

Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ** **Short Form** **Return of Organization Exempt From Income Tax** OMB No 1545-1150 **2017** **Open to Public Inspection**

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning JANUARY 1, 2017, and ending DECEMBER 31, 2017

**B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. **C** Name of organization: GRASS ROOTS JR. GOLF FOUNDATION, P.O. BOX 2009, SNOHOMISH, WA 98291-2009. **D** Employer identification number: 90-0179136. **E** Telephone number: 425-422-9527. **F** Group Exemption Number: 501(c)3.

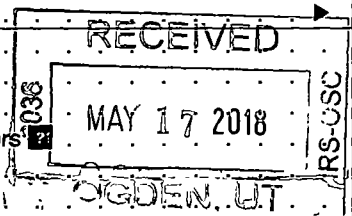
**G** Accounting Method:  Cash  Accrual  Other (specify) **H** Check  if the organization is not required to attach Schedule B. **I** Website: WWW.GRGFOUND.ORG. **J** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527.

**K** Form of organization:  Corporation  Trust  Association  Other. **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. \$

**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	26,842
2	Program service revenue including government fees and contracts		2	7,539
3	Membership dues and assessments		3	0
4	Investment income		4	0
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 \$ 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 64,165		
c	Less: direct expenses from gaming and fundraising events	6c 33,399		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	30,766
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	65,147
10	Grants and similar amounts paid (list in Schedule O)		10	20,756
11	Benefits paid to or for members		11	0
12	Salaries, other compensation, and employee benefits		12	19,000
13	Professional fees and other payments to independent contractors		13	5,425
14	Occupancy, rent, utilities, and maintenance		14	0
15	Printing, publications, postage, and shipping		15	0
16	Other expenses (describe in Schedule O)		16	21,724
17	<b>Total expenses.</b> Add lines 10 through 16		17	66,905
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1,758)
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	32,75
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	1517

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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	3275	1517
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	3275	1517
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3275	1517

**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? *Affordable Youth Golf Learning*

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 <i>Provide Youth Ages 7-17 affordable learning experiences and golf activities</i> <i>"EXPLORE" PROGRAM - 44 students @ \$69 pp</i> (Grants \$ <i>3036</i> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<i>3036</i>
29 <i>"LEARN" PROGRAM - 43 students @ \$179 pp</i> <i>"PLAY" PROGRAM - 69 students @ \$99 pp</i> <i>"COMPLETE" PROGRAM - 43 students @ \$49 pp</i> (Grants \$ <i>16635</i> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<i>7697</i> <i>6831</i> <i>2107</i> <hr/> <i>16635</i> <i>1085</i>
30 <i>PLAYER EQUIPMENT GRANTS</i> (Grants \$ <i>1085</i> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ <i>0</i> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<i>0</i>
32 Total program service expenses (add lines 28a through 31a)	32	<i>20756</i>

**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
<i>VAUGHAN SEIFERT BOARD PRESIDENT 1129 W. MAIN ST MONROE, WA 98272</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JOHN PARADIS, DIRECTOR 271 H. ST BLAINE, WA 98230</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>PETER GAFFNEY, DIRECTOR 11428 171 ST SE AVE SE SNOHOMISH, WA 98290</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>SAM HOGENSON, TREASURER 6329 151 ST SE SNOHOMISH, WA 98296</i>	<i>2</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>SEAN BRILL, DIRECTOR 14027 LAKE CITY WAY NE #5-501 SEATTLE WA 98111</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>JEFF DORNISCH, CEO 5616 133RD AVE SE SNOHOMISH, WA 98290</i>	<i>15</i>	<i>19,000</i>	<i>0</i>	<i>0</i>

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

Form 990-EZ (2017) Part V Other Information. Questions 33-45b regarding significant activity, changes, income, political expenditures, loans, tax imposed, prohibited tax shelter, and controlled entities. Includes handwritten entries for Washington, Jeff Cornish, and various amounts.

	Yes	No
46		X

**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		X
48		X
49a		X
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
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
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 <i>Vaughan Seifert</i>	Date
	Type or print name and title <i>Vaughan Seifert; Board Pres.</i>	<i>5/14/18</i>

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 A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

*GRASS ROOTS JR. GOLF FOUNDATION*

Employer identification number

*90-019136*

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	66,266	42,710	36,930	31,379	26,842	204,127
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	
4 <b>Total.</b> Add lines 1 through 3 . . . . .	66,266	42,710	36,930	31,379	26,842	204,127
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .	25,000	25,000	25,000	25,000	25,000	125,000
6 <b>Public support.</b> Subtract line 5 from line 4	41,266	17,710	11,930	6,379	1,842	79,127

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .	66,266	42,710	36,930	31,379	26,842	204,127
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10	66,266	42,710	36,930	31,379	26,842	204,127
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	39 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	42 %
16a <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

2017

Open to Public  
Inspection

Employer identification number

GRASS ROOTS JR. GOLF FOUNDATION

90-0179136

INSURANCE (LIABILITY, DFO, VEHICLE) 2,472

PROGRAM DELIVERY VEHICLE

- MAINTENANCE 985

- FUEL 1,352

TECHNOLOGY (WEBSITE, LAPTOP, INTERNET) 2,664

PROGRAM SERVICES (ACCESS, EQUIPMENT, SUPPLIES) 5,794

ADMINISTRATIVE / OFFICE SUPPLIES / CELL PHONE 2,693

BANK / PROCESSING FEES 1,500

MARKETING / ADVERTISING 2,762

BOARD & LEADERSHIP DEVELOPMENT 1,502

SUBTOTAL 21,724

PROGRAM SERVICE GRANTS 20,756

TOTAL 42,480