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Form	990	

AMENDED RETURN Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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



A	For th	e 2022 calendar year, or tax year beginning a	nd ending										
	Check if applicat	C Name of organization		D Employer identif	ication number								
	Addr chan	ge FIRST TEE NEW YORK, INC.											
	Name	ge Doing business as FIRST TEE OF METROPOLITAN NEW YORK, I	NC.	31-1724122	2								
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
	Final	3545 JEROME AVENUE 718-655-9164											
	termi ated			G Gross receipts \$	5,509,631.								
X		H(a) is this a group return											
	Appli tion pend	F Name and address of principal officer: TATTILL RATITLE		for subordinate									
		SAME AS C ABOVE		H(b) Are all subordinates									
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52		a list. See instructions								
	Webs			H(c) Group exemption									
	art I	f organization: X Corporation Trust Association Other Summary	L Yea	of formation: 2000	M State of legal domicile: NY								
	1	Briefly describe the organization's mission or most significant activities: TO TH	TACH CHILD	REN THE GAME OF									
e	'	GOLF AND, AT THE SAME TIME, INSTILL IN THEM THE "LIFE SKIL											
Activities & Governance	2	Check this box if the organization discontinued its operations or disp			sets								
veri	3			3									
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b											
ې مې	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)5											
/itie	6	Total number of volunteers (estimate if necessary)			100								
ctiv	7 a				485,902.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.								
				Prior Year	Current Year								
ē	8	Contributions and grants (Part VIII, line 1h)		2,900,165.	, ,								
enu	9	Program service revenue (Part VIII, line 2g)		295,807.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,871.	· · · · · · · · · · · · · · · · · · ·								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,866,724.	, ,								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,113,567.	/ /								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		333,686.	. 161,510.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,848,458.	2,021,930.								
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e)	/	1,040,430	. 2,021,550.								
en en	h	Total fundraising expenses (Part IX, column (A), line 11e)											
ĔĂ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,447,430.	1,695,423.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,629,574.	· · ·								
	19	Revenue less expenses. Subtract line 18 from line 12		2,483,993.	, ,								
or	_	· · · · · · · · · · · · · · · · · · ·		eginning of Current Year	End of Year								
t Assets or	20	Total assets (Part X, line 16)		7,549,038.	7,770,980.								
t Ase	21	Total liabilities (Part X, line 26)		1,054,945.	, ,								
Rei	22	Net assets or fund balances. Subtract line 21 from line 20		6,494,093.	6,594,586.								
P	art IĪ	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		D	ate				
Here								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	id ALEXANDER LAZZARUOLO Alexander Lazzaruolo 12/11/2023 self-employed P01775353							
Preparer	Firm's name CONDON O'MEARA MCGINTY & I	DONNELLY LLP	Fi	rm's EIN 13-	3628255			
Use Only	Firm's address ONE BATTERY PARK PLAZA, 7	TH FL.						
	NEW YORK, NY 10004		P	hone no.212-66	51-7777			
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No		
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) FIRST TEE NEW YORK, INC.	31-1724122 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO TEACH CHILDREN THE GAME OF GOLF AND, AT THE SAME TIME, INSTILL IN	
	THEM THE "LIFE SKILLS" VALUES UNIQUE TO GOLF, SUCH AS HONOR,	
	INTEGRITY, AND GOOD SPORTSMANSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? \dots	Yes X No
	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 m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	, the total expenses, and
4a	(Code:) (Expenses \$513,606. including grants of \$) (Revenue	e\$119,853.
	IN 2022 THE FIRST TEE JUNIOR LEAGUE CERTIFYING CLASS A MOSHOLU HAD 723	
	PARTICIPANTS.	
4b	(Code:) (Expenses \$ 341,806. including grants of \$) (Revenue	e\$ 80,122.
40	IN 2022 WE HAD 442 REGISTERED PARTICIPANTS IN NASSAU COUNTY WITH	
	CLASSES AT EISENHOWER PARK, CANTIAGUE PARK AMONG OTHERS.	
4c	(Code:) (Expenses \$ 216,876. including grants of \$ 37,500.) (Revenue	•\$91,190.
	IN 2022 WE HAD 312 CERTIFYING PARTICIPANTS IN THIS PROGRAM WHICH INCLUDE ACCESS TO OTHER PARKS IN NORTHERN NJ.	
4d		
	(Expenses \$ 2,089,904. including grants of \$ 124,010.) (Revenue \$	11,476.)
4e	Total program service expenses 3,162,192.	Form 990 (2022
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202002	3	

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FIRST TEE NEW YORK, INC.

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 x 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2022)

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FIRST TEE NEW YORK, INC.

