Form	990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For th	e 2023 calendar year, or tax year beginning	and	ending						
В	Check if applicab	le: <b>C</b> Name of organization			D Employer id	entifica	ation number			
Г	Addre	TEE OFF FORE LIFE INC.								
Z			ROPOLITAN NEW YORK, INC	•	31-172	4122				
	Initial		umber							
	Final	3545 JEROME AVENUE	0655							
	termir ated	<sup>n-</sup> City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipts \$		6,885,244			
	Amen return	BRONX, NY 10467	-		H(a) Is this a gr	oup ret	um			
	Applie	F Name and address of principal officer: MAI 11	HEW RAWITZER		for subord	inates?	Yes X No			
	pendi	SAME AS C ABOVE			H(b) Are all subord	inates incl	luded? Yes No			
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 🗌 4947(a)(1)	or 📃 527	If "No," att	ach a li	st. See instructions			
	Websi				H(c) Group exe		number			
			sociation Other	L Year	of formation: 200	0 <b>M</b>	State of legal domicile: NY			
Ρ	art I									
٩	, 1	Briefly describe the organization's mission or most	significant activities: TO TEA	CH CHILDE	REN THE GAME	OF				
Governance		GOLF AND, AT THE SAME TIME, INSTILL I								
ü	2		ntinued its operations or dispos			1 1				
Š	3	Number of voting members of the governing body	,			3	28			
		Number of independent voting members of the gov					28			
ġ	3 5	Total number of individuals employed in calendar y				5	50			
Activities &	6	Total number of volunteers (estimate if necessary)				6	100			
+ C A	5 7a	Total unrelated business revenue from Part VIII, co	( )/			7a	578,442			
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0			
					Prior Year 2,341,		<b>Current Year</b> 2,949,457			
9	8									
Revenue	9				302,		339,745			
	<u> </u> 10	Investment income (Part VIII, column (A), lines 3, 4,			,	636.	234,711			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			1,298,		2,506,031			
	12	Total revenue - add lines 8 through 11 (must equal			3,982,		6,029,944			
		Grants and similar amounts paid (Part IX, column (			161,		115,140			
	14	Benefits paid to or for members (Part IX, column (A			0.001	0.	0			
u d	3 15	Salaries, other compensation, employee benefits (F			2,021,		2,545,551			
Evnancae	2   16a	Professional fundraising fees (Part IX, column (A), I				0.	0			
Š	2 b	Total fundraising expenses (Part IX, column (D), line			1 (05	400	1 (70 070			
	1 17	Other expenses (Part IX, column (A), lines 11a-11d,			1,695,		1,678,878			
		Total expenses. Add lines 13-17 (must equal Part I)			3,878, 103,		4,339,569			
		Revenue less expenses. Subtract line 18 from line	12		,		1,690,375 End of Year			
Assets or				De	ginning of Current					
sse	हुन्न <b>20</b>	Total assets (Part X, line 16)			7,770,		9,401,416			
Net A	d	Total liabilities (Part X, line 26)			1,176,		1,115,253			
_	<u>∃ 22</u> art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		6,594,	500.	8,286,163			
		•	including accompanying achedular	and atatama	nto and to the hear	tofmul	rowladge and balief it is			
		alties of perjury, I declare that I have examined this return, ct, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is			
uu	e, corre		i) is based on an information of wi	non preparer	Thas any knowledge	•				
0:-		Signature of officer			Date					
Sig					Date					
He	re	Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date cr	neck	PTIN			
Pai	d	ALEXANDER LAZZARUOLO	Alexander Lazzaru		4/40/0004					
	parer	Firm's name CONDON O'MEARA MCGINTY & 1		000	Firm's E	lf-employed	3-3628255			
	e Only	Firm's address ONE BATTERY PARK PLAZA, 75				114 <b>T</b>				
03	5 only	NEW YORK, NY 10004			Dhone n	o 21?-	661-7777			
Ma	w tha I	RS discuss this return with the preparer shown abo	ve? See instructions		ן דווטוופ וו	0	. X Yes No			
		Paperwork Reduction Act Notice, see the separ		 2_21_23			Form <b>990</b> (2023			
		- application requestor Activities, see the separ								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) TEE OFF FORE LIFE INC.	31-1724122	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'	Yes 🛛 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 expense	s, and
4a	(Code:) (Expenses \$ 571, 537. including grants of \$ ) (Revenue		142,145.)
ти	MOSHOLU AND WESTCHESTER HAD 851 UNIQUE REGISTRATIONS.	50	)
4b	(Code:) (Expenses \$330,085. including grants of \$) (Revenue		49 943.)
-10	NASSAU PROGRAMS HAD 299 UNIQUE REGISTRATIONS	50	)
4c	(Code:) (Expenses \$247,531. including grants of \$45,000. ) (Revenue	- ¢	59,631.)
40	(Code:) (Expenses \$247,531. including grants of \$35,000. ) (Revenue PLAINFIELD PROGRAM HAD 357 UNIQUE REGISTRATIONS	35	)
لم <i>ا</i> ر	Other program convices (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)         (Expenses \$ 2,092,724. including grants of \$ 70,140.) (Revenue \$	88,026.)	
4e	Total program service expenses     3,241,877.		
10		Fo	rm <b>990</b> (2023)
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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 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... е 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 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 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II Х 21 Form 990 (2023)

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Pa	t IV Checklist of Required Schedules (continued)			uge
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
~~		22	x	
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	А	
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			x
	Schedule K. If "No," go to line 25a	24a		
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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			<u> </u>
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
9E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Form	990 (2023) TEE OFF FORE LIFE INC. 31-172412	22	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor donor advisor or related person? N/A	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 N/A <b>10a</b>	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a L				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	17/3	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	stion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	28		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	<b>5</b>	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		x	^
6 7-	Did the organization have members or stockholders?	6	•	
7a		7-	x	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>	~	
a		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		
a		8a	x	
b			х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>  </u>		I
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form			X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	<b>12c</b>	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	<b>15</b> b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	<b>1</b> 6b		
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	c)(3)s only)	avalla	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	ond finan	oiol	
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy statements available to the public during the tax year.	, and finan	udi	
19				
	State the name, address, and telephone number of the person who possesses the organization's books and records			
19 20				

Form 990 (2	2023) TEE OFF FORE LIFE INC.	31-1724122	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated								
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization'	s tax year.							

