## Form **990** (Rev. January 2020) Department of the Treasury

## **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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Α	For the	2019 calendar year, or tax year beginning	and	ending	_		
В	Check if	C Name of organization	TNO TNO		D Employer ide	ntification number	
_		THE CONNECTICOT GOLF FO					
Ļ	jchang	E THE FIRST TEE OF CONNEC	TICUT		06 151	0744	
Ļ	Name chang				06-151		
<u> </u>	Initial	Number and street (or P.O. box if mail is not deli-	vered to street address)	Room/suite	E Telephone nur		
_	Final return/		<u> </u>		860 25		40
_	termin ated		IP or foreign postal code		G Gross receipts \$	1,223,5	44.
Ļ	Ameno	CROMWELL, CI 00410			H(a) is this a grou		<b>-</b> 1
	Applic tion pendir	r Martie and address of principal officer, 222244	MORIARTY			ates? Yes X	_
		133 GOTT CTOP KOND, CKOMM			H(b) Are all subordina		_l No
			(insert no.)	or 527	1	ch a list. (see instructions	s)
		e: ► N/A		1	H(c) Group exem		
		di dai neation.	sociation Other	L Year	of formation: 199	8 M State of legal domicil	le: CT
		Summary				OF WOTEN	
60	1	Briefly describe the organization's mission or most s	significant activities: TO L	MPACT	THE LIVES	OF YOUNG	
Š		PEÓPLE THROUGHOUT CONNECTI					
Activities & Governance	2	Check this box 🕨 🔲 if the organization discon		sed of more	than 25% of its net		20
Ş	3	Number of voting members of the governing body (F				3	30
ڻ مع	4	Number of independent voting members of the gove				4	30
SS	5	Total number of individuals employed in calendar ye				5	28
Ť	6	Total number of volunteers (estimate if necessary)				6	0
Ę	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 9	90-T, line 39			7b	0.
				<u> </u>	Prior Year	Current Year	<del>-</del>
a)	8	Contributions and grants (Part VIII, line 1h)			665,024		
5	9	Program service revenue (Part VIII, line 2g)	,,		246,330		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)	.,	748		96.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		166,72		
	12	Total revenue - add lines 8 through 11 (must equal F	art VIII, column (A), line 12)		1,078,82		
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1·3)		48,420		
	14	Benefits paid to or for members (Part IX, column (A),	, line 4)			0.	0.
ø	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		473,330		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lin	ne 11e)			0.	0.
9	.   b	Total fundraising expenses (Part IX, column (D), line	25) <b>&gt;</b> 212,8	10.		10 × 72 × 10 × 10 × 10 × 10 × 10 × 10 × 10 × 1	****
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		640,04		
	18	Total expenses. Add lines 13-17 (must equal Part IX,	, column (A), line 25)		1,161,79		
		Revenue less expenses. Subtract line 18 from line 1	2,	<u></u>	-82,970	0136,9	<u>05.</u>
58		•		Be	ginning of Current Ye		
sets	20 21	Total assets (Part X, line 16)			2,630,013		
₹ Sag	21	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			217,513		
ž		Net assets or fund balances. Subtract line 21 from li	ne 20		2,412,498	2,275,5	93.
		Signature Block		<del></del>			
		ties of perjury, I declare that I have examined this return, it				f my knowledge and belief,	it is
true	correc	, and complete. Declaration of preparer (other than officer	) is based on all information of wh	nich preparer	has any knowledge.		
Sig	n	Signature of officer			Date		
Her	е	DAVID C. SEAMAN, CONTRO	LLER				
	_	Type or print name and title			note I .	CTT DTW	
			Preparer's signature		Oate Check		_
Paid		PAMELA J. MATOCHA				mployed P0057200	<u> </u>
Pre	oarer	Firm's name T. M. BYXBEE COMP	ANY, P.C.		Firm's EIN	▶ 06-1386456	<u></u>
Use	Only	Firm's address P. O. BOX 187169				(000) 004 10	•
		HAMDEN, CT 06518			Phone no.	(203) 281-49	
8400	the IG	S discuss this return with the preparer shown above	e? (see instructions)			X Yes	No

Pa	TILL Statement of Program Service Accomplishments	·=·-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO IMPACT THE LIVES OF YOUNG PEOPLE THROUGHOUT CONNECTICUT BY	
	PROVIDING EDUCATIONAL PROGRAMS THAT BUILD CHARACTER, INSTILL	
	LIFE-ENHANCING VALUES AND PROMOTE HEALTHY CHOICES THROUGH THE G	AME OF
	GOLF.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	vooneae
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex-	
		penses, and
4.	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 717,389 · including grants of \$ 45,253 · ) (Revenue \$	238,657.)
4a	(Code:) (Expenses \$\frac{717,389}{1000000000000000000000000000000000000	
	EDUCATIONAL PROGRAMS THAT BUILD CHARACTER, INSTILL LIFE-ENHANCI	
	VALUES AND PROMOTE HEALTHY CHOICES THROUGH THE GAME OF GOLF.	
	VARIOUS AND I ROMOTH HEADTHIT CHOTCHS IMMOOGH 1112 CLEEP CT COLLEGE	
4b	(Code:) (Expenses \$	)
		<u> </u>
		. <u></u>
		·
		<u> </u>
		<u> </u>
4c	(Code:) (Expenses \$	)
٠		
		<del></del>
		·
		<del> </del>
		<del></del>
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$ \)  Total program service expenses \$ 717,389.	
4e	Total program service expenses /117,389.	Form <b>990</b> (2019)

Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	İ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			17
	If "Yes." complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	an George	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	3	1	
	as applicable.	深流等	148.8	Children B
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments · other securities in Part X, line 12, that is 5% or more of its total			₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	اعتمدا		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- <u>A</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	122	х	
	Schedule D, Parts XI and XII	12 <u>a</u>		<del>                                     </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170	<b></b>	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	[	х
	or more? If "Yes," complete Schedule F, Parts I and IV	- 180	-	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to 3 for any	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	Did the organization report on Part IX, column (A), line 3, more than \$3,000 or aggregate grants or other assistance to	16		Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	··		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	]	Х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	Did the organization report more than \$15,000 total of fullulationing event gloss income and contributions of that the product O. Port."	18	x	
	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	Did the organization report more than \$15,000 or gross income from gaming activities on Fact vin, time σα: # Yes,	19		х
	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		T	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
	Confessio government of Part IX, Column (24, intering 1985) Complete Controller (1987) and in 1986 and in 1986		ÒOO	(0040)

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Pai	rt V Checklist of Required Schedules (continued)		· · ·	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	]		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
04-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<del>-</del>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c	· ·	
	any tax-exempt bonds?		<del></del>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>240</u>	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		· ·	х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del>  -</del>	-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	•		77
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ	İ	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		的技術	
28				\$ 170 2
	instructions, for applicable filing thresholds, conditions, and exceptions):	5-0,5723	81,742,541 54886	745V ABAV.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	******		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			<del></del> -
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			х
	"Yes," complete Schedule L, Part IV		┝	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ .—	<del>-^-</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	]		
-	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		X
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a	Did the organization have a controlled entity within the meaning of section 312(0)(10):			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<del> </del> -	+ -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		x
	If "Yes," complete Schedule R, Part V, line 2	<u>36</u>	-	<u>^-</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	X	
1981	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			
en constant	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	27		
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0		
b	District the second with health withholding rules for reportable payments to vendors and reportable gaming	37		
С		1c	X	T
	(gambling) winnings to prize winners?			(2010)