Par	t IV Checklist of Required Schedules (continued)			
	(continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
22		22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
~ ~	Schedule J	23	A	
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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance continued 2a Enter the number of employees reported on Form V.9. Transmittal of Wage and Tax Statements. 2a 5d X b If a least one is reported on line 2a, did the organization file all required dedral employment tax retures? 2b X b If a least one is reported on line 2a, did the organization file all required dedral employment tax retures? 2b X b If a least one is reported on line 2a, did the organization have an interest in or a lingutare or other authority over, a transmital account in torgen country (such as a bark account, securities account, or other francial account)? 4a X b If "vs." inter the mane of the regin country (such as a bark account, securities account, or other francial account)? 4a X b If "vs." indit the organization in Enorm 14A, Paport of Terring Bark and Flancela Accounts (FIAR), as a low tax bedruchties as rhoteling as shell with eduring the size of the organization in the mark securities accounts? 5b X c If "vs." indit the organization in Enorm 808017 5b X c Vs." indicate the number of the deductible contributions and park product as sheller transaction as and the organization security is each angle arrivy as combined as achieves provide? 5c X			2022) FIRST TEE NEW YORK, INC.		31-172412	2	P	age 5
2a First the number of employees reported on Form W3, Transmital of Wage and Tax Statements, 2a 43 bit fait cleast one is reported on line 2a, dd the organization fill al required federal employment tax netures? 2b X ab Ott be organization have uncertable busines grows income of 51,000 or more during the year? 2b X ab At any time during the calender second busines provide an exploration on Schedub D 3b X ab Tax Statements for Final Statements for Final Statements of Final Statement	Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
International account of a sequence of the sector of \$1,000 or more during the year? 43 43 34 Data the organization have urrelated business prose income of \$1,000 or more during the year? 36 36 34 Data the organization have urrelated business prose income of \$1,000 or more during the year? 36 36 34 Data the organization have urrelated business prose income of \$1,000 or more during the year? 36 X 34 At any time during the calendar year, did the organization have an inferred in, or a signatus or other activity over, a transmission part to trongin country. 36 X 35 D id any toxable party notify the organization that it was or is a party to a prohibited tax shellor transaction? 56 X 36 D id any toxable party notify the organization in FinCSN Form 114, Report of foreign Bank and Financial Accounts (FBAR); 56 X 36 D id any toxable party notify the organization in FinCSN Form 114, was or is a party to a prohibited tax shellor transaction? 56 X 36 D id any toxable party notify the organization in formal gradet than \$100,000, and dithe organization solid any any receive disbutchise contributions under section 170(c). 66 X 37 D organizations that may contribut down of the value of the goods or services provided? 7a X 36 D id the organization notify the down of the value of the goods or services provided? 7a X	-						Yes	No
b It elast one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. X a Did the organization have universed business grows income of \$1000 mmod during the year? 3a. X b It "hes," has it filed a form 980° for this year, dit the organization have an interest in, or a signature or other subnohy over, a francial account is a forsign country (such as a bank account, securities account, or other financial accounts (FEAR), See instructions for film requestments for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), See instructions for film requestments for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), See instructions for film requestments for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), See instructions for film requestments for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), See instructions for film requestments for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FEAR), See instructions and grows receipts that are normally greater than \$100,000, and did the organization nale using contributions and provide and support for this tax on its and provide and support for the tax year? See instructions that wave receives deductible contributions under section \$70(c) b If "Yes' to line tax of addition an express statement that such contributions or gifts were not tax deductible? See instruction or gifts See instruction or gifts b If "Yes' to line organization have equived the universe or services provided to the sprov? Za X b If "Yes' to line organization have equived dispose of sangib	2a				12			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If "res," other the name of the looking county See instructions for ling requirements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Was the organization have an organization if Pom 8867.7 5b X b Did any taxable party ontry the organization in Pom 8867.7 5b X c) Did any taxable party ontry the every solicitation an express statement that such contributions solicit any contributions that were on tax douct the a charlable contributions? 5b X c) If "Yes," idd the organization include with every solicitation and partly for goods and sarvices provided to the paralition motify the dons of the value of the goods or services provide? 7c X d) If "Yes," idd the organization notify the dons of the value of the goods and sarvices provided? 7c X d) If Yes," idd bar organization soluced anot the value of the goods or services provide?						0	v	
b If Yes, 'has it field a from 990-T for this year? if 'No' to line 3b, provide an explanation on Schedule 0 3b X 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a time of the foreign country such as a bark account, securities account, or other financial accounts (FBAR). 4a X b I' Yes, 'netter the name of the foreign country such as a bark account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization to a prohytible tax shelter transaction at any time during the tax year? 5a X 5b Did any taxoatign taxo gravitation tile form 8886170 5a X 6a Does the organization have annual gross receipts that are normally graviter than \$100,000, and did the organization solid any contributions that any create deductible contributions? 5a X 7 Organization tax two end tax deductible as charitable contributions? 5a X 5a X 10 I' Yes' to line againzation the associent 37 midtip thy as a untilution and path for goods and services provided to the paym? 7a X 7b X 10 I' Yes', inducat the number of Forms 8282 field during the year 7d X 7b X 10 I' Yes', inducat the number of Forms 8282 field during the year?	-							
43 At my time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is control year abank account; securities account, or other financial accounts (FBAR). 4 X b H*Yes," enter the name of the foreign country. 5a bit Net Control (Security Security S								
In Tracial account in a foreign country 49 X b If Yes, " enter the name of the foreign country 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have anoual gross needed the was or is a party to a prohibited tax shefter transaction? 5b X 5b Did any taxability party role to a prohibited tax shefter transaction? 5c C 6a Does the organization have annual gross needed tax shefter transaction? 5c C 7b If Yes," to line Sa or 5b, did the organization their stat are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c C 7b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and express statement that such contributions or gifts were not as a diductible contribution and pathy for goods and services provided to the payor? 7a X 7b If Yes," did the organization neelive a payment in excess 0 ST made pathy as a contribution and pathy for goods and services provided to the payor? 7a X 7c If If Yes," did the organization andle, excellent didpose of tangible personal property for which it was required to the form 8282 meduation receive a contribution of casiling or advised fund maintained by the grophose and pathy for goods and services provided CP 7a X 7d If Yes," fund the organization funde w						30	A	
b 1 ''ss,' after the name of the foreign country 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a See instructions for filing requirements for FinCEN Form 2864 are used? 5a D Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a See instructions that we annual gross neapts that are normally greater than \$100,000, and dd the organization solicit any contributions that wean to tax deductibles cathrable contributions? 6a 7 Organization neave annual gross neapts that are normally greater than \$100,000, and dd the organization solicit any contributions that wean or tax deductibles cathrable contributions? 7a 8 0 I''ss,' idd the organization neaves a system the value of the goal or services provided to the party? 7a 9 1 ''ss,' idd the organization neaves as 325 filed during the year 7d 7a 9 1 ''ss,' indicate the number of Forms 3282 filed during the year 7d 7a Xi 9 1 ''dss,' indicate the number of Forms 3282 filed during the year? 7d Xi 9 1 ''dss,' indicate the number of Forms 3282 filed during the year? 7d Xi 1 bit the organization neeved a contribution of qualified intellectual properiy, ind dithe organization neeved a contribution of qualified inte	4a					4-		v
See instructions for timing requirements for Fin/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a	h			ccount)?		4a		А
5a Was the organization a party to a prohibited tax shelts transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction? 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax ceducitable 5c 5c 5c 7a Tyes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deducitable? 6b 7c 7a X 7b If Yes," did the organization include with every solicitation and party for goods and services provided? 7a X 7c If Yes," did the organization notify the donor of the value of the goods or services provided? 7a X 7c X Td 7c X 7d If Yes," indicate the number of Forms 8282 field during the year 7d 7d X 7d If Yes, 'indicate the number of Forms 8282 field during the year? 7d X 7d X 7d If Yes, 'indicate the number of Forms 8282 field during the year? 7d X 7d N/A 8 Both the organization neceived a contributio	b							
