Form	990

## 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.



Department of the Treasury Internal Revenue Service

AF	or the	e 2023 calendar year, or tax year beginning and	ending							
Β	heck if	C Name of organization		D Employer identifie	cation number					
a		THE CONNECTICUT GOLF FOUNDATION, INC.								
	Addre	e THE FIRST TEE OF CONNECTICUT								
	Name chang Initial	e Doing business as	06-15107	44						
	return	E Telephone number								
Final 55 GOLF CLUB ROAD 860-882-1660										
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,513,934.					
	return Applic	CROMWELL, CI 08416		<b>H(a)</b> Is this a group re						
	tion pendir	F Name and address of principal officer: MARK MORIARI		for subordinates						
		<sup>19</sup> 55 GOLF CLUB ROAD, CROMWELL, CT 06416		<b>H(b)</b> Are all subordinates in						
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)()$	or 527	- '	list. See instructions					
	Vebsi			H(c) Group exemption						
	orm of art I	rorganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1998 N	State of legal domicile: CT					
ГС										
e	1	Briefly describe the organization's mission or most significant activities: <u>TO IN</u> <b>PEOPLE THROUGHOUT CONNECTICUT BY PROVIDIN</b>	C FDII	THE LIVES OF						
anc										
Governance	1	Check this box if the organization discontinued its operations or dispos			29					
ğ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			29					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			53					
ties		Total number of volunteers (estimate if necessary)			0					
Activities &	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)		1,008,516.	1,032,512.					
nue		Program service revenue (Part VIII, line 2g)		228,104.	217,080.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		218,766.	105,548.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,455,386.	1,361,755.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		56,750.	48,500.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		811,990.	859,740.					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		335,409.	330,127.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,204,149.	1,238,367.					
		Revenue less expenses. Subtract line 18 from line 12		251,237.	123,388.					
s or			Be	eginning of Current Year	End of Year					
Assets Balanc	20	Total assets (Part X, line 16)		2,905,613.	3,036,985.					
et A: nd F	1	Total liabilities (Part X, line 26)		353,926.	329,709.					
ž		Net assets or fund balances. Subtract line 21 from line 20		2,551,687.	2,707,276.					
Pa	art II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date
Here	MARK MORIARTY, EXECUTIVE I	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN
Paid	PAMELA J. MATOCHA				self-employed P00572001
Preparer	Firm's name T. M. BYXBEE COMP.	ANY, P.C.			Firm's EIN 06-1386456
Use Only	Firm's address P. O. BOX 187169				
	HAMDEN, CT 06518				Phone no. (203) 281-4933
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23		Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THE CONNECTICUT GOLF FOUNDATION, INC.
	990 (2023) THE FIRST TEE OF CONNECTICUT 06-1510744 Page 2
Par	t III 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 GAME 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?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 922,478. including grants of \$ 48,500.) (Revenue \$ 225,676.
4a	(Code:) (Expenses \$ 922,478. including grants of \$ 48,500.) (Revenue \$ 225,676. 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 GAME OF GOLF.
	VALUES AND INCOMPTE HEADINI CHOICED INKOUGH THE GAME OF GODF.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 922, 478.
	Form <b>990</b> (2023
332002	12-21-23
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2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

		THE	CONNEC	CTICU	JT	GOLF	FOUNDATIO	Ν,	INC.
Form 990 (2					OF	CONN	IECTICUT		
Part IV	Checklist	of Require	d Schedu	les					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			v
40	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			х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
<b>h</b>	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 12	
b		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		х
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

3 2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

THE FIRST TEE OF CONNECTICUT

#### Part IV 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х 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 х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ...... 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes." complete Schedule L, Part IV ..... 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 10 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming х (gambling) winnings to prize winners? **1**c

332004 12-21-23

Form 990 (2023)

2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

Form 990 (2023)

THE FIRST TEE OF CONNECTICUT

06-1510744 Page 5
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Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			1		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	53		v			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b 3a	X	x		
3a								
				3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		x		
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccoui	nt)?	<u>4a</u>		<u> </u>		
b	If "Yes," enter the name of the foreign country	200110						
50				5a		x		
b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		X		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
ou	any contributions that were not tax deductible as charitable contributions?	-		6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
-	were not tax deductible?		•	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices (	provided to the payor?	7a		х		
b				7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	xt?	7e		X		
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 88	399 as required?	7g				
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e					
	sponsoring organization have excess business holdings at any time during the year?							
9								
а				9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:		1					
a	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:	11a	1					
	Gross income from members or shareholders	11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
a	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
14a	Did the construction is a second second of the index of the second s			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
332005	12-21-23			Form	1 <b>990</b>	(2023)		

Form 990 (2023)

5 2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

Form	990 (2023) THE FIRST TEE OF CONNECTICUT		06-1510		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	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 <u>CT</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, and	l financ	ial	
	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 boo MARK MORIARTY, EXECUTIVE DIRECTOR - 860-882-1660	ks and	d records			
	55 GOLF CLUB ROAD, CROMWELL, CT 06416					
332006	12-21-23			Form	990	(2023)

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2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

THE CONNECTICUT GOLF FOUNDATION, IN	2.
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Form 990	(2023)	THE	FIRST	TEE	OF	CONN	IECT	ICUT		06-1
Part VI	Compensation	of Of	ficers, Di	rectors	s, Tru	ustees,	Key	Employees,	Highest	Compensated
	Employees, an	d Inde	pendent	Contra	acto	rs				