6484 A	Statements regarding outer mortungs and tax completes (commean			V	A1-
	Transmitted of Misses and Tay Statements			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 28			
	filed for the calendar year ending with or within the year covered by this returnlf at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	1			e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l
_		y - 1,	3a	O. W. 15 . LEWIS	X
	— · · · · · · · · · · · · · · · · · · ·		3ь		
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account, or other financial account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account account acc	ccount)?	4a		Х
		1	10 TV		
b	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	***************************************	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		-5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
6a	any contributions that were not tax deductible as charitable contributions?		6a		X
_	If "Yes," did the organization include with every solicitation an express statement that such contribution				
D	were not tax deductible?	<b>U</b>	6b		
-	Organizations that may receive deductible contributions under section 170(c).				100
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a co	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			,
С	to file Form 8282?	************	7с		X
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		学规	
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		Part.	il de la company
Ū	sponsoring organization have excess business holdings at any time during the year?	************	8	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(585)
9	Sponsoring organizations maintaining donor advised funds.	4	100	12.1	
a	10000	***************************************	<u>9a</u>	ļ	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNE	505050.57.61
10	Section 501(c)(7) organizations. Enter:	ı 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	t 1 '			9.5
а	Gross income from members or shareholders	11a	4 4		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	.			
	amounts due or received from them.)		100	1	4.44
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041?	12a	K83.66	Mark Co.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		140.30
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.00		Unica Section	
	organization is licensed to issue qualified health plans	13b	-		
C	Enter the amount of reserves on hand	13c	4.4	<b>W</b> 24.45	X
14a	Did the digamization receive any payments in		14 <u>a</u>	<del> </del>	<del>  ^</del>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	de O	14b	<del> </del>	<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	4.5		x
	excess parachute payment(s) during the year?		15		7.50
	If "Yes," see instructions and file Form 4720, Schedule N.	t in anna?	16	e crission di	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LINCOME?	10		
	If "Yes," complete Form 4720, Schedule O.	<u> </u>	1. P. V. No. 3. 2.	n <b>99</b> 0	(2019)
			1 011	,,	\_0,0/

[37]

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					77
Sec	tion A. Governing Body and Management				· ·	<u> </u>
		1	1 20	TV SEE	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30	<b>A</b>		
	If there are material differences in voting rights among members of the governing body, or if the governing			330		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	İ	30			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30		1991	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other	温暖な	AT THE REAL PROPERTY.	37
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervision			77
	0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately appr	point o	one or			
	more members of the governing body?			.7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or	.		37
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	_X_	<del>_</del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					77
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	1432
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff^*$			ا ا		
	in Schedule O how this was done			12c	-	X
13	Did the organization have a written whistleblower policy?			13	-	X
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva		dependent		7 3 3	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		and the second	4-	\$\$ ( st ) \$ \)	
	The organization's CEO, Executive Director, or top management official			_15a		<u>X</u>
b	Other officers or key employees of the organization			15b		A.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40	<b>1</b>	X
	taxable entity during the year?			16a	X#5.57	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					344
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			11. 11.19		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CT	. ,		<del></del>		<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (Section 501(c)(3)	s only)	availa	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	i finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	oks and	d records			
	DAVID C SEAMAN, CPA - 860 257 4171					
	55 GOLF CLUB ROAD, CROMWELL, CT 06416					

THE FIRST TEE OF CONNECTICUT

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza			ıpen	sate		rector, or trustee.	
(A)	(B)			)) Pos	C) ition		•	(D)	(E)	(F)
Name and title	Average		not c	heck (	more	than o		Reportable	Reportable compensation	Estimated amount of
	hours per	box	, unle: cer an	sspet dadi	rson i: irecto	s both r/trus	n an tee)	compensation from	from related	other
	week (list any	ğ						the	organizations	compensation
	hours for	trustee or director				ᇤ		organization	(W-2/1099-MISC)	from the
·	related	tee or	ustee			ensati		(W-2/1099-MISC)		organization
	organizations	a trus	Institutional trustee		Key employee	Highest compensated employee			•	and related
	below	Individual 1	titutio	Officer	dwa /	Pest	Former			organizations
	line)	፲፱.	Ē	罗	2	三.	虚			
(1) BARBARA KARIS DOWNEY	0.00	x						0.	. 0.	0.
DIRECTOR	0.00			<u> </u>	<del> </del>	┢	⊢			
(2) CRAIG WATCHMAKER	0.00	x						0.	0.	0.
DIRECTOR	0.00	<u> </u>	├	_		$\vdash$	┢			
(3) DAVID M. LADD	0.00	x		İ			1	0.	0.	0.
DIRECTOR	0.00	┢	-	-	-	╁	-			
(4) DAVID P. MARKS	1 0.00	x					l	0.	0.	0.
DIRECTOR DARROLL DWD	0.00	_	┢		┝	├	-	<u> </u>		
(5) GLEN M. RAPOPORT, DMD	0.00	x					1	0.	0.	0.
DIRECTOR (6) HENRY T.A. MONIZ	0.00	128	<u> </u>	-		+-	<del>                                     </del>			
DIRECTOR	0.00	X						0.	0.	0.
(7) LORENZO B. WYATT	0.00	121	-		-	┢	╁╌			
TREASURER	0.00	x		x				0.	0.	0.
(8) MANU MAZUMDAR	0.00	ļ	1	==		t	厂			
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(9) MARSHALL RUBEN	0.00	<del> </del>	<u> </u>	-						
DIRECTOR	<u> </u>	x						0.	0.	0.
(10) MERCEDESE LARGE	0.00	<u> </u>								
DIRECTOR		X						0.	0.	0.
(11) MICHAEL MORAGHAN	0.00			Г			Г			_
DIRECTOR		X					L.,	0.	0.	0.
(12) MIM SCHRECK	0.00						Γ		10	
DIRECTOR		X			l		<u>l</u> .	0.	0.	0.
(13) SCOTT SEYMOUR	0.00								]	
DIRECTOR		X				_		0.	0.	0.
(14) THOMAS E. VACHERON	0.00									
DIRECTOR		X			L		<u> </u>	0.	0.	0.
(15) CHRIS GOODWIN	0.00					1				
DIRECTOR		x	$oxed{oxed}$		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$	1_	<u> </u>	0.	0.	0.
(16) IAN MARSHALL	0.00	1								
DIRECTOR		X		<u> </u>	$oldsymbol{igstyle eta}$	<u> </u>	L	0.	0.	0.
(17) LAUREN STEPHENS	0.00	1							_	
DIRECTOR	1	X	1	1	1	i	1	0.	0.	0.

932007 01-20-20

Form 990 (2019)

		GOLF FOUNDAT CONNECTICUT		06-1510	744 Page
ers. Directors. Trus	tees. Kev Emr	loyees, and Highest Co	mpensated Employee	s (continued)	
	(B)	(C)	(D)	(E)	(F)

Part VIII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	· · · · · · · · · · · · · · · · · · ·
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	,,,	not ch		ition			Reportable	Reportable	Estimated
	hours per	box.	unles	sper	son i	s both	ı an	compensation	compensation	amount of
·	week		er and	adi	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	وي			g g		organization	(W-2/1099-MISC)	from the
	related organizations	stee	truste		Q.	Dea		(W-2/1099-MISC)		organization and related
	below	na tri	jonal		płoye	ig a	١.		•	organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b></b>
/10) MADY MEGETN	0.00	=	┝╧┤	_	<u>- ×</u>	I .	<u></u>		<del></del>	
(18) MARK WESTIN DIRECTOR	0.00	х					ŀ	0.	0.	0.
(19) BRAD FAXON	0.00		$\vdash$			╀┈				
HON. DIRECTOR	- 0.00	х						0.	0.	0.
(20) J. J. HENRY	0.00		$\vdash \vdash$	- <u>.</u>	_	١.				
HON. DIRECTOR	0.00	x						0.	0.	0.
(21) KAREN HOPP	0.00		$\vdash$	_		<del>                                     </del>				
DIRECTOR	0.00	х						0.	0.	0.
(22) JOE LACAVA	0.00	42	$\vdash$	-		╁				
	0.00	x						0.	0.	0.
HON, DIRECTOR (23) DONNY MARSHALL	0.00	7.	-			$\vdash$	-			
	0.00	x						0.	0.	0.
HON. DIRECTOR (24) DANIEL MARTINEZ CLAVIJO	0.00	<u> </u>	$\vdash$							
	0.00	х						0.	0.	0.
HON. DIRECTOR (25) EDWIN H. MAY III	0.00	21	$\vdash$	_		+-		<del></del>		
CHAIRMAN EMERITUS	1.00	x						0.	0.	0.
(26) PATRICIA H. MEISER	0.00	**			-	$\vdash$				
PRESIDENT	- 0.00	x		X				0.	0.	0.
	<u> </u>	•	<u>.                                    </u>	-	L	_		0.	0.	0.
1b Subtotal								89,552.	0.	5,373.
								89,552.	0.	5,373.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	at limited to th		lieto	d ab	201/6	a) wh	O re		000 of reportable	
	or innited to th	iuse	HOLO	a ar		., <b></b> .		,00,100 111010 111111 11111	•	0
compensation from the organization	<u></u>	**************************************						· · · · · · · · · · · · · · · · · · ·		Yes No
3 Did the organization list any former officer	director trust	امم	(AV A	mnl	ove	e Ol	· hia	hest compensated emp	lovee on	
										3 X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the st	won individual m of recortab	 مم ما	mne	nsa	tion	and	Lath	ner compensation from t	he organization	<b>37</b> 5.5
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	1,110,110,001,000 1,110,002 1,110,002	" 00	mple	ta S	Sch	edul	 f	or such individual		4 X
	accule compet	nsati	nn fr	nm nm	anv	unn	elate	ed organization or individual	dual for services	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." con</i>	anlata Cahadul	a I f	ore	ch i	nars	ะดก				5 X
Section B. Independent Contractors	ibiete Scriedur	<u>, u 1</u>	01 30		<i>J</i> G13					
	mpensated inc	lepe	nder	nt co	ontr	acto	rs th	nat received more than S	100,000 of compense	ation from
1 Complete this table for your five highest co the organization. Report compensation for	the calendar v	ear e	indin	a w	ith (	or w	ithin	the organization's tax y	ear.	
(A)	aro carorida y							(B)	<u> </u>	(C)
Name and business	address	N(	ONE	Į.				Description of	services	Compensation
									·	
										•
					,					
	·									
										Vice 11 - Vicensia America Inc. 2 Art 1972
2 Total number of independent contractors (	ncluding but n	ot li	mited	d to	tho	se lis	sted	above) who received m	ore than	