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 b Are any generations of a Did the org a The gover b Each common b Each common b Is there are organizati 5 Ection B. P 10a Did the or b If "Yes," or and brance 11a Has the or b Describe of the orgen b User office c Did the or b Were office c Did the or 13 Did the or 14 Did the or 15 Did the orgen state of the orgen b Other office a The organ b Other office a The organ b Other office c Did the orgen state of the orgen b Other office c Did the orgen b Other office d Did the orgen b Other office	anization contemporaneously document the meetings held or written actions undertaken during the yeaning body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing and addresses on Schedule O mittee (<i>This Section B requests information about policies not required by the Internal R</i> ganization have local chapters, branches, or affiliates? id the organization have written policies and procedures governing the activities of such of thes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing body on Schedule O the process, if any, used by the organization to review this Form 990.	stockholders, or ear by the following: ached at the Revenue Code.)		X X Yes	x
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 8 Did the org a The gover b Each com 9 Is there ar organizati 3 Did the or b If "Yes," or and brance 11a Has the o b Describe of 12a Did the or b Describe of 12a Did the or b Other office c Did the or 14 Did the or 15 Did the or a The organ b Other office if "Yes," or an Schedul 13 Did the or 14 Did the or 15 Did the or a The organ b Other office if "Yes" to 16a Did the or in joint verse exempt st 	anization contemporaneously document the meetings held or written actions undertaken during the yeaning body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? my officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacon's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> olicies <i>(This Section B requests information about policies not required by the Internal R</i> ganization have local chapters, branches, or affiliates? id the organization have written policies and procedures governing the activities of such c hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.	ear by the following: ached at the <u>Revenue Code.</u>) chapters, affiliates,		X Yes	x
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 b Each com 9 Is there ar organizati Section B. P 10a Did the or b If "Yes," or and brance 11a Has the o b Describe of 12a Did the or b Were office c Did the or on Schede 13 Did the or 14 Did the or 15 Did the or a The organ b Other office If "Yes," to 16a Did the or taxable er b If "Yes," or a not the or 	mittee with authority to act on behalf of the governing body? by officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach on's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> olicies <i>(This Section B requests information about policies not required by the Internal R</i> ganization have local chapters, branches, or affiliates? id the organization have written policies and procedures governing the activities of such c hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing body on Schedule O the process, if any, used by the organization to review this Form 990.	ached at the Revenue Code.)	<u>8b</u> 9 <u>10a</u> <u>10b</u>	X Yes	
 9 Is there ar organizati Section B. P 10a Did the or b If "Yes," or and brance 11a Has the or b Describe or 12a Did the or b Were office c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the or 16 Did the or a The organ b Other office If "Yes," to 16a Did the or taxable er b If "Yes," or in joint ver exempt st 	by officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reaction's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> olicies <i>(This Section B requests information about policies not required by the Internal R</i> ganization have local chapters, branches, or affiliates? id the organization have written policies and procedures governing the activities of such c hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.	ached at the Revenue Code.) Phapters, affiliates,	9 10a 10b	Yes	
organizati Section B. P 10a Did the or b If "Yes," o and brance 11a Has the o b Describe of 12a Did the or b Were office c Did the or 13 Did the or 14 Did the or 15 Did the pr persons, o a The organ b Other office If "Yes" to 16a Did the or taxable er b If "Yes," o in joint ver exempt st	on's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> olicies <i>(This Section B requests information about policies not required by the Internal R</i> ganization have local chapters, branches, or affiliates? id the organization have written policies and procedures governing the activities of such c hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.	Pevenue Code.) Phapters, affiliates,	<u>10a</u> <u>10b</u>		
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 b If "Yes," of and branch and branch Has the o b Describe of 12a Did the or b Were office c Did the or on Schedd 13 Did the or 14 Did the or 15 Did the pr persons, of a The organ b Other office If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	id the organization have written policies and procedures governing the activities of such c hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.	hapters, affiliates,	<u>10b</u>		<u> </u>
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and brand Has the o b Describe of 12a Did the or b Were office c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the pr persons, o a The organ b Other office If "Yes" to 16a Did the or taxable er b If "Yes," o in joint ver exempt st	hes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.				
 Has the o Describe of Did the or Were office Did the or On Schedu Did the or If "Yes" to If a Did the or If "Yes," of in joint verse exempt st 	ganization provided a complete copy of this Form 990 to all members of its governing boo on Schedule O the process, if any, used by the organization to review this Form 990.			х	
 b Describe of 12a Did the or b Were office c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the pr persons, of a The organ b Other office If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	on Schedule O the process, if any, used by the organization to review this Form 990.	.,	1		x
 12a Did the or b Were office c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the pr persons, of a The organ b Other offici If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 					
 b Were office c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the pr persons, of a The organ b Other office If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	ganization have a written conflict of interest policy? If "No," go to line 13		12a	х	
 c Did the or on Schedu 13 Did the or 14 Did the or 15 Did the pr persons, of a The organ b Other offici If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	rs, directors, or trustees, and key employees required to disclose annually interests that could give ris			х	
on Schedd 13 Did the or 14 Did the or 15 Did the pr persons, o a The organ b Other offic If "Yes" to 16a Did the or taxable er b If "Yes," o in joint ver exempt st	ganization regularly and consistently monitor and enforce compliance with the policy? If				
 13 Did the or 14 Did the or 15 Did the pr persons, o a The organ b Other offici If "Yes" to 16a Did the or taxable er b If "Yes," o in joint ver exempt st 	le O how this was done	,	12c	х	
 14 Did the or persons, or persons, or a The organ b Other officient of the organ of the org	ganization have a written whistleblower policy?			х	
 15 Did the priversions, or persons, or a The organ b Other official of the organ of the term of term	ganization have a written document retention and destruction policy?			х	
 persons, of a The organ b Other officient If "Yes" to 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	ocess for determining compensation of the following persons include a review and approv				
 a The organ b Other officient If "Yes" to 16a Did the or taxable er b If "Yes," or in joint ver exempt st 	comparability data, and contemporaneous substantiation of the deliberation and decision?				
 b Other officing If "Yes" to the original of the original of	ization's CEO, Executive Director, or top management official		15a	х	
If "Yes" to 16a Did the or taxable er b If "Yes," o in joint ve exempt st	ers or key employees of the organization			х	
 16a Did the or taxable er b If "Yes," of in joint ver exempt st 	line 15a or 15b, describe the process on Schedule O. See instructions.				
taxable er b If "Yes," o in joint ver exempt st	ganization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
b If "Yes," d in joint ver exempt st	tity during the year?		16a		x
in joint ver exempt st	id the organization follow a written policy or procedure requiring the organization to evaluate				
exempt st	nture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	atus with respect to such arrangements?		16b		
					L
	ates with which a copy of this Form 990 is required to be filed $_^{ m NY}$				
	04 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c)	(3)s only)	availal	ble
	inspection. Indicate how you made these available. Check all that apply.		(-),)		
	inspection. Indicate now you made these available. Oneck all that above	in on Schedule O)			
			and finand	cial	
	n website Another's website X Upon request Other (explai	conflict of interest policy.			
	n website Another's website X Upon request Other (explain on Schedule O whether (and if so, how) the organization made its governing documents, c	conflict of interest policy,			
	n website Another's website X Upon request Other (explain on Schedule O whether (and if so, how) the organization made its governing documents, c is available to the public during the tax year.				
3545 JE	n website Another's website X Upon request Other (explain on Schedule O whether (and if so, how) the organization made its governing documents, c				