Employees, and independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		mea		C)			(D)	(E)	(F)
				Pos	ן. itior	1				
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation from	compensation from related	amount of other
	week (list any	or						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	e or (	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	mper		1099-NEC)	1000 (120)	and related
	below	dual t	ltion		nplo	st co	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK MORIARTY	40.00	_			-					
PRES./EXEC. DIRECTOR				X				100,677.	0.	0.
(2) BARBARA KARIS DOWNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CRAIG WATCHMAKER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DAVID P. MARKS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) LORENZO B. WYATT	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) MANU MAZUMDAR	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MERCEDESE LARGE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL MORAGHAN	3.00									
DIRECTOR		Х						0.	0.	0.
(9) SCOTT SEYMOUR	2.00									
DIRECTOR		Х						0.	0.	0.
(10) THOMAS E. VACHERON	2.00									
DIRECTOR		Х						0.	0.	0.
(11) CHRIS GOODWIN	1.00									
DIRECTOR	1 0 0	х						0.	0.	0.
(12) BRAD FAXON	1.00								•	
HON. DIRECTOR	1 00	Х						0.	0.	0.
(13) J. J. HENRY	1.00								0	
HON. DIRECTOR	2 00	Х						0.	0.	0.
(14) KAREN HOPP	3.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(15) JOE LACAVA	1.00									
HON. DIRECTOR	1 0 0	Х						0.	0.	0.
(16) DONNY MARSHALL	1.00	v							<u>م</u>	
HON. DIRECTOR	1 00	Х	-			-		0.	0.	0.
(17) EDWIN H. MAY III CHAIRMAN EMERITUS	1.00	v						0.	0.	
CHAIRMAN EMERITUS	1	Х				L		ι υ.	U•	0 • Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

### 06-151<u>0744</u> Page 8

Form 990 (2023) THE FIRS	<u>T TEE OF</u>	r C	ON	NE	СТ	'IC	ĽUľ	2	06-1510	744 Pag	e <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A) (B) (C) (D) (E) (F)											
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated	
Name and the	hours per		not ch					compensation	compensation	amount of	
	week		cer and					from	from related	other	
	(list any	tor						the	organizations	compensatio	n
	hours for	director						organization	(W-2/1099-MISC/	from the	///
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	organization	n
	organizations	ruste	l trus		ee	nper		1099-NEC)	1000 (120)	and related	
	below	lual t	tiona		lold	st col	-			organization	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization	0
(18) PATRICIA H. MEISER	3.00			0	×	<u> </u>	<u> </u>				
	5.00	x						0.	0		^
DIRECTOR	1 00	<b>A</b>				_		0.	0.		0.
(19) DAVID E. POLK	1.00										_
EMERITUS DIRECTOR		Х						0.	0.		0.
(20) GARY M. REYNOLDS	1.00										
EMERITUS DIRECTOR		x						0.	Ο.	(	0.
(21) BEVERLY BUCKNER BAKER	2.00										
DIRECTOR		x						0.	0.		ο.
(22) KENNETH BALDWIN	5.00	- 23							0.	<b>`</b>	<u>.</u>
	5.00							0	0		^
CHAIRMAN		Х		Х				0.	0.		0.
(23) PAUL BOCCIARELLI	2.00										
DIRECTOR		х						0.	Ο.	(	0.
(24) TIM BUNT	3.00										
DIRECTOR		х						0.	0.		0.
(25) JIM CALHOUN	1.00					<u> </u>					
HON. DIRECTOR	1.00	x						0.	0.		0.
	1 00	<u> </u>						0.	0.		<u>J.</u>
(26) ELIZABETH CARON	1.00								•		•
HON. DIRECTOR		Х						0.	0.		0.
1b Subtotal								100,677.	0.		0.
c Total from continuation sheets to Part V	II, Section A							0.	0.		0.
_d Total (add lines 1b and 1c)								100,677.	0.		0.
2 Total number of individuals (including but i								· · ·	000 of reportable		
		1030	113100	u ab		<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010				1
compensation from the organization										Yes	No
										165 1	10
<b>3</b> Did the organization list any <b>former</b> office			-	•							
line 1a? If "Yes," complete Schedule J for	such individual									3	X
4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	nsa	tion	and	oth	ner compensation from th	ne organization		
and related organizations greater than \$15	0,000? If "Yes	" co	mole	te S	Sche	edule	. <i>l f</i>	for such individual		4	Х
5 Did any person listed on line 1a receive or											
	-				-			-		5	х
rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors	npiete Schedule	e J To	or su	<u>cn r</u>	Ders	ion .				<b>J</b>	
<b>1</b> Complete this table for your five highest co										tion from	
the organization. Report compensation for	the calendar ye	ear e	endin	g w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and busines	s address	NC	ONE	1				Description of s	ervices C	Compensation	
					-						_
2 Total number of independent contractors	including but -	ot 1:	nitod	to t	thee		+0~	abova) who received	are then		
2 Total number of independent contractors (	e e		med	101	tnos C		red	above, who received mo			
\$100,000 of compensation from the organ				<b>n</b> <del>-</del> -		-				000	
SEE PART VII, SECTIO	N A CONT	.TN	UA'	Τ.Τ.	ΟN	S.	нE	ETS		Form 990 (20	23)

