary 5402 Nathan Ave SE Auburn WA 98092		900 00		
Paul Pioli Financial Secretary 542 North 73rd St, Seattle WA 98103		1200 00		
Dorothy Whitney Treasurer 4516 48th Ave NE, Seattle WA 98106		2100 00		
Joe Jacobin NWIN Publisher 4822 South Juneau St, Seattle WA 98118		2100 00		
Gina Natucci Recording Secretary 1301 Violet Meadows St South, Tacoma WA 98444		2100 00		
-----				
-----				
-----				

**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	39	Section 501(c)(7) organizations Enter
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts included on line 9, for public use of club facilities	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	✓
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 ►		
42a	The organization's books are in care of ► Telephone no ► Located at ► ZIP + 4 ►	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 ► 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 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 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"		

(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
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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

<b>Sign Here</b> 	Signature of officer		Date		
	Paul L. Pioli, Financial Secretary				
	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.

Form 990-EZ (2013)

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

Line 10

Cassandea DeMario

Gonzagea University

Student I D 80454071

Nolan A Palmer

Montana State University

Student I D 02706899

Anglenia Masetta

Carthage College

Student I D 1573500

Line 16

Per Capita to Superme Lodge \$22972.86

Liberty Insurance \$2671.00

Italian Community Picnic \$500.00

Seattle Festa - \$500.00

Portland Festa \$200.00