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.

Name and title         Average hours per billst any between at a treatment and a treatment and a treatment at a treatment and a between at a treatment and a treatment at a treatment and programization         Reportable componsition from related organization         Estimated aunual of other           (1) DANIEL CHELEI (1) DANIEL CHELEI (2) DANIER FAMIZZA (2) DANIER CHARTAR (2) DANIER CHARTAR (3) DANIER CHARTAR	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck, week, (list any hours for metaled organizations, being metaled incompensation, from the organization, from related organizations, being metaled organization, being metaled b	Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
Week (ist ary organizations prime line)         Week (ist ary pours for line)         Inom any bours for line)         Inom any for line)         Inom and related organization (inorganization and related organization (inorganization (inorganization (inorganization (inorganization (inorganization (inorganization (inorganization (inorganization (inorganization (ind) MATHEN RAWITZER         Inom any for line)         Inom any for line)         Inom any for line)         Inom any for line)         Inom any for line)         Inom any for linorelated (inorganization (inorganization (inorganization (inorgan		hours per	box	box, unless		rson i	s both	n an	compensation	compensation	amount of
(1)         DANTEL CHELEL         40.00         x         207,500.         0.         113.           (2)         ANTHONY RODRIGUEZ         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAXIM MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BEENSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATCASHER         3.00         x         x         0.         0.         0.           (9)         SETHER         3.00         x         x         0.         0.         0.           (9)         MATCASHER         3.00         x         x         0.         0.         0.				officer and a d		a director/trustee)		tee)		from related	
(1)         DANTEL CHELEL         40.00         x         207,500.         0.         113.           (2)         ANTHONY RODRIGUEZ         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAXIM MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BEENSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATCASHER         3.00         x         x         0.         0.         0.           (9)         SETHER         3.00         x         x         0.         0.         0.           (9)         MATCASHER         3.00         x         x         0.         0.         0.			rector							J. J	
(1)         DANTEL CHELEL         40.00         x         207,500.         0.         113.           (2)         ANTHONY RODRIGUEZ         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAXIM MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BEENSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATCASHER         3.00         x         x         0.         0.         0.           (9)         SETHER         3.00         x         x         0.         0.         0.           (9)         MATCASHER         3.00         x         x         0.         0.         0.			or di	ee.			ated				
(1)         DANTEL CHELEL         40.00         x         207,500.         0.         113.           (2)         ANTHONY RODRIGUEZ         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAXIM MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BEENSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATCASHER         3.00         x         x         0.         0.         0.           (9)         SETHER         3.00         x         x         0.         0.         0.           (9)         MATCASHER         3.00         x         x         0.         0.         0.			ustee	trust		96	bens			1099-NEC)	, e
(1)         DANTEL CHELEL         40.00         x         207,500.         0.         113.           (2)         ANTHONY RODRIGUEZ         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         164,189.         0.         9,011.           (3)         MATTHEW RAWITZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAXIM MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BEENSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATCASHER         3.00         x         x         0.         0.         0.           (9)         SETHER         3.00         x         x         0.         0.         0.           (9)         MATCASHER         3.00         x         x         0.         0.         0.		l °	ual tr	tional		voldr	st con	_	1099-NEC)		
(1) DANTEL CHELE       40.00       x       207,500.       0.       113.         CHEF DEVELOPMENT OFFICER       x       207,500.       0.       113.         SENIOR FROGRAM DIRECTOR       x       164,189.       0.       9,011.         (3) MATTHEW RANTZER       50.00       x       147,000.       0.       8,592.         (4) MELISSA COMEN       40.00       x       115,000.       0.       17,874.         (5) DAVID MOFFT       40.00       x       115,000.       0.       168.         (6) GENE SERINTEINDENT       x       112,700.       0.       168.         (6) GENE BERNSTEIN       3.00       x       0.       0.       0.         (7) MICHAEL RUDIN       3.00       x       x       0.       0.       0.         (9) SETH CASNER       3.00       x       x       0.       0.       0.         (10) VALERIE WONG FOUNTAIN       3.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (11) DAVID FOX       3.00       x       0.       0.       0.       0.       0.         DIRECTOR			ndivid	nstitu	Officer	ƙey en	Highes	orme			organizations
(2)         ANTHONY ENDRIGUEZ         50.00         x         164,189.         0.         9,011.           SENIOR PROGRAM DIRECTOR         x         164,189.         0.         9,011.           (3)         MATTHEW RANTZER         50.00         x         147,000.         0.         8,592.           (4)         MELISSA COMEN         40.00         x         147,000.         0.         8,592.           (4)         MELISSA COMEN         40.00         x         115,000.         0.         17,874.           (5)         DAVID MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BERNSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (6)         GENE BERNSTEIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (6)         BERNSTEIN         3.00         x         x         0.         0.         0.           (7	(1) DANIEL CHELEL	40.00	_	-				-			