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

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

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.

		T	mza			iperi	Juit			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	heck		than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week						,	from	from related	other
	(list any hours for	lirect						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			-
(1) MATTHEW RAWITZER	50.00									
EXECUTIVE DIRECTOR				х				172,583.	٥.	7,771.
(2) ANTHONY RODRIGUEZ	50.00									
SENIOR PROGRAM DIRECTOR					х			158,336.	٥.	8,145.
(3) DAVID MOFFET	40.00									
GOFL COURSE SUPERINTENDENT						x		115,000.	٥.	454.
(4) MELISSA COHEN	40.00									
FINANCE MANAGER						x		109,975.	٥.	0.
(5) GENE BERNSTEIN	3.00									
CHAIRMAN		х		х				0.	٥.	0.
(6) MICHAEL RUDIN	3.00									
VICE CHAIRMAN		х		х				0.	٥.	0.
(7) MATT CASNER	3.00									
SECRETARY AND TREASURER		х		х				0.	٥.	Ο.
(8) JESSIE BETTS DREYFUSS	3.00									
DIRECTOR		х						0.	٥.	0.
(9) AARON ABRAHAMS	3.00									
DIRECTOR		х						0.	0.	0.
(10) SETH DRUCKER	3.00									
DIRECTOR		х						0.	٥.	0.
(11) MICHAEL EGLIT	3.00									
DIRECTOR		х						0.	٥.	0.
(12) WILL FOGG	3.00									
DIRECTOR		х						0.	٥.	0.
(13) VALERIE WONG FOUNTAIN	3.00									
DIRECTOR		х						0.	٥.	0.
(14) JON FOUTS	3.00									
DIRECTOR		х						0.	٥.	0.
(15) DAVID FOX	3.00									
DIRECTOR		х						0.	٥.	0.
(16) JEFFREY HOLZSCHUH	3.00									
DIRECTOR		х						0.	٥.	0.
(17) JULIE TYSON	3.00									
DIRECTOR		х						0.	٥.	0.
232007 12-13-22										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) FIRST TEE NEW	,								31-172412	22	Р	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck ss pe	rson i	1 than is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org ar	npensa from th ganizat nd relat janizati	ie tion ted
(18) CYNTHIA HOWARD DIRECTOR	3.00	x						0.	0.			0.
(19) DANIEL PIETRZAK DIRECTOR	3.00	x						0.	0.			٥.
(20) PRASHANT LAI DIRECTOR	3.00	x						0.	0.			٥.
(21) TOM MCATEER DIRECTOR	3.00	x						٥.	0.			٥.
(22) JAY MOTTOLA DIRECTOR	3.00	x						0.	0.			٥.
(23) LEELA NARANG DIRECTOR	3.00	x						0.	0.			0.
(24) MICHAEL ROBICHAUD DIRECTOR (25) KEVIN RYAN	3.00	x						0.	0.			٥.
DIRECTOR (26) ANDY STOCK	3.00	x						0.	0.			٥.
DIRECTOR 1b Subtotal		x						0. 555,894.	0.		16	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 555,894.	0.			0. 370.
2 Total number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable	•		4
3 Did the organization list any former officer,	director, trust	ee, k	key e	emp	loye	e, or	hig	hest compensated empl	oyee on		Yes	No
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	tion	and	oth	er compensation from th	ne organization	3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	Iccrue comper	nsati	on fr	rom	any	unre	elate	d organization or individ	lual for services	4	X	
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	-									5		X
1 Complete this table for your five highest con the organization. Report compensation for t									, ,	ITION TI	om	
(A) Name and business	address	NO	NE					(B) Description of s	ervices (C) ensatio	'n
2 Total number of independent contractors (ir \$100,000 of compensation from the organized statement of	•	ot lir	nitec	d to		se lis 0	ted	above) who received mo	pre than			
SEE PART VII, SECTION A CONTINU		TS								Form	990 (2022)

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Form 990 FIRST TEE NE									31-17241	.22
Part VII Section A. Officers, Directors, Tru (A)	ustees, Key En (B)	nplo	yee		<u>nd H</u> C)	ligh	est	Compensated Employe (D)	ees <u>(continued)</u> (E)	(F)
Name and title	Average hours per	(c	Position (check all that apply					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) JEFF VOORHEIS DIRECTOR	3.00	x						0.	0.	(
(28) JENNIFER WALSH DIRECTOR	3.00	x						0.	0.	(
(29) KEN WHITNEY	3.00									
DIRECTOR (30) HARRISON WILF DIRECTOR	3.00	x x						0.	0.	
(31) MARK WILF DIRECTOR	3.00	x						0.	0.	
(32) PAUL ZOIDIS DIRECTOR	3.00	X								
								0.	0.	
		-								
		-								
		-								
		-								
		-								
		-								
		I								

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ar	t VIII	_								-
		Check if Schedule O	conta	ains a respo	nse	or note to any line I	e in this Part VIII (A)	(B)	(C)	<u> </u> (D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu
S	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Ĕ	с	Fundraising events		1c		987,512.				
ar	d	Related organizations		1d						
Ē	е	Government grants (contr	ributio	ons) 1e						
5	f	All other contributions, gifts, grants, and similar amounts not included above								
Ĩ					1,354,476.					
	-	Noncash contributions included in	lines 1	a-1f 1g	5	184,815.				
a	h	Total. Add lines 1a-1f		<u></u>			2,341,988.			
						Business Code	200 614			200.0
	2 a	PROGRAM AFFILIATE F	FEES			900099	302,641.			302,6
e	b									
/eni	c									
Hevenue	d									
	e	All other program service revenue								
						302,641.				
	<u>y</u> 3									
	3	Investment income (including dividends, interest, and other similar amounts)				,	37,400.			37,4
	4	Income from investment of tax-exempt bond p								
	5	Royalties				F				
	U			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	s) (;							
		Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	34,2	286.					
	b	Less: cost or other basis								
		and sales expenses	7b	32,0						
	с	Gain or (loss)	7c	2,2	236.					
	d	Net gain or (loss)					2,236.			2,2
	8 a	Gross income from fundraisi	-							
		including \$	987,	512. of						
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b	1,494,979.	150.055			150.0
		Net income or (loss) from					-157,255.			-157,2
	9 а	Gross income from gamin								
	ь.	Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s <u></u>					
	10 a	Gross sales of inventory,			10a	39,865.				
	h	and allowances Less: cost of goods sold			10a					
		Net income or (loss) from					39,865.	39,865.		
╈	U		30103		y	Business Code	,,,,,,,,			
	11 a	LOST REVENUE REIMBU	JRSEN	IENT		900099	929,825.	929,825.		
anu	h	GREENS FEES				713910	366,108.	,,	366,108.	
eve	~ C	GOLF CART RENTALS				713910	110,392.		110,392.	
Kevenue	-	All other revenue				713910	9,402.		9,402.	
		Total. Add lines 11a-11d					1,415,727.			
	-	Total revenue. See instruction					3,982,602.	969,690.	485,902.	185,0

11031206 152490 K4H01A

11

Form 990 (2022) FIRST TEE NEW YORK, Part IX Statement of Functional Expenses FIRST TEE NEW YORK, INC. 31 - 1724122Page 10

_	Check if Schedule O contains a respons	(A)	nis Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(ط) 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	161 510	161 510		
_	individuals. See Part IV, line 22	161,510.	161,510.		
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,		200 510	01 100	14.22
	trustees, and key employees	336,055.	300,519.	21,198.	14,33
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,306,580.	1,173,492.	78,232.	54,85
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	255,814.	208,773.	32,625.	14,41
0	Payroll taxes	123,481.	100,774.	15,748.	6,95
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	47,192.		47,192.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	319,927.	139,373.		180,55
12	Advertising and promotion				
13	Office expenses				
4	Information technology				
15	Royalties				
16	Occupancy	402,410.	402,410.		
17	Traval	45,355.	21,645.	22,653.	1,05
8	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,838.	31,838.		
23		130,790.	127,758.		3,03
.3 24	Other expenses, Itemize expenses not covered		,		-,
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	476,179.	464,111.	11,162.	90
b	DONATED AUCTION ITEMS	150,117.			150,11
с	DUES AND SUBSCRIPTIONS	42,941.	15,222.	12,529.	15,19
d	BUSINESS DEVELOPMENT	37,871.	8,000.	23,603.	6,26
e	All other expenses	10,803.	6,767.	4,025.	
5	Total functional expenses. Add lines 1 through 24e	3,878,863.	3,162,192.	268,967.	447,70
6	Joint costs. Complete this line only if the organization		. ,		
~	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

12

232010 12-13-22

Check here

Form 990 (2022)

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

2022.05010 FIRST TEE NEW YORK, INC. K4H01A_1

11031206 152490 K4H01A

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

0. 25

26

27

28

29

30

31

32

33

1,054,945.