332008 12-21-23

Form 990

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

06 - 1510744

	DI IEE UE								00-131	0/44
Part VII Section A. Officers, Directors, T		nplo	yee			ligh	est (		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ustee	trust		ee	u pen				organizations
	below	lual tr	tiona		nploy	stcor	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) JEFFREY L. COHEN	2.00	-	-	0	-	<u> </u>				
DIRECTOR	2:00	x						0.	0.	0.
(28) JAVIER COLON	1.00									
HON. DIRECTOR		x						0.	0.	0.
(29) ALICIA B. DAVENPORT	4.00								•••	
SECRETARY		х		х				0.	0.	0.
(30) DAVID DIXON	1.00									
CHAIRMAN EMERITUS		х						0.	0.	0.
(31) DAN EARLE	2.00	1								
DIRECTOR		x						0.	Ο.	0.
(32) MARSHALL S. RUBEN	3.00	1								
DIRECTOR		х						0.	0.	0.
(33) JOHN WALSH	1.00	1								
EMERITUS DIRECTOR		х						0.	0.	0.
(34) BRUCE WILSON	1.00									
EMERITUS DIRECTOR		х						0.	0.	0.
(35) BESS BARNES	2.00									
DIRECTOR		х						0.	0.	0.
(36) KEN GILBERT	2.00									
DIRECTOR		х						0.	0.	0.
(37) ROB KING	2.00									
DIRECTOR		х						0.	0.	0.
(38) TOM PANCZNER	2.00	1							<b>.</b>	
DIRECTOR		x						0.	0.	0.
(39) HOWIE FRIDAY	1.00	1							<b></b>	
DIRECTOR		х						0.	0.	0.
(40) MEGHAN MAZUMDAR	1.00	1								
HON. DIRECTOR		х						0.	0.	0.
(41) MARISA BIANCHI	2.00	1								
DIRECTOR		х						0.	0.	0.
(42) RICK CARBRAY	2.00	1								
DIRECTOR		х						0.	0.	0.
(43) RICHIE KREMER	1.00									
DIRECTOR		х						0.	0.	0.
		1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .				

332201 04-01-23

			2023) THE FIRST TEE	OF CONN	ECTICUT		06-1510	744 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a		-			
Gra			Membership dues 1b	218,000.	-			
An An			Fundraising events <u>1c</u>	210,000.	-			
i Gif			Related organizations 10		-			
ns,			Government grants (contributions) <b>1e</b>		-			
er (		f	All other contributions, gifts, grants, and	014 510				
-je t				814,512.	-			
ont		-	Noncash contributions included in lines 1a-1f		1,032,512.			
<u> </u>		n	Total. Add lines 1a-1f	Business Code	1,032,512.			
	-		COLE CLINICS	713990	217,080.	217,080.		
Program Service Revenue	2		GOLF CLINICS	113990	217,000.	217,000.		
er v		b						
n S /en		с						
ar Be∖		d						
ŗõ		e						
ш.			All other program service revenue		217,080.			
	_	g	Total. Add lines 2a-2f		217,000.			
	3		Investment income (including dividends, intere		6,615.			6,615.
			other similar amounts) Income from investment of tax-exempt bond p		0,015.			0,015.
	4 5							
	5		Royalties	(ii) Personal				
	~	_			-			
	0		Gross rents 6a		-			
			Less: rental expenses 6b Rental income or (loss) 6c		-			
			Rental income or (loss) 6c Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>		-			
		h	Less: cost or other basis		1			
ø		D	and sales expenses					
evenue		~	Gain or (loss)		-			
eve			Net gain or (loss)					
Other Re	0		Gross income from fundraising events (not					
Ę	0	u	including \$ 218,000. of					
Ŭ			contributions reported on line 1c). See					
				237,631.				
		h		144,679.				
			Net income or (loss) from fundraising events		92,952.			92,952.
	9		Gross income from gaming activities. See					
	-	-	Part IV, line 19	11,500.				
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	,	4,000.			4,000.
	10		Gross sales of inventory, less returns		,			,
			and allowances <b>10</b> a	a				
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
			· · · · · · · · · · · · · · · · · · ·	Business Code				
snc	11	а	MANAGEMENT FEE	713990	8,596.	8,596.		
Due	2	b						
ella 3vei		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		8,596.			
	12		Total revenue. See instructions		1,361,755.	225,676.	0.	103,567.
33200	9 12	-21-			-			Form <b>990</b> (2023)

332009 12-21-23

ecti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, line 22	48,500.	48,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,677.	73,668.	27,009.	
6	Compensation not included above to disqualified	,			
-	persons (as defined under section 4958(f)(1)) and				
	f = $f$ =				
7	Other salaries and wages	759,063.	555,423.	203,640.	
' 8	Pension plan accruals and contributions (include	,			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	9,975.		9,975.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	71,556.	40,654.	30,902.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	18,968.	13,879.	5,089.	
18	Payments of travel or entertainment expenses	.,	· , - · - ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,391.	46,626.	16,765.	
23		28,914.	21,157.	7,757.	
.3 24	Insurance	20,714.	21,157.	,,,,,,,,	
4	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		71,650.	71,650.		
a b	REPAIRS AND MAINTENANCE	19,985.	14,623.	5,362.	
	UTILITIES	16,832.	12,316.	4,516.	
c d	TELEPHONE AND INTERNET	16,073.	11,761.	4,312.	
d		12,783.	12,221.	562.	
	All other expenses	1,238,367.	922,478.	315,889.	
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	т,200,00/•	544,470•	515,005.	
26	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 vrr v cop as a trace ass zero				

11

332010 12-21-23

Form 990 (2023)

#### 14491108 756327 109121

if following SOP 98-2 (ASC 958-720)

Check here

Form **990** (2023)

Form 990 (2023)