SENIOR PROGRAM DIRECTOR         x         164,189.         0.         9,011.           (3) MATTEEM RANITZER         50.00         x         147,000.         0.         8,592.           (4) MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5) DAVID MOFFET         40.00         x         112,700.         0.         168.           (6) GENE SUPERINTENDENT         x         112,700.         0.         168.           (6) GENE ESUPERINTENDENT         x         x         0.         0.         0.           VICE CHAIRMAN         x         x         0.         0.         0.         0.           VICE CHAIRMAN         x         x         0.         0.         0.         0.         0.           VICE CHAIRMAN         x         x         0.         0.         0.         0.         0.           VICE CHAIRMAN         x         x         0.         0.         0.         0.         0.         0.           DIRECTOR         3.00         x         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.	CHIEF DEVELOPMENT OFFICER						х		207,500.	0.	113.
(3)         MATTEW RANITZER         50.00         x         147,000.         0.         8,592.           EXECUTIVE DIRECTOR         40.00         x         1147,000.         0.         8,592.           (4)         MELISA COHEN         40.00         x         115,000.         0.         17,874.           (5)         DAVID MOFPET         40.00         x         112,700.         0.         168.           (6)         GENE SUPERINTEMDENT         3.00         x         112,700.         0.         168.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8)         MATT CASNER         3.00         x         x         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (10)         VALERIE MONF FOUNTAIN         3.00         X         0.         0.         0.         0.	(2) ANTHONY RODRIGUEZ	50.00									
EXECUTIVE DIRECTOR         x         147,000.         0.         8,592.           (4) MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5) DANIE MARGER         40.00         x         115,000.         0.         17,874.           (5) DANIE MOFFET         40.00         x         112,700.         0.         168.           (6) GENE BERNSTEIN         3.00         x         x         0.         0.         0.           (7) MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8) MATT CASNER         3.00         x         x         0.         0.         0.           (9) SETH DRUCKER         3.00         x         x         0.         0.         0.           (10) VALETE WONG FOUNTAIN         3.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           (11) DAVID FOX         3.00         x         0.         0.         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0. <td>SENIOR PROGRAM DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td>164,189.</td> <td>0.</td> <td>9,011.</td>	SENIOR PROGRAM DIRECTOR					Х			164,189.	0.	9,011.
(4) MELISSA COHEN         40.00         x         115,000.         0.         17,874.           (5) DAVID MOFFET         40.00         x         115,000.         0.         17,874.           (5) DAVID MOFFET         40.00         x         112,700.         0.         168.           (6) GENE BUERSTEIN         3.00         x         112,700.         0.         168.           (7) MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (7) MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (8) MATT CASNER         3.00         x         x         0.         0.         0.           (9) SETH DRUCKER         3.00         x         0.         0.         0.         0.           (10) VALERIE WONG FOUNTAIN         3.00         x         0.         0.         0.         0.           (11) DAVID FOX         3.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.         0.           (11) DAVID FOX         3.00         x         0.         0.         0.	(3) MATTHEW RAWITZER	50.00									
FINANCE MANAGER         x         115,000,         0.         17,874.           (5)         DAVID MOFFET         40.00         x         112,700,         0.         168.           (6)         GER BENNSTEIN         3.00         x         x         112,700,         0.         168.           (6)         GENE BENNSTEIN         3.00         x         x         0.         0.         0.           CHAIRMAN         X         X         0.         0.         0.         0.         0.           VICE CHAIRMAN         X         X         0.         0.         0.         0.         0.         0.           SECRETARY AND TREASURER         3.00         X         X         0. <t< td=""><td>EXECUTIVE DIRECTOR</td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>147,000.</td><td>0.</td><td>8,592.</td></t<>	EXECUTIVE DIRECTOR				Х				147,000.	0.	8,592.
(5)         DAVID MOFFET         40.00         x         112,700.         0.         168.           (6)         GENE BERNSTEIN         3.00         x         X         0.         0.         168.           (6)         GENE BERNSTEIN         3.00         x         X         0.         0.         0.           (7)         MICHAEL RUDIN         3.00         x         X         0.         0.         0.           (8)         MATT CASNER         3.00         x         X         0.         0.         0.           (9)         SETH PRUCKER         3.00         x         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.	(4) MELISSA COHEN	40.00									
GOFL COURSE SUPERINTENDENT         x         112,700.         0.         168.           (6) GENE BERNSTEIN         3.00         x         x         0.         0.         0.           (7) MICHAEL RUDIN         3.00         x         x         0.         0.         0.           (7) MICHAEL RUDIN         3.00         x         x         0.         0.         0.           VICE CHAIRMAN         x         x         0.         0.         0.         0.           SECRETARY AND TREASURER         3.00         x         x         0.         0.         0.           SECRETARY AND TREASURER         3.00         x         0.         0.         0.         0.           DIRECTOR         X         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) DAVID FOX         3.00         X         0.         0.         0.	FINANCE MANAGER						х		115,000.	0.	17,874.
(6)         GENE BERNSTEIN         3.00         x	(5) DAVID MOFFET	40.00									
CHAIRMAN         X         X         X         X         0.         0.         0.           (7) MICHAEL RUDIN         3.00         X         X         X         0.         0.         0.           VICE CHAIRMAN         X         X         X         0.         0.         0.           (8) MATT CASNER         3.00         X         X         0.         0.         0.           SECRETARY AND TREASURER         X         X         0.         0.         0.         0.           (9) SETH DROCKER         3.00         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (10) VALERIE WONG FOUNTAIN         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) DAVID FOX         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. <td>GOFL COURSE SUPERINTENDENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>112,700.</td> <td>0.</td> <td>168.</td>	GOFL COURSE SUPERINTENDENT						X		112,700.	0.	168.