4,733,161.

1,760,932.

6,494,093.

7,549,038.

	2	Savings and temporary cash investments			3,004,032.	2	4,5
	3	Pledges and grants receivable, net			868,840.	3	e e
	4	Accounts receivable, net			1,876,753.	4	5
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,899.	8	
As	9	Prepaid expenses and deferred charges			149,826.	9	2
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,732,896.			
	b			1,343,799.	396,950.	10c	3
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		32,500.		5	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	7,549,038.	16	7,7
	17	Accounts payable and accrued expenses			807,690.	17	5
	18	Grants payable				18	
	19	Deferred revenue			121,430.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	•			22	
-	23	Secured mortgages and notes payable to unrelate			125,825.	23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	ļ
	25	Other liabilities (including federal income tax, pay	ables t	o related third			

X

FIRST TEE NEW YORK, INC.

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

parties, and other liabilities not included on lines 17-24). Complete Part X

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

of Schedule D

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Cash - non-interest-bearing

31-1724122 Page 11

(A) Beginning of year

1,215,238.

1

(B) End of year

765,110.

698,322. 595,385.

4,247. 213,408.

389,097.

576,350. 770,980. 517,763.

38,956.

75,825.

543,850.

1,176,394.

5,370,362.

1,224,224.

6,594,586.

7,770,980.

Form 990 (2022)

4,529,061.

Form 990 (2022) Part X | Balance Sheet

1

Form	990 (2022) FIRST TEE NEW YORK, INC.	31-1724122	2	Pad	_{qe} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	982,	602.
2	Total expenses (must equal Part IX, column (A), line 25)	2	З,	878,	863.
3	Revenue less expenses. Subtract line 2 from line 1	3		103,	739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	494,	093.
5	Net unrealized gains (losses) on investments	5		-3,	246.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,	594,	586.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		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	0.			
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	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

	Inspection
vor	identification numb

Name of the organization

Name	e of t	he organization						Employer	identification number
			TEE NEW YORK, I						31-1724122
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).		
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
з [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10 [An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	itter June 30, 1975.
.		See section 509(a)(2). (Con	• •		(at.) 0 a a		O(-)(4)		
11 [12 [An organization organized a An organization organized a		•	•			rn, out tho	nurnance of one or
		more publicly supported or	•	•	•		-	•	• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
-		the supported organization		-	• • • •	-			
		organization. You must c			·····j -···j -				1-1-1-1-1-1
b		Type II. A supporting org	-		tion with it:	s supporte	ed organization	n(s), by hav	ving
		control or management o	-				-		•
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ections A,	D, and E.		
d] Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or	<i>.</i>	nally integrated supporti	ng organiz	ation.			
		r the number of supported o	•						
g		vide the following information) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	(-	organization	() =	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
		-		above (see instructions))	163				
Total									

FIRST TEE NEW YORK, INC.

31-1724122

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.)

	ction A. Public Support	T		T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,322,372.	3,508,273.	2,249,410.	2,900,165.	2,513,513.	14,493,733.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	3,322,372.	3,508,273.	2,249,410.	2,900,165.	2,513,513.	14,493,733.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,759,136.
	Public support. Subtract line 5 from line 4.						12,734,597.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3,322,372.	3,508,273.	2,249,410.	2,900,165.	2,513,513.	14,493,733.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	46,124.	22,332.	6,833.	3,738.	37,400.	116,427.
9	Net income from unrelated business						
	activities, whether or not the	257 257	407 004	214 421	406 757	405 000	0 050 071
	business is regularly carried on	357,257.	407,924.	314,431.	486,757.	485,902.	2,052,271.
10	Other income. Do not include gain						
	or loss from the sale of capital	001 076	055 160	0.5.6 60.0	000 850		4 000 164
	assets (Explain in Part VI.)	921,876.	957,160.	976,680.	983,758.	969,690.	4,809,164.
	Total support. Add lines 7 through 10						21,471,595.
	Gross receipts from related activities, e		,			12	3,900,558.
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and stop			<u></u>			
	ction C. Computation of Public						50 21 o
	Public support percentage for 2022 (lir					14	<u>59.31</u>
15	Public support percentage from 2021					15	65.19 %
16a	33 1/3% support test - 2022. If the of						
	stop here. The organization qualifies a						
ľ	33 1/3% support test - 2021. If the o						
47.	and stop here. The organization qualit						
1/2	10% -facts-and-circumstances test	•					-
	and if the organization meets the facts			-		Ũ	
	meets the facts-and-circumstances tes	-					
t	• 10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				• •		[]
	organization meets the facts-and-circu	instances test. The	organization qual	mes as a publicly s	supported organiz	ation	
40	Private foundation. If the organization	التلفية والمرامي	au an 15 - 40 - 40	104 17- 17-	ala a al c Matal	and many transferred to the	

232022 12-09-22

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.)

Section A. Public Support				-	-		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	022	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do no	ot						
include any "unusual grants.") \dots							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	D						
5 The value of services or facilities furnished by a governmental unit							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, an 3 received from disgualified perso							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6	i.)						
Section B. Total Support	<u> </u>	1					
Calendar year (or fiscal year beginning in)		(b) 2019	(c) 2020	(d) 2021	(e) 2	.022	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 							
 b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975 	ses						
c Add lines 10a and 10b							
11 Net income from unrelated busine activities not included on line 10b whether or not the business is regularly carried on	ess						
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 1							
14 First 5 years. If the Form 990 is for	or the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) or	rganization,	
						<u></u>	
Section C. Computation of Pu							
15 Public support percentage for 202			column (f))		15		%
16 Public support percentage from 2					16		%
Section D. Computation of In							
17 Investment income percentage fo							%
18 Investment income percentage fro							%
19a 33 1/3% support tests - 2022. If						nd line 17 is r	not
more than 33 1/3%, check this bo							
b 33 1/3% support tests - 2021. If							
line 18 is not more than 33 1/3%,						nization	
20 Private foundation. If the organiz	ation ald not check a	box on line 14, 19	a, or 190, check t	nis box and see in		hadula A /E	
232023 12-09-22		1 -	7		Sc	nequie A (Fo	orm 990) 2022

17

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

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.)

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. . .

Yes

2

No

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			100
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Dort VI have a station of the state of the s		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supported or controlled the supporting organization

Section C. T	ype II Supporting Organizations	
	Jpe il capper ang er gamzatione	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization or management of the support of the suport of the support of the supp

Section D.	All Typ	e III Sup	porting	Organizations

			Yes	No
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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

19

- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Sche	dule A (Form 990) 2022 FIRST TEE NEW YORK, INC.			31-1724122	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instruc	ctions.
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	ear
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 Ye (optional)	ear
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	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 Yea	ır
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-functiona	ally integra	ted Type III supporting org	anization (see	

Schedule A (Form 990) 2022

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instructions).

FIRST TEE NEW YORK, INC.