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

06-1510744 Page 11

Form 99 Part )		Balance Sheet	JF C			00-	1510/44 Page I
		Check if Schedule O contains a response or note	to any	line in this Part X			
			-		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,070,710.	1	1,231,563
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
		Accounts receivable, net			42,090.	4	65,992
	5	Loans and other receivables from any current or		· · ·			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these			5		
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net			7		
5	8	Inventories for sale or use				8	
As:	9					9	
		Land, buildings, and equipment: cost or other	I			-	
	• •	basis. Complete Part VI of Schedule D	10a	2.310.895.			
	h	Less: accumulated depreciation	10b	671,943.	1,702,343.	10c	1,638,952
1		Investments - publicly traded securities				11	_,,
12		Investments - other securities. See Part IV, line 1			679.	12	1,048
1:		Investments - program-related. See Part IV, line 1				13	
14		Intangible assets		14			
1		Other assets. See Part IV, line 11		89,791.	15	99,430	
10	-	Total assets. Add lines 1 through 15 (must equa			2,905,613.	16	3,036,985
17		Accounts payable and accrued expenses			56,084.	17	54,879
18		Grants payable				18	
19		Deferred revenue		19			
20	-	Tax-exempt bond liabilities			20		
2		Escrow or custodial account liability. Complete P				21	
		Loans and other payables to any current or form				21	
ties	2	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
<u>s</u>   2	3	Secured mortgages and notes payable to unrelat				23	
24		Unsecured notes and loans payable to unrelated			156,750.	24	156,750
2		Other liabilities (including federal income tax, pay					
	•	parties, and other liabilities not included on lines					
			,		141,092.	25	118,080
26	6	of Schedule D Total liabilities. Add lines 17 through 25			353,926.	26	329,709
	•	Organizations that follow FASB ASC 958, check			,		
es		and complete lines 27, 28, 32, and 33.					
	7				2,337,606.	27	2,257,276
ala 28		Net assets with donor restrictions	214,081.	28	450,000		
<u>p</u>   _	•	Organizations that do not follow FASB ASC 95	,				
л Б		and complete lines 29 through 33.					
ت 29	9	Capital stock or trust principal, or current funds				29	
5 Sta		Paid-in or capital surplus, or land, building, or equ				30	
Ass 3.		Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances 5. 5. 5. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		Total net assets or fund balances			2,551,687.	32	2,707,276
z   3		Total liabilities and net assets/fund balances			2,905,613.	33	3,036,985
	-				=,:::;;=:;		Form <b>990</b> (202

Form 990 (2023)

332011 12-21-23

	THE CONNECTICUT GOLF FOUNDATION, INC.						
Form	1990 (2023) THE FIRST TEE OF CONNECTICUT	06-151	0744	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,363				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,238				
3	Revenue less expenses. Subtract line 2 from line 1	3			88.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,553	L,68	87.		
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	32	2,2	01.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,70	7,2'	76.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	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 on Schedule O.						
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					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	·····		2b	X	<u> </u>		
	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:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L		

Form **990** (2023)

332012 12-21-23

(Form 99	f the Treasury	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047					
Name of	the organizati	on THE	CONNECTICU	T GOLF FOUNDA	ATION ,	, INC.	•	Employer	r identification number
				OF CONNECTIC					6-1510744
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organ				For lines 1 through 12, cl					
1	A church, co	nvention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3				anization described in se		(b)(1)(A)(ii	ii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
			Complete Part II.)						
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	-		•	ntial part of its support fr			. ,	ne general i	public described in
	-		omplete Part II.)		0			0 .	
8	-			(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research oro	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
	-	-	-	ulture (see instructions).		-		-	-
	university:			. , ,				· · ·	
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)						
11 🗌	An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
	lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
	control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_			t complete Part IV,						
c		-	• • • •	g organization operated				lly integrate	ed with,
	¬ ··	8	()(	). You must complete I	,				
d		-	•	oorting organization oper				•	.,
		-	<b>v</b>	ation generally must sat			•	an attentiv	veness
		-	-	nplete Part IV, Sections				<b>.</b>	
e		-		written determination from			Type I, Type	II, Type III	
6 E.t				nally integrated supporting					
	er the number		n about the supporte	d organization(c)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organizatior		.,	(described on lines 1-10	in your governi <b>Yes</b>	ng document? No	support (see ii		support (see instructions)
				above (see instructions))	163				
Total									