\$100,000 of compensation from the organization ▶ 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Form 990 THE FIR	ST TEE OF	', C	:ON	ЦĽ	CT	TC	UT		06-151	J / 4 4
Part VII Section A. Officers, Directors,								Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Marile and the	hours	(cl				appl	y)	compensation	compensation	amount of
	per							from	from related	other
	week	l _				oyee		the	organizations	compensation
	(list any	rectol				ешрі		organization	(W-2/1099-MISC)	from the organization
•	hours for	or di	98			sated		(W-2/1099-MISC)	,	and related
	related	ustee	trust		촳	ubeu				organizations
	organizations below	inal Tr	tional		nploy	st co	_			- · · <b>J</b> - · · · · ·
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former		·	
(27) DAVID E. POLK	0.00	-	_				-			
EMERITUS DIRECTOR		X						0.	0.	0.
(28) GARY M. REYNOLDS	0.00									
EMERITUS DIRECTOR		X						0.	0.	
(29) BEVERLY BUCKNER BAKER	0.00	]								^
DIRECTOR		X							0.	0.
(30) KENNETH BALDWIN	0.00								0	^
SECRETARY		X		X	ļ			0.	0.	0.
(31) DONALD J. BARR	0.00	١						·o.	0.	0.
EMERITUS DIRECTOR		X		<u> </u>	ļ	$\vdash$		- 0.	<u> </u>	
(32) THEODORE BOBROSKE	0.00		ļ				:	0.	0.	0.
DIRECTOR	- 0.00	X	-	<del>  -</del> -	$\vdash$					
(33) PAUL BOCCIARELLI	0.00	٠,			ļ			0.	0.	0.
DIRECTOR		X	$\vdash$		<u> </u>			<u></u>		
(34) TIM BUNT	0.00	J					İ	0.	0.	0.
DIRECTOR	- 0 00	X	<del> </del>		<del>  -</del> -	-				
(35) JIM CALHOUN	0.00	$ _{\mathbf{x}}$						0.	0.	0.
HON, DIRECTOR	0.00	┞≏	1	├─	+-		-			
(36) JEFF CALHOUN	0.00	x		-	1			0.	0.	0.
DIRECTOR (37) ELIZABETH CARON	0.00	1	1	_	├-		_			
HON. DIRECTOR	0.00	$ \mathbf{x} $		1				0.	0.	_0.
(38) JEFFREY L. COHEN	0.00	<del> </del>	-	<u> </u>	╁		_			
DIRECTOR		$\mathbf{x}$		l			١	0.	0.	0.
(39) JAVIER COLON	0.00	+	T	t						
HON. DIRECTOR		x			l			0.	0.	0.
(40) ALICIA B. DAVENPORT	0.00	1	1							
DIRECTOR		] x						0.	0.	0.
(41) DAVID DIXON	0.00									l . <u>-</u>
CHAIRMAN		$\mathbf{x}$	1	X		<u>l.                                    </u>		0.	0.	0.
(42) MARK MORIARTY	40.00			-					<u></u>	- 252
PRES./EXEC. DIRECTOR				X		<u> </u>	<u> </u>	89,552.	0.	5,373.
		1			l					
		┼	+-	ļ.	╀		┝			<del> </del>
		+								
		+-	+-	$\vdash$	╫	+-	+-			
	-	1								
		$\top$	T		$\top$					
		1		<u>L</u> .,						
								1	1	1

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H.a.		us. (i	12	o in this Dort \All	•	to and the second	
			Check if Schedule O contains a response or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c	o d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  1a 1b 1c 137,133.  1d 1e 573,482.				
클럽	,		Noncash contributions included in lines 1a-1f				
28			Total. Add lines 1a-1f	710,615.		AND THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	r shake as a day to
			Business Code	9/27/			
ایو	2 8	a	GOLF CLINICS 713990	238,061.	238,061.		
ξ		b					<u> </u>
Seg		C				<del> </del>	
e a		d			<u> </u>		
Program Service Revenue	•	е					<del> </del>
ا ت	1		All other program service revenue	238,061.			
			Total. Add lines 2a-2f	230,001.	7		
	3		Investment income (including dividends, interest, and	596.	596.		
			other similar amounts) Income from investment of tax-exempt bond proceeds				<u> </u>
	4 5		Royalties				
ļ	Đ		(i) Real (ii) Personal	Per Call	0.000		3 to 1
.	6 :	2	Gross rents 6a		11.00		
		-	Less; rental expenses 6b 6b	] A wiles			Programme to
			Rental income or (loss) 6c 6c		1000		
		_	Net rental income or (loss)				
		_	Gross amount from sales of (i) Securities (ii) Other	and the second		is subjective in	
	-	-	assets other than inventory 7a				
	٠ ا	b	Less: cost or other basis			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	
<b>9</b>			and sales expenses7b				
Ē		С	Gain or (loss)	ters i made ter de	4.0		
Revenue	,	d	Net gain or (loss)				
Other	8 :	а	Gross income from fundraising events (not including \$ 137,133. of contributions reported on line 1c). See		1000 M		
			Part IV, line 18 8a 274, 270.			A Programme Andrews	To the second
		_	Less: direct expenses 8b 167,793.				Value Value (Value Value
			Net income or (loss) from fundraising events	106,477.			106,477.
			Gross income from gaming activities. See		1.71		a di di
		-	Part IV, line 19 9a				
		b	Less: direct expenses 9b	100	AND AND STREET		
			Net income or (loss) from gaming activities		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
			Gross sales of inventory, less returns				La salada e
			and allowances10a		7.0		
		b	Less: cost of goods sold	A Part of the second			
			Net income or (loss) from sales of inventory				NOTE TO SERVICE
(s)			Business Code		Carallina i	A	
ŏ a	11	а			+	<del> </del>	
ane		b			<u> </u>	-	
Miscellaneous Revenue		C			<del> </del>	<del>-</del>	
ΞĔ	1		All other revenue		100 PM		
	<u> </u>	e	Total. Add lines 11a-11d	1,055,749	238,657	. 0	
	12		Total revenue. See instructions				Form <b>990</b> (2019)