(7) MICHAEL RUDIN       3.00       x       x       x       0.       0.       0.         VICE CHAIRMAN       x       x       x       x       0.       0.       0.         (8) MATT CASNER       3.00       x       x       x       0.       0.       0.         SECRETARY AND TREASURER       x       x       x       0.       0.       0.       0.         (9) SETH DRUCKER       3.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (10) VALERLE WONG FOUNTAIN       3.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (11) DAVID FOX       3.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (12) CUNTHIA HOWARD       3.00       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.	(6) GENE BERNSTEIN	3.00									
VICE CHAIRMAN         X         X         X         X         X         0.         0.         0.           (8) MATT CASNER         3.00         X         X         X         0.         0.         0.           SECRETARY AND TREASURER         X.         X         X         0.         0.         0.           (9) SETH DRUCKER         3.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (10) VALERIE WONG FOUNTAIN         3.00         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (11) DAVID FOX         3.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) CYNTHIA HOWARD         3.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (13) KEN WHITNEY	CHAIRMAN		Х		Х				0.	0.	0.
(8)         MATT CASNER         3.00         x         x         x         x         0.	(7) MICHAEL RUDIN	3.00									
SECRETARY AND TREASURERxxxxx0.0.0.(9) SETH DRUCKER3.00x0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(10) VALERIE WONG FOUNTAIN3.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(11) DAVID FOX3.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.(12) CYNTHIA HOWARD3.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(13) KEN WHITNEY3.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.(14) AARON ABRAMS3.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(16) MICHAEL EGLIT3.00X0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(17) JOHN FITZPATRICK3.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.	VICE CHAIRMAN		Х		X				0.	0.	0.
(9) SETH DRUCKER       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10) VALERIE WONG FOUNTAIN       3.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) DAVID FOX       3.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (12) CYNTHIA HOWARD       3.00       X       0.       <	(8) MATT CASNER	3.00									
DIRECTOR         X         X         0         0.	SECRETARY AND TREASURER		Х		X				0.	0.	0.
(10) VALERIE WONG FOUNTAIN       3.00       x       0       0.       0.       0.         DIRECTOR       x       3.00       0.       0.       0.       0.       0.         (11) DAVID FOX       3.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (12) CYNTHIA HOWARD       3.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (13) KEN WHITNEY       3.00       x       0.	(9) SETH DRUCKER	3.00									
DIRECTOR         X         I         O.         O. <th< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	DIRECTOR		Х						0.	0.	0.
(11) DAVID FOX       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (12) CYNTHIA HOWARD       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (13) KEN WHITNEY       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) AARON ABRAMS       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) JESSIE BETTS DREYFUSS       3.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) MICHAEL EGLIT       3.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0. </td <td>(10) VALERIE WONG FOUNTAIN</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) VALERIE WONG FOUNTAIN	3.00									
DIRECTORx00.0.0.(12) CYNTHIA HOWARD3.00x0.0.0.DIRECTORx0.0.0.0.(13) KEN WHITNEY3.00x0.0.0.DIRECTORx0.0.0.0.DIRECTORx0.0.0.0.(14) AARON ABRAMS3.00x0.0.0.DIRECTORx0.0.0.0.(15) JESSIE BETTS DREYFUSS3.00x0.0.0.DIRECTORx0.0.0.0.(16) MICHAEL EGLIT3.00x0.0.0.DIRECTORx0.0.0.0.(17) JOHN FITZPATRICK3.00x0.0.0.DIRECTORx0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(12) CYNTHIA HOWARD       3.00       x       0       0.       0.       0.         DIRECTOR       3.00       x       0       0.       0.       0.       0.         (13) KEN WHITNEY       3.00       x       0       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (14) AARON ABRAMS       3.00       x       0       0.       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (15) JESSIE BETTS DREYFUSS       3.00       x       0       0.       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (16) MICHAEL EGLIT       3.00       x       0       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0.       0.       0.         (16) MICHAEL EGLIT       3.00       X       0       0.       0.       0.       0.         DIRECTOR       X       0       0.       0.       0.       0. </td <td>(11) DAVID FOX</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) DAVID FOX	3.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(13) KEN WHITNEY       3.00       X       0       0.<	(12) CYNTHIA HOWARD	3.00									
DIRECTORX00.0.0.(14) AARON ABRAMS3.00X00.0.DIRECTORX00.0.0.(15) JESSIE BETTS DREYFUSS3.00X00.0.DIRECTORX00.0.0.(16) MICHAEL EGLIT3.00X00.0.DIRECTORX00.0.0.(17) JOHN FITZPATRICK3.00X00.0.DIRECTORX00.0.0.	DIRECTOR		Х						0.	0.	0.
(14) AARON ABRAMS3.003.000.0.0.DIRECTORX0.0.0.0.0.(15) JESSIE BETTS DREYFUSS3.00X0.0.0.DIRECTORX0.0.0.0.0.(16) MICHAEL EGLIT3.00X0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.DIRECTORX0.0.0.0.0.	(13) KEN WHITNEY	3.00									
DIRECTORXX00.0.(15) JESSIE BETTS DREYFUSS3.00X00.0.DIRECTORX00.0.0.(16) MICHAEL EGLIT3.00X00.0.DIRECTORX00.0.0.DIRECTORX00.0.0.DIRECTORX00.0.0.(17) JOHN FITZPATRICK3.00X00.0.DIRECTORX00.0.0.	DIRECTOR		Х						0.	0.	0.
(15) JESSIE BETTS DREYFUSS       3.00       X       0.	(14) AARON ABRAMS	3.00									
DIRECTOR         X         0         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(16) MICHAEL EGLIT       3.00       x       0.	(15) JESSIE BETTS DREYFUSS	3.00									
DIRECTORX0.0.0.(17) JOHN FITZPATRICK3.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) JOHN FITZPATRICK     3.00     X     0.     0.		3.00									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		3.00									
	DIRECTOR		Х						0.	0.	