06-1510744 Page 2

#### 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.)

Schedule A (Form 990) 2023

Calendar yrar (or fical year beginning in 1 Gifts, grints, corributions, corr	See	ction A. Public Support	•			•		
membership fees received. (bo not include any 'unusual grants')       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         2       Tax revenues levid for the organization's benefit and either paid to or expended on its behalf       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         3       The value of services or facilities turnished by a governmental unit to the organization without charge governmental unit or publicly supported organization (build and unit as coeles.2% of the amount shown on line 11, column (f)       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         5       The portion of total contributions by each pesson (other than a governmental unit or publicly supported organization by the tax section 8. Total Support       61225       (e) 2020       (e) 2021       (e) 2022       (e) 2022       (f) Total and income from intime 4.         6       Public support, asstrative 5 we lise 4.       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         6 income from interest, dividends, paymetrs received on securities longenet, services, and income from intime 4.       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         7 interest, dividends, paymetrs received on securities longenet, end the services on a torbas from the aale displate aset (b) (b) 100.       10.2020 <td>Cale</td> <td>ndar year (or fiscal year beginning in)</td> <td>(a) 2019</td> <td><b>(b)</b> 2020</td> <td>(c) 2021</td> <td>(d) 2022</td> <td>(e) 2023</td> <td>(f) Total</td>	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.")       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         2 Tax revenues wind for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended paid to or expen	1	Gifts, grants, contributions, and						
2       Tar evenues levid for the organization without charge         3       The value of services or facilities         turnished by a governmental unit to the organization without charge       573,482.747,417.800,644.1008516.1032512.4162571.         5       The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included       573,482.747,417.800,644.1008516.1032512.4162571.         5       The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included       3337163.         Section B. Total Support       Called ys are given ing info       573,482.747,417.800,644.1008516.1032512.4162571.         6       Public support, Subsectives them her.       573,482.747,417.800,644.1008516.1032512.4162571.         7       Amounts from line 4       573,482.747,417.800,644.1008516.1032512.4162571.         8       Gross income from interest.       573,482.747,417.800,644.1008516.1032512.4162571.         9       Net income from interest.       573,482.747,417.800,644.1008516.1032512.4162571.         9       Net income from interest.       596.         9       Net income from interestowethere income aninal sociation if first. <td></td> <td>membership fees received. (Do not</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		membership fees received. (Do not						
is benefit and either paid to or expended on its behalf		include any "unusual grants.")	573,482.	747,417.	800,644.	1008516.	1032512.	4162571.
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 3 To tab. Add lines 1 through 3       573,482. 747,417. 800,644. 1008516. 1032512. 4162571.         5 The portion of total contributors by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       573,482. 747,417. 800,644. 1008516. 1032512. 4162571.         6 Public support. Solume time is non ine 4       3337163.         Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (f) Total 3337163.         7 Amounts from line 4       573,482. 747,417. 800,644. 1008516. 1032512. 4162571.       (f) Total 4162571.         8 Gross income from interest, dividends, payments received on securities losins, rents, royalites, and income from similar sources 9 Net income from unitates to usiness a strivites, whether or not the business is regularly carried on 10 Other income. Do not incude gain or loss from the sale of capital assets (Explain in Part VI) 10 11 Total support. Additines 7 through 10 12 Trat Support text times from 90 is of the organization's first, second, third, fourth, or fifth tax years as section 501c(8) organization, check this box and stop here.       14 16 79.41 %         94 Public support text contage for 2022 Schedule A, Part II, line 14 53 1/3% support text contage for 2022 Schedule A, Part II, line 14 53 1/3% support text contage for 2022 Schedule A, Part II, line 14 53 1/3% support text contage text contage indication did not check the box on line 13, flas, or flas, and line 14 is 13% or orme, check this box and stop here. The organization did not check ab ox on line 13, flas,		ization's benefit and either paid to						
train-lad by a governmental unit to the organization without charge       573,482.747,417.800,644.1008516.1032512.4162571.         5 The portion of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).       573,482.747,417.800,644.1008516.1032512.4162571.         6 Public support. Extract the 5 time time.       3337163.         Section B. Total Support       573,482.747,417.800,644.1008516.1032512.4162571.         7 Amounts from line 4       573,482.747,417.800,644.1008516.1032512.4162571.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalite, and income from similar sources       596.6         9 Net income from unetated 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 Par VI)       12         11 Total support. Add lines 7 through 10       12         12 First 5 yees.1 the ECom 90 is for the organization's first, second, third, fourth, or fifth taxy are as a section 501(c)0 organization, check this box and ato hare       73.482.747.417.417.417.417.417.417.417.417.417		or expended on its behalf						
teorganization without charge       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         The portion of total contributions by each person (other than a governmental unit or publicly support. Solvate the from line 4       825,408.       825,408.         Gendary part (official year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (d) 2023       (f) Total         Section B. Total Support       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         Calendary year (official year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (g) 2023       (f) Total         7 Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8 Gross income from niterest, dividends, yeapments received on securities loans, rents, royatlies, and income from unrelated business activities, whether or not the business is regularly carried on       596.       6,615.       7,211.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       12       13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 <sup>1</sup> (c)(3) organization, check this box and stop here.       596.       15       7.9.41       16       16       9.9.41       5 <td>3</td> <td>The value of services or facilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3	The value of services or facilities						
4       Total. Add lines 1 through 3       573, 482.       747, 417.       800, 644.       1008516.       1032512.       4162571.         5       The portion of total contributions by each person (dfmr than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       825, 408.       825, 408.         6       Public support. Subtract the atom two.       3337163.       3337163.         Section B. Total Support       Calendar year (of fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7       Amounts from line 4       573, 482.       747, 417.       800, 644.       1008516.       1032512.       4162571.         8       Gross income from interest, dividends, payments received on securities loans, entret, royatties, and income from similar sources       596.       6, 615.       7, 211.         9       Net income from nimestated business activities, whether or not the business is regularly carried on or to the business is regularly carried on or to the sale of capital assets (Explain in Part VI)       12       212         13       First 5 years. If the form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       80.0.3 %         14       Public support precentage for 2022 (inte 6, column (f), di		furnished by a governmental unit to						
5       The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       825,408.         6       Public support. Subtex the 5 them line 4       3337163.         Section B. Total Support         Calendar year (or fiscal year beginning in)         (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7       Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8       Gross income from interest, dividends, payments received on securities class, rents, royaties, and income from similar sources.       596.       6,615.       7,211.         9       Net income from unvelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       12       4169782.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       12         14       Public support percentage from 2022 Schedule A, Part I, line 14       14       31/3% or more, check this box and stop here. The organization did not check ab tox on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts		the organization without charge $\dots$						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 825,408.  5 Public support. Subtractime 5 rem in 4  6 Cost Didal Support 6 (c) 2021 (c) 2021 (c) 2022 (c) 2023 (c) 202 (c) 202 (c)	4	Total. Add lines 1 through 3	573,482.	747,417.	800,644.	1008516.	1032512.	4162571.
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (i)       8 225,408.         6 Public support.       Section B. Total Support         Calendar year (of fical year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       596.       6,615.       7,211.         9 Net income. Do not include gain or loss from the sate of capital assets (Explain in Part VI).       596.       12       4169782.         11 Total support. Add lines 7 through 10       14       16978.       79.41.         13 First Syens. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       80.0.3 %         14 Public support percentage from 2023 (f) e column (f) (wided by line 11, column (f))       14       80.0.3 %       15         15 Public support percentage from 2022 Schedule A, Part II, line 14.       15       79.41.       %         16 33 173% support test - 2022. If the organization if on tcheck ab xon ine 13, and line 14 is 31 17% or more, check this box and stop here. The organization	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       825, 408.         6 Public support.       825, 408.         Section B. Total Support       3337163.         Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573, 482.       747, 417.       800, 644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities loans, ents, royalities, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       596.       6, 615.       7, 211.         11 Total support. Additiles 7 through to business is regularly carried on or loss from related activities, etc. (see instructions)       12       13         13 First System. If the Form 990 is for the organization strist, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here       14       80.0.3 %         14 Public support percentage from 2022 Schedule A. Part II, line 14       15       79.411 %       9 <t< td=""><td></td><td>by each person (other than a</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       825, 408.         6 Public support. Subsective 3 from blex 4.       3337163.         Section B. Total Support       3337163.         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573, 482.       747, 417.       800, 644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities loans, ernets, royalities, and income from unrelated business activities, whether or not the business is regularly carried on to Chter income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       12       4169782.         13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         9 Public support percentage for 2023 (inc 6, column (f), divided by line 11, column (f))       14       80.0.3 % 15       79.4.1 % 79.4.1 %         16 Bay 1/3% support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check a box on line 13, rda, and line 14 is 03 frest, order, check this box and stop here. The organization did not check a box on line 13, rda, and line 14 is 010% or more, and if the organization did not check a box on lin		governmental unit or publicly						
amount shown on line 11, column (f)       825,408.         6       Public support. Server line 5 from line 4       3337163.         Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022.       (e) 2023       (f) Total         7       Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8       Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources       596.       6,615.       7,211.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the saie of capital assets (Explain in Part VI)       596.       12         11       Total support. Add lines 7 through 10       4169782.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here       52         54       Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))       14       80.0.3 % 15         14       Public support test - 2023. If the organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check ta box on line 13, and line		supported organization) included						
column (f)       825,408.         6 Public support. Subtract line 5 from line 4.       3337163.         Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities lears, rents, royalties, and income from similar sources       596.       6,615.       7,211.         9 Net income from unelated business activities, whether or not the business is regularly carried on       596.       12       4169782.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       12       4169782.         12 Gross receipts from related activities, etc. (see instructions)       12       596.       14       4169782.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       80.03.3 %         14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)       14       80.03.9 %         15 Public support percentage for 2023 (line 4, oclumn (column (f))       14       80.03.9 %         15 Public support percentage for 2023 (line 4, oclumn (column (f))       14 <td></td> <td>on line 1 that exceeds 2% of the</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		on line 1 that exceeds 2% of the						
6       Public support. Subtractine 5 from line 4.       3337163.         Section B. Total Support         Calendar year (or fiscal year beginning in)         7       Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8       Gross income from interest,       dividends, payments received on securities loans, rents, royalties, and income from similar sources       596.       6,615.       7,211.         9       Net income from unrelated business activities, whether or not the business is regularly carried on interest, dividends, payments received on securities, whether or not the business is regularly carried on interest, etc. (see instructions)       12         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part NJ).       12         21       Gross receipts from related activities, etc. (see instructions)       12         11       Total support. Add lines 7 through 10       14       80.03.9%         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here.       16       79.41.       5         14       Neblic support percentage for 02023 (line 6, column (f),		amount shown on line 11,						
Section B. Total Support       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573,482.       747,417.       800,644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividends, payments received on securities loans, rents, royalties, and income from sinter sources.       596.       6,615.       7,211.         9 Net income from interest, dividends, payments received on close from the business is regularly carded on unrelated business activities, whether or not the business is regularly carded on the sale of capital assets (Explain in Part VI.)       14169782.         11 Total support. Add lines 7 through 10       12       12         13 First Syers. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14         14 Public support Precentage from 2022 Schedule A, Part II, line 14       15       79.41       9         16 a3 1/3% support test - 2023. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. Check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as		column (f)						
Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         7 Amounts from line 4       573, 482. 747, 417.       800, 644.       1008516.       1032512.       4162571.         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources       596.       6, 615.       7, 211.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       596.       6, 615.       7, 211.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       12       12       13         13 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         9 Public support percentage from 2022 Schedule A, Part II, line 14       14       80.0.3 %         14 Public support test - 2022. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         16 33 1/3% support test - 2022. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         16 33 1/3% support test - 2022. If the organization did not check a box on line 13, fla, or fla, a								3337163.
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<ul> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>and if the organization field not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> <li>and if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	<b>1</b> 6a		-			14 is 33 1/3% or m	ore, check this boy	
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<ul> <li>17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	b					line 15 is 33 1/3%	or more, check thi	s box
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<ul> <li>meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	17a							
<ul> <li>b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>		-			-	-	VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			0		, ,,	•		
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b		-					10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		· · ·						
	40							
	18	Private foundation. If the organization	on dia not check a	oox on line 13, 16a	a, 100, 17a, or 17b	D, CHECK THIS DOX A		