Part X Statement of Functional Expenses

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Part X Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
2	individuals, See Part IV, line 22	45,253.	45,253.		ar Ann e Re
3	Grants and other assistance to foreign	20,2001			
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			and the second second	
4	Benefits paid to or for members			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5	Compensation of current officers, directors,				
_	trustees, and key employees	89,552.	22,388.	67,164.	_
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		· [		
	persons described in section 4958(c)(3)(B)	376,059.	192,849.	18,804.	164,406
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,041.	12,272.	4,924.	4,845 29,363
9	Other employee benefits	43,775.	14,412.		29,363
0	Payroll taxes	41,805.	20,215.	7,394.	14,196
1	Fees for services (nonemployees):				
а	Management	· · · · · · · · · · · · · · · · · · ·			
b	Legal				
¢	Accounting	8,850.		8,850.	
d	Lobbying				. <u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	0 014		0.014	<u>-</u>
2	Advertising and promotion	8,914.		8,914.	
3	Office expenses	60,898.	**	60,898.	
4	Information technology			·	
5	Royalties	E 071			
3	Occupancy	5,071.	5,071.	22,354.	
7	Travel ,	22,354.	<u> </u>	22,334.	
3	Payments of travel or entertainment expenses				• *
	for any federal, state, or local public officials			*	
9	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	<del></del>
)	Interest				
1	Payments to affiliates	57,860.	28,930.	28,930.	
2	Depreciation, depletion, and amortization	24,431.	17,918.	6,513.	
3	Insurance Other expenses, Itemize expenses not covered	24,4J <u>1.</u>	17,J10+	3,3131	
1	above (List miscellaneous expenses on line 24e. If	A Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Comm			
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	267,806.	267,806.		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
a	GOLF COURSE MAINTENANCE	63,580.	63,580.		at a
b	SUMMER CAMPS	23,584.	23,584.		
ں	COMMUNICATIONS	21,175.	20,001.	21,175.	<del> </del>
d	All other expenses	9,646.	3,111.	6,535.	
	Total functional expenses. Add lines 1 through 24e	1,192,654.	717,389.	262,455.	212,810
5 6	Joint costs. Complete this line only if the organization				
,	reported in column (B) joint costs from a combined				•
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Pa	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X	<u></u>		<u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					(A) Beginning of year		(B) End of year
	1 .	Cash - non-interest-bearing	.,			1	650 600
	2	Savings and temporary cash investments			705,829.	2	650,682.
	3	Pledges and grants receivable, net		,		3	0.000
	4	Accounts receivable, net			15,000.	4	2,000.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%	La La La La La La La La La La La La La L		
		controlled entity or family member of any of thes	e perso	ns		5	
		Loans and other receivables from other disquality				250	
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6_	
(S)	7	Notes and loans receivable, net	,.,.,		·	7	
Assets	8	Inventories for sale or use			<del></del>	8	10 700
Š	9	Prepaid expenses and deferred charges		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	12,798.
	10a	Land, buildings, and equipment: cost or other				15	
		basis. Complete Part VI of Schedule D		2,284,366.		300	1 OFF 017
	. b	Less: accumulated depreciation	10b	428,549.	1,909,182.	10c	1,855,817
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments · program-related. See Part IV, line	11			13	
	14	Intangible assets		***************************************		14	
	15	Other assets. See Part IV, line 11			0.600.011	15_	0 501 307
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	2,630,011.	16	2,521,297 88,954
	17	Accounts payable and accrued expenses	,		60,763.	17	88,934
	18	Grants payable				18	<u> </u>
	19	Deferred revenue	,			19	
	20	Tax-exempt bond liabilities				20_	
	21	Escrow or custodial account liability. Complete				21_	
to.	22	Loans and other payables to any current or form					
Ĕ	•	trustee, key employee, creator or founder, subst					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Liabilities		controlled entity or family member of any of thes				22	
⊐	23	Secured mortgages and notes payable to unrela			150 750	23	156,750
	24	Unsecured notes and loans payable to unrelated			156,750.	24	130,730
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		*************	217 512	25	245,704
	26	Total liabilities. Add lines 17 through 25			217,513.	26	243,104
		Organizations that follow FASB ASC 958, che	ck her	<b>≥</b> ► X			
Ses		and complete lines 27, 28, 32, and 33.		4	0 13F F17		2,019,262
<u>ĕ</u> .	27	Net assets without donor restrictions			2,135,517. 276,981.		256,331
Ba	28	Net assets with donor restrictions			2/0,901.	28	230,331
Ē.	ļ ·	Organizations that do not follow FASB ASC 9	58, che	ck here			
Ţ	ļ.	and complete lines 29 through 33.	•				
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	<del>                                     </del>
As	31	Retained earnings, endowment, accumulated in	come,	or other funds	0 410 400	31	2 275 502
Net Assets or Fund Balances	32	Total net assets or fund balances			2,412,498.		2,275,593
_	33	Total liabilities and net assets/fund balances	**********		2,630,011.	33	2,521,297 Form <b>990</b> (2019

	113-50 (2019)			ugo -
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,055,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,192,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-136,	
. 4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,412,	498.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7.	Investment expenses	. 7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2,275,	<u>593.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. X
	and the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control		Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		<b>第</b> 8字章	
b	Were the organization's financial statements audited by an independent accountant?	.,	2b 3	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		_
	review, or compilation of its financial statements and selection of an independent accountant?		2c \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit		·
	Act and OMB Circular A-133?		3a	X
b				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form QC	00/2019

#### **Exclusion Codes**

#### General Exceptions

- 01 Income from an activity that is not regularly carried on (section 512(a)(1))
- Income from an activity in which labor is a material income-producing factor and substantially all (at least 85%) of the work is performed with unpaid labor (section 513(a)(1))
- 03 Section 501(c)(3) organization Income from an activity carried on primarily for the convenience of the organization's members, students, patients, visitors, officers, or employees (hospital parking lot or museum cafeteria, for example) (section 513(a)(2))
- 04 Section 501(c)(4) local association of employees organized before May 27, 1969 Income from the sale of work-related clothes or equipment and items normally sold through vending machines; food dispensing facilities; or snack bars for the convenience of association members at their usual places of employment (section 513(a)(2))
- 05 Income from the sale of merchandise, substantially all of which (at least 85%) was donated to the organization (section 513(a)(3))

#### Specific Exceptions

- Section 501(c)(3), (4), or (5) organization conducting an agricultural or educational fair or exposition - Qualified public entertainment activity income (section 513(d)(2))
- Section 501(c)(3), (4), (5), or (6) organization Qualified convention and trade show activity income (section 513(d)(3))
- 108 Income from hospital services described in section 513(e)
- 09 Income from noncommercial bingo games that do not violate state or local law (section 513(f))
- 10 Income from games of chance conducted by an organization in North Dakota (section 311 of the Deficit Reduction Act of 1984, as amended)
- Section 501(c)(12) organization Qualified pole rental income (section 513(g)) and/or member income (described in section 501(c)(12)(H))
- 12 Income from the distribution of low-cost articles in connection with the solicitation of charitable contributions (section 513(h))
- 13 Income from the exchange or rental of membership or donor fist with an organization eligible to receive charitable contributions by a section 501(c)(3) organization; by a war veterans' organization; or an auxiliary unit or society of, or trust or foundation for, a war veterans' post or organization (section 513(h))

## **Modifications and Exclusions**

- 14 Dividends, interest, payments with respect to securities loans, annuities, income from notional principal contracts, other substantially similar income from ordinary and routine investments, and loan commitment fees, excluded by section 512(b)(1)
- 15 Royalty income excluded by section 512(b)(2)
- 16 Real property rental income that does not depend on the income or profits derived by the person leasing the property and is excluded by section 512(b)(3)

- 17 Rent from personal property leased with real property and incidental (10% or less) in relation to the combined income from the real and personal property (section 512(b)(3))
- 18 Gain or loss from the sale of investments and other non-inventory property and from certain property acquired from financial institutions that are in conservatorship or receivership (sections 512(b)(5) and (16)(A))
- 19 Gain or loss from the lapse or termination of options to buy or sell securities or real property, and on options and from the forfeiture of good-faith deposits for the purchase, sale, or lease of investment real estate (section 512(b)(5))
- 20 Income from research for the United States; its agencies or instrumentalities; or any state or political subdivision (section 512(b)(7))
- 21 Income from research conducted by a college, university, or hospital (section 512(b)(8))
- 22 Income from research conducted by an organization whose primary activity is conducting fundamental research, the results of which are freely available to the general public (section 512(b)(9))
- 23 Income from services provided under license issued by a federal regulatory agency and conducted by a religious order or school operated by a religious order, but only if the trade or business has been carried on by the organization since before May 27, 1959 (section 512(b)(15))