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332007 12-21-23

Form 990 (2023)

17171107 152490 K4H01A

2023.05000 TEE OFF FORE LIFE INC.

Form 990 (2023) TEE OFF FORE	LIFE INC.								31-172412	22	Pa	age <b>8</b>	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(D)	(E)	(F)										
Name and title	Average	(10		Pos				Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one					compensation	compensation	am	ount	of	
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related		other		
	(list any	ctor						the	organizations	com	oensa	tion	
	hours for	r dire				eq		organization	(W-2/1099-MISC/	fre	om the	e	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	anizati	on	
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)		and	l relate	ed	
	below	In dividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			orga	nizatio	ons	
	line)	lndi	Inst	Officer	Key	High	Former						
(18) JOHN FIZER	3.00												
DIRECTOR		Х						0.	0.			0.	
(19) WILL FOGG	3.00												
DIRECTOR		Х						0.	0.			0.	
(20) JON FOUTS	3.00												
DIRECTOR		Х						0.	0.			Ο.	
(21) JEFFREY HOLZSCHUH	3.00												
DIRECTOR		х						0.	0.			0.	
(22) PRASHANT LAI	3.00												
DIRECTOR		x						0.	0.			Ο.	
(23) MEGAN LAMOTHE	3.00							- •	• •				
DIRECTOR	5,00	x						0.	0.			Ο.	
(24) BRIAN MAHONEY	3.00	л				-		· ·	••			<u> </u>	
	3.00								•			0	
DIRECTOR	2.00	х						0.	0.			0.	
(25) TOM MCATEER	3.00												
DIRECTOR		Х						0.	0.			0.	
(26) DANIEL PIETRZAK	3.00												
DIRECTOR		Х						0.	0.			٥.	
1b Subtotal								746,389.	٥.		35,758.		
c Total from continuation sheets to Part VI								0.	0.	0. 0.			
d Total (add lines 1b and 1c)								746,389.	٥.		35,758.		
2 Total number of individuals (including but no								eceived more than \$100.	000 of reportable	•			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				5	
											Yes	No	
3 Did the organization list any <b>former</b> officer,	director truste	oo k		mnl	ove	e or	hia	hest compensated empl	ovee on				
	-		•	•	•		Ŭ	• • •		3		х	
line 1a? If "Yes," complete Schedule J for su										3			
4 For any individual listed on line 1a, is the su	-							-	-		x		
and related organizations greater than \$150			•							4			
5 Did any person listed on line 1a receive or a										_			
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ich i	oers	ion .				5		Х	
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•							, ,	ation fro	m		
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		) (C			
Name and business	address	NO	NE					Description of s	ervices	Comper	Isatior	<u>ו</u>	
							+						
• Tatalanan final a final fina								a harra da anti-t					
2 Total number of independent contractors (ir	•	στ lin	nitec	i to i			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		<b>m</b> ~			(	0					2000		
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								Form	<b>990</b> (2	2023)	

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Form 990 TEE OFF FORE									31-17241	22
Part VII Section A. Officers, Directors, Tru		nplo I	yee			lighe	est (		, ,	(=)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	÷				ЬÀ	Reportable compensation	Reportable compensation	Estimated amount of	
	per					app I	y)	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old ma		organization	(W-2/1099-MISC)	from the
	hours for	or dir	ee			ated e		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	upens				and related
	organizations below	lual tr	tional		n ploy	st con	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) KEVIN RYAN	3.00									
DIRECTOR		х						0.	0.	0
(28) JEFF VOORHEIS	3.00									
DIRECTOR		Х						0.	0.	0
(29) JENNIFER WALSH	3.00									
DIRECTOR		Х						0.	Ο.	0
(30) HARRISON WILF	3.00									
DIRECTOR		х						٥.	0.	0
(31) MARK WILF	3.00									
DIRECTOR		X						0.	0.	0
(32) PAUL ZOIDIS	3.00									
DIRECTOR		Х						0.	0.	0
(33) PATRICK DONNELLY	3.00									
DIRECTOR		х						0.	0.	0
(34) GREG GOLDRING	3.00									
DIRECTOR	2.00	X						0.	0.	0
(35) CHRIS KENNEY DIRECTOR	3.00	x						0.	0.	0
(36) JAY MOTTOLA	3.00	Δ						0.	0.	0
DIRECTOR	5.00	x						0.	0.	0
(37) JULIE TYSON	3.00							·		
DIRECTOR		х						٥.	0.	0
					<u> </u>					
					<u> </u>					
					-					
	1		<u> </u>					1		

332201 04-01-23

art	t VIII	_								-
		Check if Schedule O	conta	ins a respo	onse	or note to any line I	e in this Part VIII (A)	(B)	(C)	 (D)
							(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu
Ŋ	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
	с	Fundraising events		1c		863,024.				
	d	Related organizations		1d						
	е	Government grants (contr	ibutio	ons) <b>1e</b>						
5	f	All other contributions, gifts,	-							
		similar amounts not included				2,086,433.				
n	-	Noncash contributions included in				306,345.	2 040 457			
σ	h	Total. Add lines 1a-1f				Business Code	2,949,457.			
	•	PROGRAM AFFILIATE F	FFC			900099	339,745.	339,745.		
	2 a					300033	555,745.	555,745.		
b	b									
Nel N	c d									
aniiaau	e									
		All other program service	reven	ue						
		Total. Add lines 2a-2f					339,745.			
	3	Investment income (includ								
		other similar amounts)					232,960.			232,9
	4	Income from investment of tax-exempt bond p								
	5	Royalties								
				(i) Rea	l	(ii) Personal				
	6 a	Gross rents								
		Less: rental expenses	6b							
	d	Rental income or (loss)	6c							
		Net rental income or (loss	)							
	7 a	Gross amount from sales of		(i) Securi 107,		(ii) Other				
	<b>b</b>	assets other than inventory Less: cost or other basis	7a	107,	100.					
	b	and sales expenses	7b	105,	715.					
	~	Gain or (loss)	7c	,	751.					
		Net gain or (loss)		,			1,751.			1,7
		Gross income from fundraisi			<u></u>		,			,
	•	including \$								
		contributions reported on								
		Part IV, line 18			8a	1,457,305.				
	b	Less: direct expenses			8b	749,585.				
	С	Net income or (loss) from	fundr	aising eve	nt <u>s</u>		707,720.			707,7
	9 a	Gross income from gamin			)					
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from			s					
	iu a	Gross sales of inventory, I			10-	67,594.				
1	h	and allowances			10a					
			Less: cost of goods sold				67,594.	67,594.		
+	U		50103	STATUCIAL	·y	Business Code	,			
].	11 a	LOST REVENUE REIMBU	RSEM	ENT		900099	884,867.	884,867.		
nue	b	GREENS FEES				713910	445,671.	, , ,	445,671.	
eve	c	EMPLOYEE RETENTION	CRED	ITS	_	900099	267,408.			267,4
Revenue	d	All other revenue				713910	132,771.		132,771.	
		Total. Add lines 11a-11d					1,730,717.			
_	12	Total revenue. See instruction					6,029,944.	1,292,206.	578,442.	1,209,8

## 17171107 152490 K4H01A

10 2023.05000 TEE OFF FORE LIFE INC. K4H01A\_1

TEE OFF FORE LIFE INC.