Schedule A (Form 990) 2023

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THE CONNECTICUT GOLF FOUNDATION, IN
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dule A	(Form 990	) 2023
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#### THE FIRST TEE OF CONNECTICUT Sche Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support			-	-		1
Calend	ar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> G	ifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
n fo a	iross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
	cross receipts from activities that re not an unrelated trade or bus-						
ir	ness under section 513						
	ax revenues levied for the organ- cation's benefit and either paid to						
0	r expended on its behalf						
fu	he value of services or facilities urnished by a governmental unit to						
	ne organization without charge						
	<b>total.</b> Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fre e>	mounts included on lines 2 and 3 received om other than disqualified persons that kceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сA	dd lines 7a and 7b						
8 P Secti	ublic support. (Subtract line 7c from line 6.) ion B. Total Support						
	ar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	mounts from line 6					(-,	(, , , , , , , , , , , , , , , , , , ,
<b>10a</b> G d s	iross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
b U	nrelated business taxable income						
`	ess section 511 taxes) from businesses cquired after June 30, 1975						
сA	dd lines 10a and 10b						
11 N a w	let income from unrelated business ctivities not included on line 10b, /hether or not the business is equilarly carried on						
0	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
14 F	irst 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
Sect	ion C. Computation of Publ	ic Support Per	centage			<del>, ,</del>	
<b>15</b> P	Public support percentage for 2023 (	line 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sect	ion D. Computation of Inves	stment Income	e Percentage				
<b>17</b> Ir	nvestment income percentage for 20	023 (line 10c, colur	mn (f), divided by	line 13, column (f))	)	17	%
	nvestment income percentage from					18	%
19a 3	3 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	nore than 33 1/3%, check this box a	-					
	3 1/3% support tests - 2022. If the						
lii	ne 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The org	anization qualifies	as a publicly suppo	orted organization	
20 P	rivate foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins		
332023	12-21-23		16	5		Schedule	A (Form 990) 2023