Sche	dule A (Form 990) 2022 FIRST TEE NEW YORK,				31-1724122	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions				Current Y	'ear
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	5	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 (<i>describe in</i> 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 2022 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-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
,	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 FIRST TEE NEW YORK, INC.	31-1724122	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C Part V, line 1; Part V, Section B, line 1e; Part	С,
SCHEDULE A	A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
LOST REVEN	NUE REIMBURSEMENTS		
2018 AMOUN	NT: \$ 917,489.		
2019 AMOUN	NT: \$ 948,927.		
2020 AMOUN	NT: \$ 948,156.		
2021 AMOUN	NT: \$ 928,597.		
2022 AMOUN	NT: \$ 929,825.		
OTHER			
2018 AMOUN	NT: \$ 4,387.		
2019 AMOUN	NT: \$ 8,233.		
2020 AMOUN	NT: \$ 28,524.		
2021 AMOUN	NT: \$ 55,161.		
2022 AMOUN	NT: \$ 39,865.		
232028 12-09-22	22	Schedule A (Form 99	0) 2022

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				OMB No. 1545-0047
		al Financial Statements		
(Forr		nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury A	ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
-	I Revenue Service Go to www.irs.gov/Form99 e of the organization	o for instructions and the latest information.	Employe	r identification number
Nam	FIRST TEE NEW YORK, INC.			31-1724122
Pa			counts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		<u></u>	
		(a) Donor advised funds	(b) Funds ar	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		1e	
U	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?		-	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	orically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co		asement on the last at the End of the Tax Year
	day of the tax year.			at the End of the Tax Year
a L			2a 2b	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	ucture included in (a)	2b 2c	
c d	Number of conservation easements included in (c) acquired a		20	
u			2d	
3	Number of conservation easements modified, transferred, rel			a the tax
	year	, , , , , ,		5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	on easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements dur	ing the year
8	Does each conservation easement reported on line 2(d) abov	r_{2} action the requirements of paction $170(h)(4)(P)$	(i)	
0	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footr	•		the
	organization's accounting for conservation easements.	-		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar As	sets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet v	vorks
	of art, historical treasures, or other similar assets held for pub		nce of public	;
_	service, provide in Part XIII the text of the footnote to its finar			_
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e ot public se	ervice,
	provide the following amounts relating to these items:		¢	
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree	asures, or other similar assets for financial gain, r		
2	the following amounts required to be reported under FASB A		PIOVICE	
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990, Part X			
-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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Sche		NEW YORK, INC.						31-172		P	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	asures, or	^r Other	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check an	y of the f	ollowing that	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loa	an or exc	hange progra	ım					
b	Scholarly research	е	Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	rical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organiza	tion's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered "	Yes" on F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for con	tributions	s or other ass	ets not in	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing tabl	e:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or cu	istodial accou	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) Prio	,	(c) Two year						
1a	Beginning of year balance	1,760,932.		8,078.		,097.	,	29,972.	1,	420,	804.
b	Contributions	479,882.	29	8,854.	286	,481.	6	94,625.	1,	303,	722.
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	1,016,590.	69	6,000.	949	,500.	3	03,500.		294,	554.
f	Administrative expenses										
g	End of year balance	1,224,224.	1,76	0,932.	2,158	,078.	2,8	21,097.	2,	429,	972.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment 100	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e held ar	nd administer	ed for the	9				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lir	ne 11a. S	ee Form 990,	, Part X, li	ine 10.				
	Description of property	(a) Cost or of		(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investm	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings				606,165.		242,			363,	643.
с	Leasehold improvements				52,099.		,	790.		8,	309.
d	Equipment			1	,074,632.		1,057,	487.		17,	145.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	X <u>, column (</u>	<u>B), line 1</u>	0c.)					389,	097.
								Schedule	D (Forn	n 990)	2022

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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, col. (B) line 12.) 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 or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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 RIGHT-OF-USE ASSET OPERATING LEASES 543,850. (1) OTHER ASSET - SECURITY DEPOSIT 32,500. (2) (3) (4) (5) (6) (7) (8) (9) 576,350. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes OPERATING LEASES 543,850, (2)(3) (4) (5) (6) (7)(8) (9) 543,850.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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142,586 3,982,602 0 3,982,602 4,024,695 145,832
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3,982,602 0 3,982,602 4,024,695 145,832
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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2022
Department of the Treasury		Attach to Form 990 c						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information).	Employer in	Inspection lentification number
Name of the organization		NEW YORK, INC.					31-17241	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not
	complete this part				, , , ,			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o red in Form 990, Pa		tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	es 🗌 No
compensated at le	0	(/ / / / / / / / / / / / / / / / / / /		ugroor				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		1	1	1				
		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			terne mar greee receipt	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LEW RUDIN CHARITY		(add col. (a) through
			ANNIVERSARY EVENT	GOLF CLASSIC	13	
			(event type)	(event type)	(total number)	col. (c))
nu.						
Revenue	1	Gross receipts	812,228.	272,463.	1,240,545.	2,325,236
۳I						
:	2	Less: Contributions	430,000.	32,400.	525,112.	987,512.
;	3	Gross income (line 1 minus line 2)	382,228.	240,063.	715,433.	1,337,724.
	4	Cash prizes				
	5	Noncash prizes				
	5	Noncash phzes				
Direct Expenses	6	Rent/facility costs	267,161.	95,832.	1,131,986.	1,494,979.
ă						
	7	Food and beverages				
١ <u>۳</u>						
8	B	Entertainment				
	9	Other direct expenses				
1	0	Direct expense summary. Add lines 4 through	n 9 in column (d)			1,494,979.
1	1	Net income summary. Subtract line 10 from li	ne 3, column (d)			-157,255

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

		0100		col. (a) through c	ol. (c))
s revenue					
ı prizes					
cash prizes					
/facility costs					
r direct expenses					
nteer labor	Yes % No	Yes % No	Yes % No		
t expense summary. Add lines 2 through	5 in column (d)				
gaming income summary. Subtract line 7	from line 1, column (d)				
e state(s) in which the organization conduc	cts gaming activities:				
				Yes	No
		,	vear?	Yes	No
explain:					
	ash prizes	ash prizes	ash prizes	ash prizes	ash prizes facility costs ifacility costs in direct expenses in direct expenses inteer labor Yes No No </th

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FIRST TEE NEW YORK, I	NC.	31-3	1724122	Page 3
11 12	Does the organization conduct gains the organization a grantor, ben		ers?		Yes	No
	to administer charitable gaming?		• •		Yes	No
	Indicate the percentage of gamin				13a	07
	a The organization's facility An outside facility				13b	<u>%</u> %
	Enter the name and address of th					70
	Name					
	Address					
15a	a Does the organization have a cor	ntract with a third party from wh	nom the organization receives	gaming revenue?	Yes	No
k	If "Yes," enter the amount of gam	ning revenue received by the or	ganization \$	and the amount		
	of gaming revenue retained by th	e third party \$				
c	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Nama					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
a	Is the organization required unde				Vaa	No
t	retain the state gaming license? • Enter the amount of distributions	required under state law to be			Yes	No
_	organization's own exempt activi	ties during the tax year \$	•			
Ра		mation. Provide the explana s applicable. Also provide any a			rt III, lines 9, 9	9b, 10b,
	,,,,					
2320	83 10-27-22		35	Sched	lule G (Form	990) 2022

Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)
232084 04-01-	22	:	36	

11031206 152490 K4H01A

2022.05010 FIRST TEE NEW YORK, INC. K4H01A_1

SCHEDULE I			arants and Oth					OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury	Attach to Form 990.											
Internal Revenue Service												
Name of the organizat	ion							Employer identification number				
	FIRST TEE NEW	,						31-1724122				
	nformation on Grants a											
	zation maintain records t											
	award the grants or assis IV the organization's pro											
Part II Grants an	nd Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any				
()	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				

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

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

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Schedule I (Form 990) 2022 FIRST TEE NI

FIRST TEE NEW YORK, INC.