#### **Foreign Organizations**

 Foreign organizations only - Income from a trade or business NOT conducted in the United States and NOT derived from United States sources (patrons) (section 512(a)(2))

## Social Clubs and VEBAs

- Section 501(c)(7), (9), or (17) organization -Non-exempt function income set aside for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(3)(B)(i))
- 26 Section 501(c)(7), (9), or (17) organization Proceeds from the sale of exempt function property that was or will be timely reinvested in similar property (section 512(a)(3)(D))
- 27 Section 501(c)(9) or (17) organization -Nonfunction income set aside for the payment of llfe, sick, accident, or other benefits (section 512(a)(3)(B)(ii))

## Veterans' Organizations

- 28 Section 501(c)(19) organization Payments for life, sick, accident, or health insurance for members or their dependents that are set aside for the payment of such insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (section 512(a)(4))
- 29 Section 501(c)(19) organization Income from an insurance set-aside (see code 28 above) that is set aside for payment of insurance benefits or for a charitable, etc., purpose specified in section 170(c)(4) (Regs. 1.512(a)-4(b)(2))

#### **Debt-Financed Income**

- 30 Income exempt from debt-financed (section 514) provisions because at least 85% of the use of the property is for the organization's exempt purposes. (Note: This code is only for income from the 15% or less non-exempt purpose use.) (section 514(b)(1)(A))
- 31 Gross income from mortgaged property used in research activities described in section 512(b)(7), (8), or (9) (section 514(b)(1)(C))
- Gross income from mortgaged property used in any activity described in section 513(a)(1), (2), or (3) (section 514(b)(1)(D))
- 33 Income from mortgaged property (neighborhood land) acquired for exempt purpose use within 10 years (section 514(b)(3))
- Income from mortgaged property acquired by bequest or devise (applies to income received within 10 years from the date of acquisition) (section 514(c)(2)(B))
- 35 Income from mortgaged property acquired by gift where the mortgage was placed on the property more than 5 years previously and the property was held by the donor for more than 5 years (applies to income received within 10 years from the date of gift) (section 514(c) (2)(B))
- 36 Income from property received in return for the obligation to pay an annuity described in section 514(c)(5)
- 37 Income from mortgaged property that provides housing to low and moderate income persons, to the extent the mortgage is insured by the Federal Housing Administration (section 514(c)(6)). (Note: In many cases, this would be exempt function income reportable in column (e). It would not be so in the case of a section 501(c)(5) or (6) organization, for example, that acquired the housing as an investment or as a charitable activity.)
- 38 Income from mortgaged real property owned by: a school described in section 170(b)(1)
   (A)(ii); a section 509(a)(3) affiliated support organization of such a school; a section 501(c)(25) organization; or by a partnership in which any of the above organizations owns an interest if the requirements of section 514(c)(9)(B)(vi) are met (section 514(c)(9))

## Special Rules

- 39 Section 501(c)(5) organization Farm Income used to finance the operation and maintenance of a retirement home, hospital, or similar facility operated by the organization for its members on property adjacent to the farm land (section 1951(b)(8)(B) of Public Law 94-455)
- 40 Annual dues, not exceeding \$161 (subject to inflation), paid to a section 501(c)(5) agricultural or horticultural organization (section 512(d))

#### Trade or Business

41 - Gross income from an unrelated activity that is regularly carried on but, in light of continuous losses sustained over a number of tax periods, cannot be regarded as being conducted with the motive to make a profit (not a trade or business)

#### Other

- **42 -** Receipt of qualified sponsorship payments described in section 513(i)
- 43 Exclusion of any gain or loss from the qualified sale, exchange, or other disposition of any qualifying brownfield property (section 512(b)(19))

## **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

THE CONNECTICUT GOLF FOUNDATION, INC. Name of the organization

Employer identification number

	न्रमण	FIRST TEE	OF CONNECTICU	T			06-1510744
Part I	Reason for Public	Charity Status	(All organizations must co	nplete this pa	art.) See	instructions.	
A	zation is not a private found						
4 D	A church, convention of ch	ourches, or association	on of churches described	n section 1	70(b)(1)	(A)(i).	
2	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	990 or 990-E	Z).)	+ * +.	
	A hospital or a cooperative	hospital service ord	anization described in se	ction 170(b)(	1)(A)(iii)	) <b>,</b> "	
3 🗀	A medical research organiz	zation operated in co	niunction with a hospital	lescribed in	section	<b>170(b)(1)(A)(iii).</b> Ente	r the hospital's name,
		zation operated in oc	Anjanosion with a group				
_	city, and state: An organization operated f	for the benefit of a CC	allege or university owned	or operated b	ov a gov	ernmental unit describ	ed in
5			nego or amrorony omites		, J,		T.
	section 170(b)(1)(A)(iv). ((A) A federal, state, or local go	Complete Fait II.)	mental unit described in	ection 170(h	ነ ሂ 1 ነ ር <b>ል</b> ነና	Λ. :	
6	A federal, state, or local go An organization that norma	vernment or governi	mental unit described in s	m a governn	nental u	nit or from the general	public described in
			antial part of its support in	m a go tom			•
	section 170(b)(1)(A)(vi). (C	Complete Part II.)	V4VAV-3 (Complete Part	ш		•	
8 🖳	A community trust describ	ed in section 170(b)	( ),(A)(VI), (Complete Fair	··· <i>,</i> «), operated i	n conjur	action with a land-gran	t college
9	An agricultural research or	ganization described	In section I/U(D)(I)(A)(I	enter the part	ne city	and state of the collect	e or
	or university or a non-land-	grant college of agric	culture (see instructions).	curet me man	ile, city,	and state of the being	<b>~</b>
	university:				tribution	o mambarshin fees a	nd gross receipts from
10	An organization that norma	ally receives: (1) more	e than 33 1/3% of its supp	ort from com	INDUIROR	20 1/20/ of its support	from aross investment
	activities related to its exer	mpt functions - subje	ect to certain exceptions,	ina (2) no mo	ore unam	-d by the organization	after June 30, 1975
	income and unrelated busi	iness taxable income	e (less section 511 tax) fro	n businesses	s acquir	ed by the organization	atter parte oc, Toron
	See section 509(a)(2). (Co	omplete Part III.)			ro	0(=)(4)	
11 🔲	An organization organized	and operated exclus	sively to test for public saf	ety. See. <b>sec</b>	tion 50	9(a)(4).	numoses of one or
12	An organization organized	and operated exclus	sively for the benefit of, to	perform the 1	TUNCTION	S OI, OF LO CARY OUT TR	Chack the hov in
	more publicly supported o	rganizations describ	ed in section 509(a)(1) o	section 509	)(a)(2) . :	500 <b>Section 509(a)(s).</b>	CHECK THE DOX III
	lines 12a through 12d that	t describes the type (	of supporting organization	and complet	te lines	12e, 12f, and 12g.	
а 🗀	Type I A supporting ord	anization operated.	supervised, or controlled	by its support	ted orga	anization(s), typically by	/ giving
	the supported organizat	ion(s) the power to re	egularly appoint or elect a	majority of th	ne direct	tors or trustees of the	supporting
	organization You must	complete Part IV. S	Sections A and B.			5.2.33	
ь 🗀	Type II A supporting or	ganization supervise	d or controlled in connect	ion with its su	upporte	d organization(s), by na	aving
	control or management	of the supporting org	ganization vested in the sa	me persons	that cor	ntrol or manage the su	oportea
	organization(s). You mu	ist complete Part IV	, Sections A and C.				· ·
c 🗀	Type III functionally int	egrated. A supporti	ng organization operated	n connection	with, a	nd functionally integra	ted with,
<u> </u>	ite supported organization	on(s) (see instruction	s). You must complete f	Part IV, Secti	ions A, I	D, and E.	
d [	Type III non-functional	ly integrated. A sup	porting organization oper	ated in conne	ection w	nth its supported organ	nization(s)
u (	that is not functionally in	ntegrated. The organ	ization generally must sat	sfy a distribu	ition req	uirement and an atten	tiveness
	requirement (see instruc	ctions). You must co	omplete Part IV, Sections	A and D, an	id Part	<b>v.</b>	
۰ -	Check this box if the ord	ganization received a	written determination fro	n the IRS tha	at it is a	Type I, Type II, Type II	· .
e	functionally integrated	or Type III non-functi	onally integrated supporti	ng organizatio	on.		
£ ~~	er the number of supported	l organizations					
T Ente	vide the following information	on about the support					
g Prov	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organiza in your governing d	ition listed document?	(v) Amount of monetary	
, .	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions	support (see instructions)
	-	<del></del>	anove less mendionell				
		,					
	**						
			<del>                                     </del>				
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				] ]			
		1					

06-1510744 Page 2

Schedule A (Form 990 or 990-EZ) 2019 THE FIRST TEE OF CONNECTICUT

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.)