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	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	115,140.	115,140.		
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
,	trustees, and key employees	328,792.	245,606.	28,507.	54,679
6	Compensation not included above to disqualified				,
5	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	1,766,273.	1,320,909.	140,714.	304,650
7 3	Other salaries and wages	1,100,213.	1,520,505.		504,050
,	Pension plan accruals and contributions (include				
<b>`</b>	section 401(k) and 403(b) employer contributions)	301,466.	220,622.	63,639.	17,205
)	Other employee benefits	149,020.	109,057.	31,458.	8,505
)	Payroll taxes	149,020.	109,057.	51,450.	0,505
1	Fees for services (nonemployees):				
	Management				
b		26 250		26.250	
	Accounting	26,350.		26,350.	
	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,		<b>FO</b> 050	0.5 0.07	25.000
	column (A), amount, list line 11g expenses on Sch 0.)	140,248.	78,953.	26,007.	35,288
2	Advertising and promotion				
3	Office expenses				
1	Information technology				
5	Royalties				
6	Occupancy	519,757.	519,757.		
	Travel	25,285.	15,249.	9,340.	696
•	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates				
2	Depreciation, depletion, and amortization	23,524.	23,524.		
;	Insurance	139,496.	137,095.		2,401
ŀ	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	473,349.	419,264.	53,689.	396
b	DONATED AUCTION ITEMS	198,879.	·		198,879
č	DUES AND SUBSCRIPTIONS	43,847.	7,304.	21,468.	15,075
d	BUSINESS DEVELOPMENT	37,881.	500.	28,014.	9,367
	All other expenses	50,262.	28,897.	19,794.	, 1,571
č	Total functional expenses. Add lines 1 through 24e	4,339,569.	3,241,877.	448,980.	648,712
, ;	Joint costs. Complete this line only if the organization	, , ,	, , ,	, ,	, – –
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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17171107 152490 K4H01A

11 2023.05000 TEE OFF FORE LIFE INC.