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06-1510744 Page 4

Yes No

# Schedule A (Form 990) 2023 THE Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 6 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 filing 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

17

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b | | | Schedule A (Form 990) 2023

#### THE FIRST TEE OF CONNECTICUT Schedule A (Form 990) 2023 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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

#### supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).		
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2

3

2a

2b

3a

Yes No

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	dule A (Form 990) 2023 THE FIRST TEE OF CONNE			06-1510744 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	1
Sect	ion 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		
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			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
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 0.85 of line 1.	2		
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		
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-functior	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

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_		OF CONNECTICUT		0	6-1510744	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributat Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
<u>    i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
b	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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332028 12-21-2	23			21		Schedule A (Form 990) 2023

		OMB No. 1545-0047		
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2023
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection
	e of the organizatio		LF FOUNDATION, INC.	Employer identification number
Hum		THE FIRST TEE OF CO	-	06-1510744
Par	t I Organiza	tions Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1		d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5	-		writing that the assets held in donor advised fur	
6			exclusive legal control? dvisors in writing that grant funds can be used	
0		<b>u</b>	r donor advisor, or for any other purpose confe	•
Par	t II Conserva	ition Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	
1		ervation easements held by the organization		
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a his	storically important land area
	Protection of	natural habitat	Preservation of a ce	rtified historic structure
	Preservation	of open space		
2		hrough 2d if the organization held a qualif	ied conservation contribution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
b				
с С		ation easements on a certified historic stru ation easements included on line 2c acqui		2c
d		•		2d
3			eased, extinguished, or terminated by the orga	
-	year			
4		/here property subject to conservation eas	sement is located	
5	Does the organizati	on have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enfo	rcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
_		<u> </u>		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
0			$a_{1}$	\/;\
8		-	satisfy the requirements of section 170(h)(4)(B)	
9			on easements in its revenue and expense state	
-		•	note to the organization's financial statements t	
	organization's acco	unting for conservation easements.	-	
Par			Art, Historical Treasures, or Other	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works
			blic exhibition, education, or research in furthera	ance of public
	· •		ncial statements that describes these items.	
b	-		8, to report in its revenue statement and baland	
		· · · · · · · · · · · · · · · · · · ·	exhibition, education, or research in furtherand	ce of public service,
	-	ig amounts relating to these items.		¢
2	.,		asures, or other similar assets for financial gain	
-		nts required to be reported under FASB A		,,
а	-			\$
		duction Act Notice, see the Instructions		Schedule D (Form 990) 2023
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			35	

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		ST TEE OF (				Othor		1510744	
Fai	t III Organizations Maintaining C								ied)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sigi	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	d			hange progra				
b	Scholarly research	e	. [] (	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how the	ey further th	e organizatior	n's exemp	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	ures, or other	<sup>-</sup> similar a	ssets		
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		te if the o	organization	answered "Y	es" on Fo	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for o	contribution	s or other ass	ets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						/?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
	t V Endowment Funds Complete if								
		(a) Current year		rior year	(c) Two years		d) Three years b	ack (e) Four	ears back
1a	Beginning of year balance	,	,						
h	Contributions								
0	Net investment earnings, gains, and losses								
ט ה									
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
-	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)	) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held an	d administere	ed for the		-	
	organization by:							`	Yes No
	(i) Unrelated organizations?							3a(i)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.					
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	, line 11a. S	ee Form 990,	Part X, lir	ne 10.		
	Description of property	(a) Cost or o basis (investr		<b>(b)</b> Cost basis (			cumulated reciation	<b>(d)</b> Book	value
10	Land	11	241.					<u>4</u> 1	,241.
	Land					6	58,898.	1,597	
b	Buildings							-,	, , •
	Leasehold improvements	4.0	045.				13,045.		0.
	Equipment		<u></u>				<u>-</u> J,0 <del>4</del> J•		0.
	Other							1 ( ) 0	050
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, line 10</u>	)c, column	<u>(B))</u>			1,038	<u>,952.</u>

Schedule D (Form 990) 2023

	EE OF CONNECT	ICUT	06-1510744 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	ie 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO CITY OF BRIDGEPORT			115,320.
(3) CURRENT MATURITY OF OPERA			
(4) LEASE			2,064.
(5) OPERATIING LEASE LIABILIT	Y		696.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	(B)		118,080.
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide	,		•

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 X

Schedule D (Form 990) 2023

332053 09-28-23

Scho	dule D (Form 990) 2023 THE FIRST TEE OF CONNECTION	-	INC.	06-	1510744 Page	4
	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•			
1				1	1,393,956	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		32,201.			
е	Add lines 2a through 2d			2e	32,201	. •
3	Subtract line 2e from line 1			3	1,361,755	; <b>.</b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	0	<u> .</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	1,361,755	•		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per l	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 000 000	
1	Total expenses and losses per audited financial statements			1	1,238,367	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)				•	
е	Add lines 2a through 2d			2e		<u> .</u>
3	Subtract line 2e from line 1			3	1,238,367	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	0	<u>.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,238,367	•
Pa	t XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS DETERMINED THAT THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN

38

TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT IMPACT THE

FINANCIAL STATEMENTS AND RELATED DISCLOSURES.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

MISCELLANEOUS OTHER ADJUSTMENT

32,201.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)	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.								
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 c o www.irs.gov/Form990 for instruc					Open to Public Inspection		
Name of the organization	THE CON	NECTICUT GOLF FOUN	DATI			Employer	identification number		
Part I Fundrais		ST TEE OF CONNECTIO				06-15			
	complete this part	Complete if the organization answe t.	red "Y	es" or	i Form 990, Part IV, I	ne 17. Form 990	-EZ filers are not		
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events								
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)		
			Yes	No					
Total		1	1	1					
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fron	n registration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

06-1510744 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 GOLF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOURNAMENTS			col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	455,631.			455,631.
	2	Less: Contributions	218,000.			218,000.
	3	Gross income (line 1 minus line 2)	237,631.			237,631.
		Cash prizes				
	4	Cash prizes				
ŝ		Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
		Entertainment				
	9	Other direct expenses	144,679.			144,679.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			144,679.
		Net income summary. Subtract line 10 from li				92,952.
Pa	art I	<b>Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			11,500.	11,500.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes			7,500.	7,500.
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	No	X No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			7,500.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			4,000.
	_					
9		Iter the state(s) in which the organization condu	· · · _			Yes X No
		the organization licensed to conduct gaming ad				Yes X No
c	• II ~	'No," explain:				
	_					
		ere any of the organization's gaming licenses re 'Yes," explain:			/ear?	Yes X No
3300		9-13-23			Saba	dule G (Form 990) 2023

	THE CONNECTICUT GOLF FOUNDATION, INC.	F 1 01		
	Medule G (Form 990) 2023     THE FIRST TEE OF CONNECTICUT     06-1			
11	5 5 5		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	<u> </u>		
	to administer charitable gaming?		Yes	X No
	Indicate the percentage of gaming activity conducted in:	40-1		0/
	a The organization's facility	13a		%
	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ł	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
Ċ	c If "Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	<u> </u>	Yes	X No
ł	D 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 \$			
Pa	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, line	es 9, 9	9b, 10b,
	150, 150, 16, and 170, as applicable. Also provide any additional information. See instructions.			
3320		ule G (F	orm	990) 2023
	41			

Schedule G (Form 990)       THE         Part IV       Supplemental Information	CONNECTICUT GOLF FOUNDATION, FIRST TEE OF CONNECTICUT	INC. 06-1510744	Page <b>4</b>
	(continued)		
		Schedule G (Fo	orm 990)

332084 04-01-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Part I General Info		Go Comple CTICUT GO TEE OF CO	Go to www.irs LF FOUNDATIC ONNECTICUT	n answered "Yes" Attach to Forn 5.gov/Form990 for	<b>ls in the Ŭni</b> on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-00 2023 Open to Pub Inspection Employer identification nu 06-15107	<b>B</b> blic n umber		
<ul> <li>1 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 criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II 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.</li> </ul>											
1 (a) Name and add or gove	ress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	t		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

## 90) 2023 THE FIRST TEE OF CONNECTICUT

06-1510744

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	31	48,500.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE CONNECTICUT GOLF FOUNDATION, INC.



06-1510744

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FIRST TEE OF CONNECTICUT

BUILD CHARACTER, INSTILL LIFE-ENHANCING VALUES AND PROMOTE HEALTHY

CHOICES THROUGH THE GAME OF GOLF.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT

ANNUALLY CONFIRMING:

THEY WILL NOT CONDUCT THEIR ACTIVITIES WITH THE BOARD OF DIRECTORS TO

PROMOTE OR ADVANCE THEIR OWN INTERESTS 2 THEY WILL CONDUCT THEIR ACTIVITIES

IN A MANNER TO BEST PROMOTE THE INTERESTS OF THE FIRST TEE-CT AND 3 IN THE

EVENT THAT A CONFLICT OF INTEREST ARISES, IT WILL BE DISCLOSED TO THE

EXECUTIVE DIRECTOR OR THE BOARD CHAIR IN ORDER TO SEEK RESOLUTION TO THE

ISSUE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

45

UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER ADJUSTMENT

PRIOR PERIOD ADJUSTMENT

TOTAL TO FORM 990, PART XI, LINE 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

32,201.

32,201.

2023.05000 THE CONNECTICUT GOLF FOUN 109121\_1

Schedule O (Form 990) 2023         Name of the organization       THE       CONNECTICUT       GOLF       FOUNDATION,       INC.         THE       FIRST       TEE       OF       CONNECTICUT	Page 2 Employer identification number 06-1510744
FORM 990, PART XII, LINE 2C	
THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM PRIOR YEARS	5.
332212 11-14-23	Schedule O (Form 990) 2023
46	

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         Department of the Treasury       Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.									
Internal Revenue Service		Go to www.irs.gov/Form990 for ir	structions and the latest info	rmation.		Inspection			
Name of the organizat	ion THE CONNECTICU' THE FIRST TEE ( on of Disregarded Entities. Complete	OF CONNECTICUT	n Form 990, Part IV, line 33.		E	mployer identification number 06-1510744			
,	<b>(a)</b> ress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity			

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 THE FIRST TEE OF CONNECTICUT

06-1510744 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
											+
										+	+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) ction b)(13) rolled tity?
		country)						Yes	No
FIRST TEE - CONNECTICUT - 88-0746031									
55 GOLF CLUB ROAD									
CROMWELL, CT 06416-1539	GOLF SHOP	CT		C CORP	305,955.	99,956.	100%		Х
	-								
	-								

Schedule R (Form 990) 2023	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization **(b)** Transaction (d) Method of determining amount involved (c) Amount involved type (a-s) (1) (2) (3) (4) (5) (6)

Schedule R (Form 990) 2023 THE FIRST TEE OF CONNECTICUT

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(i org <b>Yes</b>		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets		n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership
			,	103	110			103	110			
												+

Schedule R (Form 990) 2023