Sec	ction A. Public Support		<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	<u> </u>					
	membership fees received. (Do not	·					
	include any "unusual grants.")	592,688.	637,529.	627,094.	521,300.	573,482.	2952093.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	٠					1.5
	or expended on its behalf					·	
3	The value of services or facilities			,			
	furnished by a governmental unit to						5 g = 1
	the organization without charge						1.0
4	Total. Add lines 1 through 3	592,688.	637,529.	627,094.	521,300.	573,482.	2952093.
5							
	by each person (other than a				100		
	governmental unit or publicly						
	supported organization) included	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	\$12 to 1 1 1 2 1			i <b>ya</b>		
	column (f)						396,989.
6	Public support. Subtract line 5 from line 4.						2555104.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	592,688.	637,529.	627,094.	521,300.	573,482.	2952093.
	Gross income from interest,			·			Section 1
_	dividends, payments received on						
	securities loans, rents, royalties,	·					_
	and income from similar sources	37.	175.		748.	596.	1,556.
9	Net income from unrelated business		-				
_	activities, whether or not the				·		
	business is regularly carried on						
10	Other income. Do not include gain					-	
-	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					120 A	2953649.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	137,845.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectior	1501(c)(3)	
	organization, check this box and stor	here		*******			<b>.</b>
Sec	ction C. Computation of Publi	c Support Per	centage	*		· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))	,,	14	86.51 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	85.69 <u>%</u>
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation			▶∟⊒
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and <b>stop h</b>	n <b>ere.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
_	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶⊑
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
					Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 THE FIRST TEE OF CONNECTICUT

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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Sec	qualify under the tests listed better A. Public Support	elow, please comp	lete Part II.)			·	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				•		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to	-					
	or expended on its behalf			•			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	·	·				
e	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	·					
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						i a .
_	amount on line 13 for the year  Add lines 7a and 7b				*** ·		
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						. <u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	# ) 001C	(-) 0017	(d) 2018	(e) 2019	(f) Total
	ngaf vear (of risca) vear beomining hij 📂 i	(a) 2015	(b) 2016	(c) 2017	(0) 2010	(e) 2013	(I) Total
9		(a) 2015	(b) 2016	(6) 2017	(0) 2018	(e) 2019 _	(I) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2013	<b>(b)</b> 2016	(6) 2017	(u) 2018	( <del>0</del> )2019	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2015	(b) 2016	(6) 2017	(0) 2018	( <del>0</del> )2013	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2015	(B) 2016	(6) 2017	(a) 2018	( <del>0</del> /2013	(I) Total
10 <i>a</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2013	(B) 2016	(8) 2017	(0) 2013	( <del>0</del> )2013	(I) Total
10 <i>a</i>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2013	<b>(b)</b> 2016	(6) 2017	(0) 2018	( <b>9</b> )2013	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2013	(B) 2016	(6) 2017	(0) 2018	( <b>9</b> /2013	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2013	(B) 2016	(6) 2017	(0) 2013	( <b>9</b> /2013	(I) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
10 a b c c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thin	d, fourth, or fifth ta		n 501(c)(3) organiza	
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10 a b c c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thin	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	
10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's <b>c Support Per</b> ne 8, column (f), d	first, second, thin centage ivided by line 13, o	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public	the organization's <b>c Support Per</b> ne 8, column (f), d  Schedule A, Part	first, second, thin centage ivided by line 13, o	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	## ## ## ## ## ## ## ## ## ## ## ## ##
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## Schedule A (Form 990 or 990 EZ) 2019 THE FIRST TEE OF CONNECTICUT

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Scho	THE CONNECTICUT GOLF FOUNDATION, INC.	06-1	510744	l Pag	qe <b>5</b>
	Supporting Organizations (continued)				
9 9 Victor	Cupperung organizations (continues)			Yes	No
	1) It is a second of the second of the following persons?	•			
11	Has the organization accepted a gift or contribution from any of the following persons?				2.00
· a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		11a	grace to the K	
	below, the governing body of a supported organization?		11b	$\neg$	-
	A family member of a person described in (a) above?				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	<del></del> , ·	11c		
Sec	tion B. Type I Supporting Organizations	<del></del>	I	<del></del> T	• • •
			788 S. W. S.	Yes	No
· 1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Sign (	0.4
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				4
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				a a Design
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
			2		
<u></u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			-	
Sec	tion C. Type ii Supporting Organizations			Yes	No
	the following the directors		6-17-20	i Chil	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	•			
	or management of the supporting organization was vested in the same persons that controlled or managed	٠, ٠	1	20V/21/49	4,52
	the supported organization(s).		_1 1		
Sec	tion D. All Type III Supporting Organizations			·	
			Period Company	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
٠.	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(		1.0	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				***
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	ROBALINO CANTO	Connecto
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			lie,	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				老孩
	the organization maintained a close and continuous working relationship with the supported organization(s).		2		
•	By reason of the relationship described in (2), did the organization's supported organizations have a				4 ( 00)
3	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			14.50	
			3		
<del></del>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations				
	CHOILE. Type III I directionally integrated dupper and organization and Dort Took during the year (see i	nstruction	s).		•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	102 40 50	-,-		
а	The organization satisfied the Activities Test. Complete line 2 below.				
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.	. 414 - Anna din	atmintinant		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government er	naty (see in	Structions)	Yes	No.
2	Activities Test. Answer (a) and (b) below.		Francisco	168	<u>No</u>
· a			10.12		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		100		
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined			THE SE	
	that these activities constituted substantially all of its activities.		2a	ja jara g <del>al</del> ik	HOMA W
b	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			1 63	ala.
. ~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		33% (1)		
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			7學 群	
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
71	DIG THE DIGHTERIOR HEAVER DO LOT TO LOGICALLY REPORTS OF COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY O				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

## THE CONNECTICUT GOLF FOUNDATION, INC.

Sch	edule A (Form 990 or 990-EZ) 2019 THE FIRST TEE OF CONNEC		•	6-1510744 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in Pa	art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	(D) O(min + V)
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	V 1	
3	Other gross income (see instructions)	3		
. 4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	,		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	100		
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		ACCUMENTATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY
	Average monthly value of securities  Average monthly cash balances	1b		
	Fair market value of other non-exempt use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		· .
	Discount claimed for blockage or other	2 5 4 7		
C	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL OF
	Subtract line 2 from line 1d.	3		· · · · · · · · · · · · · · · · · · ·
3_	<del></del>			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
	see instructions).	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6	Multiply line 5 by .035.	7		
_7_	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		<u> </u>
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		<u> </u>
- 5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting organ	ization (see

instructions).

Schedule A (Form 990 or 990 F7) 2019 THE FIRST TEE OF CONNECTICUT

Sche <b>Pa</b> i	dule A (Form 990 or 990 EZ) 2019 THE FIRST TEE  TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (mantinuari)	0-1010/44 Page/
4330 g O S		(a)(o) Supporting Orga	nizations <sub>(continued)</sub>	Current Year
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	mpt nurooses	-	
2	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	parposso si sappanis		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		,
	(provide details in Part VI). See instructions.			<u></u>
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(1)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
			FIE-2019	Amount for 2015
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			3.00
b	From 2015			
c	From 2016			
d	From 2017	Service Committee CAND		tres Atlanta de la company
е	From 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Total of lines 3a through e	and the management of the second of the latest states and the		
g	Applied to underdistributions of prior years	2. 2. 3016		
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)	<u> </u>		
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comm
4	Distributions for 2019 from Section D,			
	line 7: \$			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater		A FOR A CAN	
	than zero, explain in Part VI. See instructions.		* 1	THE TANK AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	200		
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j		<b></b>	
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015		A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
	Excess from 2016			A A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
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## THE CONNECTICUT GOLF FOUNDATION, INC.