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

	Check if Schedule O contains a response or no	te to any line	e in this Part X			·····
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			765,110.	1	784,057.
2	Savings and temporary cash investments			4,529,061.	2	5,968,073.
3				698,322.	3	1,014,365.
4				595,385.	4	538,495.
5						
	trustee, key employee, creator or founder, subs	tantial contri	butor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disqual	ified persons	a (as defined			
	under section 4958(f)(1)), and persons describe	d in section 4	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8				4,247.	8	1,416.
9	Duran side some some som at starfarmer at starsers			213,408.	9	129,774.
10a			Γ			
		10a	1,761,116.			
b			1,367,323.	389,097.	10c	393,793.
11					11	22,603.
12					12	
13					13	
15			576,350.	15	548,840	
						9,401,416
		517,763.	17	466,074		
				· · · ·		
		38,956.	19	107,014		
	<b>—</b>					·
			22			
23		-	<b>F</b>	75,825.		25,825,
		,		,		
		-				
	of Schedule D		543,850.	25	516,340.	
26				1,176,394.		1,115,253.
			X	, ,		, ,
	-					
27				5,370,362.	27	6,539,250.
				1,746,913.		
20				, , -		, , ,
	-					
20					20	
31	netained earnings, endowment, accumulated if					
32	Total net assets or fund balances		I	6,594,586.	32	8,286,163.
	2 3 4 5 6 7 8 9 10a 11 12	<ul> <li>Savings and temporary cash investments</li> <li>Pledges and grants receivable, net</li> <li>Accounts receivable, net</li> <li>Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the</li> <li>Loans and other receivables from other disqual under section 4958(f)(1), and persons describe</li> <li>Notes and loans receivable, net</li> <li>Inventories for sale or use</li> <li>Prepaid expenses and deferred charges</li> <li>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</li> <li>Less: accumulated depreciation</li> <li>Investments - publicly traded securities</li> <li>Investments - program-related. See Part IV, line</li> <li>Investments - program-related. See Part IV, line</li> <li>Intangible assets</li> <li>Other assets. Add lines 1 through 15 (must equ</li> <li>Accounts payable and accrued expenses</li> <li>Grants payable</li> <li>Deferred revenue</li> <li>Tax-exempt bond liabilities</li> <li>Escrow or custodial account liability. Complete</li> <li>Loans and other payables to any current or forr trustee, key employee, creator or founder, subs controlled entity or family member of any of the</li> <li>Secured mortgages and notes payable to unrelate</li> <li>Other liabilities (including federal income tax, pay parties, and other liabilities not included on line of Schedule D</li> <li>Total assets without donor restrictions</li> <li>Net assets with donor restrictions</li> <li>Net assets with donor restrictions</li> <li>Paid-in or capital surplus, or land, building, or e</li> </ul>	<ul> <li>Savings and temporary cash investments</li> <li>Pledges and grants receivable, net</li> <li>Accounts receivable, net</li> <li>Loans and other receivables from any current or former offic trustee, key employee, creator or founder, substantial contri- controlled entity or family member of any of these persons</li> <li>Loans and other receivables from other disqualified persons under section 4958(f)(1)), and persons described in section 4</li> <li>Notes and loans receivable, net</li> <li>Inventories for sale or use</li> <li>Prepaid expenses and deferred charges</li> <li>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</li> <li>Less: accumulated depreciation</li> <li>Investments - publicly traded securities</li> <li>Investments - other securities. See Part IV, line 11</li> <li>Investments - other securities. See Part IV, line 11</li> <li>Intangible assets</li> <li>Other assets. See Part IV, line 11</li> <li>Total assets. Add lines 1 through 15 (must equal line 33)</li> <li>Accounts payable and accrued expenses</li> <li>Grants payable</li> <li>Deferred revenue</li> <li>Escrow or custodial account liability. Complete Part IV of Sc</li> <li>Loans and other payables to any current or former officer, d trustee, key employee, creator or founder, substantial contri- controlled entity or family member of any of these persons</li> <li>Secured mortgages and notes payable to unrelated third partie</li> <li>Other liabilities (including federal income tax, payables to re parties, and other liabilities not included on lines 17:24). Cor- of Schedule D</li> <li>Total liabilities. Add lines 17 through 25</li> <li>Organizations that do nor restrictions</li> <li>Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</li> <li>Net assets with donor restrictions</li> <li>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</li> <li>Capital stock or trust principal, or current funds</li> <li>Paid-in or capital surp</li></ul>	<ul> <li>2 Savings and temporary cash investments</li> <li>3 Pledges and grants receivable, net</li> <li>4 Accounts receivable, net</li> <li>5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</li> <li>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</li> <li>7 Notes and loans receivable, net</li> <li>8 Inventories for sale or use</li> <li>9 Prepaid expenses and deferred charges</li> <li>10a 1,761,116.</li> <li>b Less: accumulated depreciation</li> <li>10b 1,367,323.</li> <li>11 Investments - publicly traded securities</li> <li>12 Investments - other securities. See Part IV, line 11</li> <li>13 Investments - program-related. See Part IV, line 11</li> <li>14 Intangible assets</li> <li>15 Other assets. See Part IV, line 11</li> <li>16 Total assets. Add lines 1 through 15 (must equal line 33)</li> <li>17 Accounts payable and accrued expenses</li> <li>18 Grants payable</li> <li>19 Deferred revenue</li> <li>20 Tax-exempt bond liability. Complete Part IV of Schedule D</li> <li>22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</li> <li>23 Secured mortgages and notes payable to unrelated third parties</li> <li>24 Unsecured notes any object to unrelated third parties</li> <li>25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D</li> <li>26 Total liabilities. Add lines 17 through 25</li> <li>70 regnizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</li> <li>27 Net assets withdonor restrictions</li> <li>28 Net assets withdon or restrictions</li> <li>29 Capital stock or trust principal, or current funds</li> <li>20 Capital stock or trust principal, or curre</li></ul>	I     Cash non-interest-bearing     765,110.       2     Savings and temporary cash investments     4,522,061.       3     Pledges and grants receivable, net     698,322.       4     Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     595,385.       6     Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)     4,247.       7     Notes and loans receivable, net     4,247.       8     Inventroise for sale or use     4,247.       9     Prepaid expenses and deferred charges     213,408.       10a     1,761,116.     10a       1     Investments - publicly traded securities     10a     1,761,116.       10     1,367,323.     389,097.       11     Investments - program-related. See Part IV, line 11     11a       11     Investments - program-related. See Part IV, line 11     11a       11     Investments - program-related. See Part IV, line 11     11a       11     Investments - program-related. See Part IV, line 11     11a       14     Intangible assets     517,763.       15     Other assets. Add lines 1 through 15 (must equal line 33)     7,770,980.       16     Caras payable a	I     Cash - non-interest-bearing     765,110.     1       2     Savings and temporary cash investments     658,132.     2       3     Pledges and grants receivable, net     658,322.     3       4     Accounts receivable, net     595,385.     4       5     Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     5       6     Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B)     6       7     Notes and loans receivable, net     10a     1, 761, 116.       9     Prepaid expenses and deferred charges     213, 408.     9       10a     1, 761, 116.     10b     1, 367, 323.       11     Investments - publicly traded securities     111     12       11     Investments - publicly traded securities     111     13       12     Investments - publicly traded securities     111     13       13     Investments - publicly traded securities     14     14       14     576,350.     15     17       16     Other assets. See Part IV, line 11     12     14       16     Other assets. See Part IV, line 11     12     14       <

Form 990 (2023)

332011 12-21-23

Form	1990 (2023) TEE OFF FORE LIFE INC.	31-172412	2	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	029,	944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	339,	569.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	690,	375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	594,	586.
5	Net unrealized gains (losses) on investments	5		1,	202.
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	8,	286,	163.
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

332012 12-21-23

SCHEDULE	A
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(Form 990)

Total

## **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.

OMB No. 1545-0047
2023

**Open to Public** 

Namo	of the	organization
Nume		organization

		of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nam	e of t	the organizati	on						Employer	identification numbe
			TEE OF	F FORE LIFE INC	•					31-1724122
Par	τI	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	1S.	
The c	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1 [		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	I)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4 [		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х			-	ntial part of its support fr				ne general r	oublic described in
-				omplete Part II.)		Ũ			0 1	
8					(1)(A)(vi). (Complete Par	t II.)				
9		•			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college
•					ulture (see instructions).					
		university:		5 5 5			, ,	,	5	
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	hip fees, and	d gross receipts from
		•			t to certain exceptions; a			-	•	•
				-	(less section 511 tax) fro					-
				mplete Part III.)					,	
11					ively to test for public sat	fetv. See	section 50	)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
•					d in section 509(a)(1) o					
					f supporting organization					
а		-			upervised, or controlled					aivina
-				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se						
b		<b>-</b>			or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hay	vina
-				-	anization vested in the sa			-		-
			-	at complete Part IV,					ge the capp	
с				-	g organization operated	in connec	tion with	and functiona	llv integrate	ed with
Ŭ		••	-	• • • •	). You must complete I				ily integrate	, with,
d			-		porting organization oper				rted organis	zation(s)
u			-		ation generally must sat				-	
					nplete Part IV, Sections				ranationity	101033
е		_			written determination from				II Type III	
U			•		nally integrated supporti			турст, турс	п, турс п	
f	Ente	er the number		·						
			• •	n about the supporte	d organization(s)					
		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10	Yes	ing document?	support (see ii	nstructions)	support (see instructions
					above (see instructions))	103				

TEE OFF FORE LIFE INC.