31-1724122

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RUDIN NYU	7	90,000.	0.		
PATH TO COLLEGE SCHOLARSHIPS	16	37,500.	0.		
ENERAL SCHOLARSHIPS	3	34,010.	0.		
Part IV Supplemental Information. Provide the information	tion required in Dort L lin	o 2: Dort III. oolumn	(b): and any other as	ditional information	
	alon required in Fart I, in	e 2, Part III, Column	(b), and any other ac		
ART I, LINE 2:					
HE RUDIN SCHOLARSHIP: IS EXCLUSIVELY FOR NY	U, THE PARTICIPANT	HAS TO			
PPLY INDEPENDENTLY TO THE SCHOOL, THE PARTIC	CIPANT NEEDS TO LET	FIRST TEE			
NOW THEY'RE DOING SO AND THAT THEY LIKE TO F	BE CONSIDERED FOR T	ΉE			
CHOLADCHITE ETDOM MEE MUEN NAME CURE MUE ADD		M .P.P.			
CHOLARSHIP. FIRST TEE THEN MAKE SURE THE APP	PLICANT IS A FIRST	TEE			
ARTICIPANT IN GOOD STANDING BEFORE SUBMITTIN	NG THEIR NAME TO NY	U FOR			
ONSIDERATION. THIS SCHOLARSHIP IS BASED ON	FINANCIAL NEED AND	IS FOR			
20,000 PER SEMESTER. THE PATH TO COLLEGE ANI	MANNS SCHOLARSHIP	S: ARE FOR			
IIR PARTICIPANTS IN FIRST TEE METROPOLITAN NI					

OUR PARTICIPANTS IN FIRST TEE METROPOLITAN NEW YORK PROGRAM, THEY ALSO ARE

STUDENT TO ANY SCHOOL THEY'RE ATTENDING, BUT THE CHECK IS WRITTEN AND SENT
TO THE SCHOOL. THERE'S A COMMITTEE TO EVALUATE THE APPLICATIONS AND THEY
MEET ONCE A YEAR AND SELECT THE WINNER FOR THAT YEAR, THEN THE HEAD OF THE
COMMITTEE SENDS THE CHECK TO THE CONTROLLER AND THE EXECUTIVE DIRECTOR AN
EMAIL APPROVING THE DISBURSEMENT OF THE SCHOLARSHIPS.
Schedule I (Form 99

FIRST TEE NEW YORK, INC.

NEED BASED AND NEED TO BE A FIRST TEE PARTICIPANT IN GOOD STANDING.

AMOUNT OF THE SCHOLARSHIP IS \$3,000 PER SCHOOL YEAR AND IT'S FOR THE

Schedule I (Form 990)

Part IV Supplemental Information

232291 04-01-22 31 - 1724122

THE

Page 2

(Form 990) For certain Officers, Directors, Trustes, Key Employees, and Highest Compared Trustes (Employer) on Form 990, Part IV, Ine 23. Natch to Form 990. 20222 Description Participation Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 31.1724122 Part Ouestions Regarding Compensation Imployer identification number 31.1724122 Employer identification number 31.1724122 Part U. Clestions Regarding Compensation Imployer identification number 31.1724122 Imployer identification number 31.1724122 Part U. Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any elevant thormation regarding these items.	SCHEDULE J	Compensation Information	OMB N	lo. 1545-00	0047	
Department the Transvi maintenance of the organization Open to Public Imprectant Part of the organization Comport Identification number 31-1724.122 Part Of the organization Yes None of the organization Yes None 31-1724.123 ************************************	(Form 990)	Compensated Employees	2	D22)	
Index at the interview of the organization number Image Clone Image Clone Name of the organization number FIRST TERS NEW YORK, TAC, Employee (destriftCation number 31-1724122 Part II. Question Regarding Compensation 1-1724122 ************************************			Oper	ı to Pub ⁱ	ublic	
PIRT TIME WARK YORK, TNC. 31-1724122 Part II Questions Regarding Compensation 10 Check the appropriate box(6) If the organization provided any of the following to or for a person listed on Form 990, Part VII, Scroton A, Ine 1a, Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Pirst-class or charter travel Housing allowance or residence for personal use of personal residence in the toring a payments or business use of personal residence in the torganization and gross-up payments is the busines on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expense discribed above? If No ² complete Part III to explain. 1b 2 Did the organization require substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, to box the kary boxes for methods used by a related organization to establish the compensation of the cryanization is CEO/Executive Director, box tell that apply. Do not check any boxes for methods used by a related organization to establish or a related organization committee 1b 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee X 4 Yes' to nine			้เกร	pection		
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. First-citizes or charter travel Personal services (such as maid, chartfeur, chel) Image: Complete Part III to explain Image: Complete Part III to explain b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described aboxe? If 'No,' complete Part III to explain Image: Complete Part III to explain c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation of the organization to establish compensation of the CEO/Executive Director, but explain her III. Image: Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? Eq. X 4 During the year, did any person listed on Form 990,	Name of the organization	n	Employer identific:	ation nu	mber	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items. Prevents For business use of personal residence or personal use Travel for companions Payments for business use of personal residence If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Indicate which, if any, of the following the organization relates above? If 'No,' complete Part III to explain 1b 3 Indicate which, if any, of the following the organization used to establish the compensation of the capanization to establish compensation of the CEO/Executive Director, but explain IP art III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to a related organizations X ac 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization arrange-of-control payment? 4a X 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 5 Fo		·	31-1724122			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. — First-Liss or charter travel — First-Liss or charter travel — Travel for companions — Travel for companization for travel travel — Travel for companization consultant — Travel for compensation for travel for travel for compensation committee — Traventify and travel for companiza	Part I Question	s Regarding Compensation				
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the comparison of all of the expenses described above? If "No." complete Part III to explain a spending account Discretionary spending account Personal services (such as maid, charlfeur, chel) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain Image: Comparison of all of the expenses described above? If "No." complete Part III to explain Image: Comparison of all of the expenses described above? If "No." complete Part III to explain and the explain or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain Image: Comparison or the organization is to explain the explain or the information require guitable to the explain and the explain or the organization or the organization is CEO/Executive Director, negaring the terms checked on line 1a? Image: CEO/Executive Director, the explain in Part III. Compensation companisation of the CEO/Executive Director, but explain in Part III. Compensation committee Write employment contract Image: the part organization or a related organization: Image: Companisation explain part III. Compensation explain part III. Organization or a related organization: Image: Companisation explain part III. Compensation committee Image: the part organization: Image: Companisation explain part IIII. X			_	Yes	No	
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Taxie indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or neimbursement or provision of all of the expenses described above? If No," complete Part III to explain 1b c Did the organization requires substantiation prior to reimburge presenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 Compensation committee Written employment contract 2 Compensation committee Written employment contract 4a During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or areided organization: 4b X a Receive a severance payment from a supplemental nonqualified retirement plan? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X b Participate in or receive payment from a supplemental mongualified retirement plan? 5a X			990,			
Image: Travel for companions Payments Payments for business use of personal residence Image: Travel for company spending account Personal services (such as maid, chauffeur, chel) Image: Travel for business use of personal residence Personal services (such as maid, chauffeur, chel) Image: Travel for business use of personal services (such as maid, chauffeur, chel) Image: Travel for comparization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Travel for business use of personal sectors the travel of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Travel for business use of personal residence is the personal sector of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Compensation survey or study Image: Form 990 of other organizations Image: Approval by the board or compensation committee Image: Travel by all directors, travela	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Pat III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 Compensation committee Written employment contract 2 Indicate which, if any, of the following the organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or an equity-based compensation arrangement? 4a X Compensation or releve payment from an equity-based compensation pay or accrue any compensation contributes or antifucing the organization? 5a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organizati		, i i i i i i i i i i i i i i i i i i i				
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described aboxe? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the titems checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant 2 1 Compensation survey or study 3 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in or receive payment from a supplementation anoqualified retirement plan? 4b X 6 Participate in or receive payment from a supplementation anoqualified retirement plan? 4c X 7 Participate in or receive payment from a supplementation anoqualified retirement plan? 4b X 6 Participate in or receive payment from a supplementati						
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reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Compensation committee Written employment contract 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 a Receive a severance payment from an supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity based compensation pay or accrue any compensation contingent to the revenues of: 4 a The organization? 5a X ft "Yes" on line 6a or 5b, describe in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organiza	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
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3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: CEO/Executive Director. Dut explain in Part III. Compensation committe Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 9an, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Aprice and the organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Span accrue any compensation compensation contingent on the net earnings of: 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Span accrue any compensatio	5					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equipt-based compensation arrangement? H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did th	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		:		
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Regulations section 53.4958-6(c)? 9						
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232111 10-18-22