Schedule A	(Form 990 or 990-EZ	Z) 2019 <b>TH</b> I	E FIRST	TEE	OF C	ONNECT	ICUT		06-	-15 <u>1074</u>	4 Page 8
Paravis	Supplemental Part IV, Section A, I line 1; Part IV, Sect Section D, lines 5, ( (See instructions.)	Information lines 1, 2, 3b, tion D. lines 2	<b>on.</b> Provide the 3c, 4b, 4c, 5a and 3: Part IV	ne explar a, 6, 9a, 9 '. Section	nations re 9b, 9c, 1 1 E. lines	equired by Pa 1a, 11b, and 1c. 2a, 2b. 3	art II, line 10 11c; Part I\ 3a. and 3b; I	V, Section B, lines 1 Part V, line 1; Part \	l and 2; /, Secti	Part IV, Sect on B, line 1e;	ion C,
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## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
AVID EPSTEIN	90,000.	30,927
ALMART FOUNDATION	75,000.	15,927
IASTERCARD	165,500.	106,427
ART BYRNE	175,000.	115,927
T STATE GOLF ASSOC.	100,000.	40,927
PRICEWATERHOUSE COOPERS	120,000.	60,927
TANLEY BLACK & DECKER	85,000.	25,927
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	,	
Total Excess Contributions to Schedule A, Part II, Line 5		396,989

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545 0047

2019 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE CONNECTICUT GOLF FOUNDATION, INC. THE FIRST TEE OF CONNECTICUT

Employer identification number

Organization type (check	(one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one confributor, during the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lefty to children or animals. Complete Parts I, II, and III.
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box r here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Employer identification number

THE CONNECTICUT GOLF FOUNDATION, INC.

THE FIRST TEE OF CONNECTICUT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN SAVINGS FOUNDATION  185 MAIN STREET  NEW BRITAIN, CT 06051	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CT STATE GOLF ASSOCIATION  35 COLD SPRING ROAD  ROCKY HILL, CT 06067	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GERALDINE EPSTEIN  3140 BURGUNDY DRIVE NORTH  PALM BEACH GARDENS, FL 33410	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HARTFORD FOUNDATION FOR PUBLIC GIVING  10 COLUMBUS BLVD  HARTFORD, CT 06106	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	MASTERCARD INTERNATIONAL  2000 PURCHASE STREET  PURCHASE, NY 10577	\$65,000 <u>.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	U.S. SENIORS GOLF ASSOC. MEMORIAL FUND  88 FIELD POINT RD.	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE CONNECTICUT GOLF FOUNDATION, INC.

THE FIRST TEE OF CONNECTICUT

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FDN OF GREATER NEW BRITAIN  74A VINE STREET  NEW BRITAIN, CT 06052-1409	\$ 7,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CT SEC PGA		Person X Payroll
	931 MAIN STREET	\$9,800.	Noncash (Complete Part II for
	SO. GLASTONBURY, CT 06073-2122	(2)	noncash contributions.) (d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
9	BEVERLY BAKER  10 EMILY WAY  WEST HARTFORD, CT 06107	\$6,125.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FAIRFIELD COUNTY BANK  150 DANBURY ROAD  RIDGFIELD, CT 06877	\$7,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE CONNECTICUT GOLF FOUNDATION, INC.

THE FIRST TEE OF CONNECTICUT

it II Nonca	ash Property. (see instructions). Use duplicate copies of Pa	are in additional opacion in results.	<u>.</u>
(a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
art I			

Employer identification number

THE CONNECTICUT GOLF FOUNDATION, INC.

THE	FTRST	TEE	OF	CONNECTICUT
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			ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year. try. For organizations
com	pleting Part III, enter the total of exclusively religious, charit	able, etc., contributions of \$1,000 or	try. For organizations tess for the year. (Enter this Info. once.)
	e duplicate copies of Part III if additional space	ce is fleeded.	
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
· L			
		(e) Transfer of gif	<b>'t</b>
	•		
<u> </u>	Transferee's name, address, and Z	<u>IP + 4</u>	Relationship of transferor to transferee
		<del></del>	
0.			
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
-			
_			
		(e) Transfer of gif	t
l			
	Transferee's name, address, and Z	<u> </u>	Relationship of transferor to transferee
·		<del>  </del>	
0.			(d) Description of how gift is held
n il	(b) Purpose of gift	(c) Use of gift	(a) Description of now grit is field
_			
		<u>'</u>	
		(e) Transfer of gif	τ
	Transferee's name, address, and Z	· 'ID : A	Relationship of transferor to transferee
	Transferee's name, address, and 2	JF + 4	riciationismp of Parisons to Comment
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>'i                                      </u>	(b) Furpose of gift	(0) 000 01 911	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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<u> </u>		(e) Transfer of git	ft
		(e) Hansier of gil	•
	Transferee's name, address, and Z	(IP + 4	Relationship of transferor to transferee
		1	

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

THE CONNECTICUT GOLF FOUNDATION, INC.

THE FIRST TEE OF CONNECTICUT

Employer identification number 06-1510744

Pai	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
٠,	· [	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3.	Aggregate value of grants from (during year)		
4.	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring
Pai	Conservation Easements. Complete if the orga	• • • • • • • • • • • • • • • • • • • •	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic struc	cture included in (a)	. <u>2c</u>
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the org	anization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		Yes No
	violations, and enforcement of the conservation easements it h	nolds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
	<b>\$</b>	47003(4)	MDV0
8	Does each conservation easement reported on line 2(d) above		Vaa     Na
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	that describes the
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.  It is Organizations Maintaining Collections of A	Art Historical Treasures or Other	r Similar Assets.
Rai			
	Complete if the organization answered "Yes" on Form S		halanaa shaat warke
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and i	erance of public
	of art, historical treasures, or other similar assets held for public		Farice of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	non about works of
b	If the organization elected, as permitted under FASB ASC 958	to report in its revenue statement and bala	nce of public conice
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	rice of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat		in, provide
	the following amounts required to be reported under FASB AS		► ¢
	Revenue included on Form 990, Part VIII, line 1		<b>▶ ¢</b>
b	Assets included in Form 990, Part X		Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched	lule D (Form 990) 2019 THE_FIRS	ST TEE OF (	CONNECT:	ICUT				10744	
	Organizations Maintaining Co	ollections of Ar	t, Historica	l Treasures, or	Other	r Similai	Asset	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any o	f the following that	make si	gnificant u	ıse of its		
	collection items (check all that apply):			•					
а	Public exhibition	d	I Loan	or exchange progra	ım .			• • • •	
b	Scholarly research	e	Other		<u>.</u>				
c	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they fur	ther the organizatio	n's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historica	al treasures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz <u>atio</u>	n's collection?				Yes	No
Par		gements. Comple	ete if the orga	nization answered "	Yes" on	Form 990	, Part IV,	line 9, or	
48 pm 100	reported an amount on Form 990, Par		-						·
12	Is the organization an agent, trustee, custodia		liary for contrib	outions or other ass	ets not	included			
14	on Form 990, Part X?						[	Yes	No
h.	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
	ii 165, explain the arrangement in account	<b></b>						Amount	
_	Beginning balance					1c			
C	Additions during the year							· .	
a	Distributions during the year								·
	Ending balance								
f	Did the organization include an amount on Fo	orm 990 Part X line	21. for escro	v or custodial acco	unt liabil	ity?		Yes	No No
2a	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	colanation has	been provided on I	Part XIII				
Par		f the organization ar	swered "Yes"	on Form 990, Part	(V, line	10.			
.124	Endown of and Complete.	(a) Current year	(b) Prior y		rs back	(d) Three	years back	(e) Four y	rears back
	D. Andrew of completeness		<u> </u>						
	Beginning of year balance								
Ъ	Contributions					,			
C	Net investment earnings, gains, and losses				-			T	
d	Grants or scholarships								
е	Other expenditures for facilities	· i							
	and programs								
f	Administrative expenses						-		
g	End of year balance		e (line 1g. coli	ımı (a)) hald as:		· · · · · · · · · · · · · · · · · · ·			
2	Provide the estimated percentage of the curr		e (iine 19, com	inin (a)) neid as.					
a	Board designated or quasi-endowment			•		·			
b	Permanent endowment	%							
¢	Term endowment	%					~		
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.		halal and administa	rad for ti	he organiz	ation		
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	nelo ano aoministe	rea tot ti	ile Organiz	duon	[·	Yes No
	by:							3a(i)	
	(i) Unrelated organizations							0-03	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sched	ule R?	,				<del></del> -
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds	•	-	<del></del>			
Pai	tVI Land, Buildings, and Equipm	ient.		44 - O Farm 1000	n Dort V	line 10			
	Complete if the organization answere				J, Fail A	, III I <del>C</del> 10.	-	(d) Book	
	Description of property	(a) Cost or	_ I -	b) Cost or other		Accumulat epreciation		(a) Book	. value
		basis (invest		basis (other)	THE COLUMN	preciation	1.45	// 1	,241.
1a	Land		241.		TAXA.	419,3	25		755.
b	Buildings	2,230,	080.	<del></del>	<del> </del>	419,3	43.	1,010	,,,,,,,,
С	Leasehold improvements				<b> </b>		24.		3,821.
d	Equipment	<u>13,</u>	045.		<del> </del>	9,2	44.		,,041.
е	Other				<u> </u>		_	1 255	5,817.
	و وو مستول الما والما	Commo OOO Door	W salumn /D	Line 10c l			. 🗩 🗀	<b>+</b> ,000	<u>, , , , , , , , , , , , , , , , , , , </u>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	Complete ii the organiza	(a) Description	 	(b) Book value
(1)	··			
(2)				
(3)				
(4)			 	<u></u>
(5)				
(6)			 	<u> </u>
(7)			 	<u> </u>
(8)			 	_ <del></del>
(9)	·			

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8)(9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

	_			
Schedule	n	(Form	990	0 2019

#### **SCHEDULE G**

Department of the Treasury

internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public

Name of the organization

THE CONNECTICUT GOLF FOUNDATION, INC.

Employer identification number 06-1510744

THE FIRST TEE OF CONNECTICUT Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants е Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes \_i No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity organization or entity (fundraiser). listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

	(a) Event #1	(b) Event #2	events with gross receip (c) Other events	(d) Total events
	GOLF		NONE	(add col. (a) through
	TOURNAMENTS			col. (c))
the second section of	(event type)	(event type)	(total number)	COI. (C)
Gross receipts	411,403.			411,403
				137,133
Gross income (line 1 minus line 2)	274,270.	•		274,270
	, ,			
Cash prizes			<u> </u>	
Noncash prizes				
				88,398
	100	,		180
FOOD AND Deverages	100.			
Entertainment				
Other direct expenses				79,215
			, <b>&gt;</b>	167,793
				106,477
Gaming. Complete if the organization				
5.557.65				
	( ) Divers	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
	(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c
Gross revenue		. ,		
di da revende				
Cash prizes			<u> </u>	
Noncash prizes				<u> </u>
Rent/facility costs				
Other direct expenses				
Other direct experiesco	Yes %	Yes %	Yes %	
	No No	□ No	No	
Volunteer labor				•
	h 5 in column (d)		•	
Direct expense summary. Add lines 2 through				
Direct expense summary. Add lines 2 through	7 from line 1, column (d)	······································	<b>&gt;</b>	
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 the state(s) in which the organization conduction.	7 from line 1, column (d) ucts garning activities:		<b>&gt;</b>	
Direct expense summary. Add lines 2 through	7 from line 1, column (d) ucts garning activities:		<b>&gt;</b>	Yes N
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 the state(s) in which the organization conduction.	7 from line 1, column (d)  ucts gaming activities:  ictivities in each of these s	states?	<b>&gt;</b>	Yes N
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities:  ictivities in each of these s	states?	<b>&gt;</b>	Yes N
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities:  ictivities in each of these s	states?	<b>&gt;</b>	
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities:  activities in each of these s	states?	<b>&gt;</b>	
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	7 from line 1, column (d)  ucts gaming activities:  uctivities in each of these s	states? rminated during the tax	year?	
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	7 from line 1, column (d)  ucts gaming activities:  uctivities in each of these s	states? rminated during the tax	year?	
Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	7 from line 1, column (d)  ucts gaming activities:  uctivities in each of these s	states? rminated during the tax	year?	
	Cash prizes  Noncash prizes  Rent/facility costs  Food and beverages  Entertainment Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from lines  Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	Gross receipts 411,403.  Less: Contributions 137,133.  Gross income (line 1 minus line 2) 274,270.  Cash prizes  Noncash prizes  Rent/facility costs 88,398.  Food and beverages 180.  Entertainment Other direct expenses 79,215.  Direct expense summary. Add lines 4 through 9 in column (d)  Net income summary. Subtract line 10 from line 3, column (d)  Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	Gross receipts 411,403.  Less: Contributions 137,133.  Gross income (line 1 minus line 2) 274,270.  Cash prizes  Noncash prizes  Rent/facility costs 88,398.  Food and beverages 180.  Entertainment Other direct expenses 79,215.  Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)  Ret income summary. Subtract line 10 from line 3, column (d)  Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	Gross receipts 411,403.  Less: Contributions 137,133.  Gross income (line 1 minus line 2) 274,270.  Cash prizes  Noncash prizes  Rent/facility costs 88,398.  Food and beverages 180.  Entertainment Other direct expenses 79,215.  Direct expense summary. Add lines 4 through 9 in column (d)  Net income summary. Subtract line 10 from line 3, column (d)  Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs

## THE CONNECTICUT GOLF FOUNDATION, INC. Schedule G (Form 990 or 990-EZ) 2019 THE FIRST TEE OF CONNECTICUT 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: a The organization's facility 13a **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \_\_\_\_\_ Yes \_\_\_ No b If "Yes," enter the amount of gaming revenue received by the organization > \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ \_ c If "Yes," enter name and address of the third party: Name > Gaming manager information: Name > Gaming manager compensation > \$ \_\_\_\_\_ Description of services provided Independent contractor Employee Director/officer 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ) 2019

Schodulo G	(Form 990 c	vr 000.E7\		FIRST T	TCOT G	CONN	FCTTC	HIT	TINC.	06-151074	4 Page 4
Part IV	Supplen	or 990-EZ) nental Infor	mation	(continued)							_ 1 dg5 E
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Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

> Department of the Treasury Internal Revenue Service

Parti

► Go to www.irs.gov/Form990 for the latest information.

ž Employer identification number 06-1510744 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection THE CONNECTICUT GOLF FOUNDATION, INC. FIRST TEE OF CONNECTICUT General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

o Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line a S5,000. Part II can be duplicated if additional space is needed.	Amount of		Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
		(4) Neurod (4) Description of (5) Amount of (6) Amount of (7) Neurod of	1 \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization (b) EIN (c) IRC see (if applica	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						*	. ,.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	he line 1 table				<b>A</b>

Schedule I (Form 990) (2019)

37

THE CONNECTICUT GOLF FOUNDATION, INC.

THE FIRST TEE OF CONNECTICUT

Schedule | (Form 990) (2019)

Page 2

06-1510744

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. PartIII

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance Ö 45,253. (c) Amount of cash grant (b) Number of recipients 32 (a) Type of grant or assistance SCHOLARSHIPS

Schedule I (Form 990) (2019)

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

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 for the latest information.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CONNECTICUT GOLF FOUNDATION, INC.
THE FIRST TEE OF CONNECTICUT

Employer identification number 06-1510744

1111 1 1110 1 111 01 00000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BUILD CHARACTER, INSTILL LIFE-ENHANCING VALUES AND PROMOTE HEALTHY
CHOICES THROUGH THE GAME OF GOLF.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.
FORM 990, PART XII, LINE 2C
THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM PRIOR YEARS.