31-1724122

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW RAWITZER	(i)	137,583.	35,000.	0.	0.	7,771.	180,354.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	٥.	0.	0.	0.	0.
(2) ANTHONY RODRIGUEZ	(i)	132,556.	15,000.	10,780.	0.	8,145.	166,481.	0.
SENIOR PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Name of the organization

31-1724122

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FIRST 1	FEE N	EW YO	ORK,	INC.
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Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5	34,698.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EXPERIENCE, ROU)	Х	69	150,117.	FMV			
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement				
						Yes	No	
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	x	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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232142 09-09-22	Schedule M (Form 990) 2022

31-1724122

2022.05010 FIRST TEE NEW YORK, INC. K4H01A_1

SCHEDULE O	Supplemental Information to Form 990 or 990	D-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio			identification number 24122
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
UNIQUE TO GOLF, SU	CH AS HONOR, INTEGRITY, AND GOOD SPORTSMANSHIP.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
ESSEX COUNTY - OPE	NED A NEW LOCATIONS. TOTAL UNIQUE REGISTRATIONS FOR		
BOTH NEWARK AND HE	NRICKS FIELD WERE 471.		
TOTAL EXPENSES INC	LUDE GOLF AND EDUCATIONAL PROGRAMS.		
EXPENSES \$ 2,089,9	04. INCLUDING GRANTS OF \$ 124,010. REVENUE \$ 11,476.		
FORM 990, PART VI,	SECTION A, LINE 2:		
LEN WILF AND MARK	WILF HAVE A FAMILY RELATIONSHIP.		
FORM 990, PART VI,	SECTION A, LINE 6:		
	YORK, INC. ("FTMNY") WAS INCORPORATED AS A MEMBERSHIP		
ORGANIZATION.			
FORM 990, PART VI,	SECTION A, LINE 7A:		
PROSPECTIVE MEMBER	S ARE NOMINATED AND VOTED ON BY FULL BOARD OF DIRECTORS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 WAS R	EVIEWED BY THE SECRETARY AND TREASURER PRIOR TO FILING		
WITH THE INTERNAL	REVENUE SERVICE.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
ALL BOARD MEMBERS	ARE EXPECTED TO SUBMIT A REPORT OF THEIR ACTIVITIES TO		
	CTOR PRIOR TO COMMITTEE ASSIGNMENTS.	Seber	lule O (Form 990) 2022
232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schet	iais V (i 01111 550) 2022

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45 2022.05010 FIRST TEE NEW YORK, INC. K4H01A_1

Schedule O (Form 990) 2022

Name of the organization

FIRST TEE NEW YORK, INC.

Page 2 Employer identification number 31-1724122

FORM 990, PART VI, SECTION B, LINE 15:

15A. EXECUTIVE DIRECTOR'S COMPENSATION REVIEW IS DONE BY THE BOARD'S

SECRETARY AND HE/SHE MAKES SUGGESTIONS ON SALARY REQUEST.

15B. THE EXECUTIVE DIRECTOR CONDUCTS ANNUAL REVIEW AT THE END OF TAX YEAR

WHEN DETERMINING COMPENSATION PACKAGES.

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

FTMNY MAKES IT GOVERNING BODY, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, SCHEDULE D, PART I

PLEASE NOTE FIRST TEE NEW YORK, INC. HISTORICALLY HAS NOT HELD DONOR

ADVISED FUNDS. THE FORM 990 IS BEING AMENDED TO REMOVE THE AFFIRMATIVE

RESPONSE TO PART III, QUESTION 6 AS WELL AS THE RELATED DONOR ADVISED

FUND DISCLOSURE ON SCHEDULE D, PART I TO PROPERLY DISCLOSE THAT FIRST TEE

DOES NOT HOLD DONOR ADVISED FUNDS.

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o print	Name of exempt organization or other filer, see instructions. Tax			Taxpayer	Taxpayer identification number (TIN)		
•	FIRST TEE NEW YORK, INC.				31-1724122		
File by the due date filing your	 Properties of the second second						
return. Se instructio							
Enter t	ne Return Code for the return that this application is for (fi	le a separat	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
 If th If th box 1 t t t 	phone No. ► 718-655-9164 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► _ request an automatic 6-month extension of time until he organization named above. The extension is for the org . X calendar year2022 or . tax year beginning the tax year entered in line 1 is for less than 12 months, a Change in accounting period	Group Exe and atta NOVEMBE ganization's , an	mption Number (GEN) ch a list with the names and TINs o R 15, 2023, to f return for: d ending	If this is fo of all membe	r the whole ers the extension opt organize	group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less		•	0	
-	any nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				Ψ		
	sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.	
	n: If you are going to make an electronic funds withdrawa	II (direct det	bit) with this Form 8868, see Form 8		d Form 887	'9-TE for payment 8868 (Rev. 1-2022)	

223841 04-01-22