Part II Sup	pport 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.)

Se	ction A. Public Support	,		-7			
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(1) =	(-)	(-/	(		() · · · ·
-	membership fees received. (Do not						
	include any "unusual grants.")	3,508,273.	2,249,410.	2,900,165.	2,513,513.	2,949,457.	14,120,818.
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						
4	Total. Add lines 1 through 3	3,508,273.	2,249,410.	2,900,165.	2,513,513.	2,949,457.	14,120,818.
	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)						1,969,935.
6	Public support. Subtract line 5 from line 4.						12,150,883.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3,508,273.	2,249,410.	2,900,165.	2,513,513.	2,949,457.	14,120,818.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,332.	6,833.	3,738.	37,400.	232,960.	303,263.
9	Net income from unrelated business				· · · ·		
	activities, whether or not the						
	business is regularly carried on	407,924.	314,431.	486,757.	485,902.	578,442.	2,273,456.
10	Other income. Do not include gain				· · · ·		
	or loss from the sale of capital						
	assets (Explain in Part VI.)	957,160.	976,680.	983,758.	969,690.	952,461.	4,839,749.
11	Total support. Add lines 7 through 10						21,537,286.
12	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	2,978,682.
13	First 5 years. If the Form 990 is for th						
	organization, check this box and <b>stop</b>	- -					
Se	ction C. Computation of Public						
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	56.42 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14	.,,		15	59.31 %
16a	a 33 1/3% support test - 2023. If the o					ore, check this bo>	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				X
I	<b>33 1/3% support test - 2022.</b> If the o						
	and stop here. The organization quali	fies as a publicly s	upported organizat	ion			
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this b	box and stop here	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes			-	-		
I	0 10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
			_, . <b>J</b> u	, ,			(Form 990) 2023

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## 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 S	upport						
Calendar year (or fiscal yea	r beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contrib	outions, and						
membership fees re	ceived. (Do not						
include any "unusua	al grants.")						
2 Gross receipts from merchandise sold or formed, or facilities t any activity that is re organization's tax-ex	r services per- furnished in elated to the						
3 Gross receipts from are not an unrelated iness under section	trade or bus-						
4 Tax revenues levied	····· -						
ization's benefit and or expended on its b	either paid to						
5 The value of services furnished by a gover the organization with	rnmental unit to						
6 Total. Add lines 1 th	nrough 5						
7a Amounts included o 3 received from disc							
b Amounts included on lines from other than disqualified exceed the greater of \$5,00 amount on line 13 for the ye	l persons that 10 or 1% of the ear						
<b>c</b> Add lines 7a and 7b							
8 Public support. (Subt Section B. Total Su							
Calendar year (or fiscal yea	r beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6							
<b>10a</b> Gross income from i dividends, payments securities loans, rem and income from sin	s received on ts, royalties,						
<b>b</b> Unrelated business tax	able income						
(less section 511 taxes acquired after June 30,	'						
<b>c</b> Add lines 10a and 1	0b						
11 Net income from un activities not include whether or not the b regularly carried on	related business ed on line 10b,						
12 Other income. Do no or loss from the sale assets (Explain in Pa	of capital						
13 Total support. (Add line:							
14 First 5 years. If the		e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
check this box and							
Section C. Comput			-				
15 Public support perce			-			15	%
16 Public support perce Section D. Comput						16	%
17 Investment income	percentage for 20	<b>23</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income	e e					18	%
19a 33 1/3% support te	sts - 2023. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
more than 33 1/3%,	check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support te		-					
line 18 is not more t	han 33 1/3%, cheo	k this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	.tion
20 Private foundation.	If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
332023 12-21-23			16	5		Scheo	dule A (Form 990) 2023

2023.05000 TEE OFF FORE LIFE INC.

1

2

Yes No

## Part IV Supporting Organizations

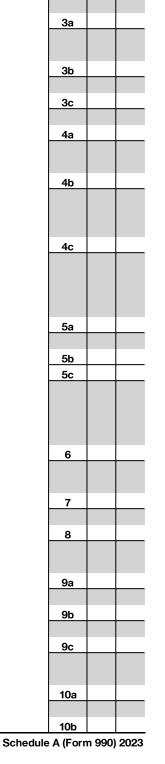
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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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	(Form 990) 2023				LIFE	1N(
Part IV	Supporting Organi	zatior	is <sub>(C</sub>	ontinu	ed)	

31-1724122 Page 5

Yes

1

2

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations		· · · · ·	

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." departing in <b>Part VI</b> how the supported ergonization(a)

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.
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

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

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
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			
	the supported organization(s)	1		

	bonted organ	11Zalio(113).	
Section D	. All Type	<b>III Supporting</b>	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 <b>Part VI</b> 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? <i>If "Yes," describe in</i> <b>Part VI</b> <i>the role the organization</i> '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 organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

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

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	.).
------------	--	---	---	-----

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

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

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

3b Schedule A (Form 990) 2023

2a

2b

3a

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18 2023.05000 TEE OFF FORE LIFE INC. Yes No

Sche	dule A (Form 990) 2023 TEE OFF FORE LIFE INC.			31-1724122	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain ii	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations mus			·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
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	Ily integrat	ted Type III supporting org	ganization (see	

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

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

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LOST REVENUE REIM	MBURSEMENTS		
2019 AMOUNT: \$	948,927.		
2020 AMOUNT: \$	948,156.		
2021 AMOUNT: \$	928,597.		
2022 AMOUNT: \$	929,825.		
2023 AMOUNT: \$	884,867.		
OTHER			
2019 AMOUNT: \$	8,233.		
2020 AMOUNT: \$	28,524.		
2021 AMOUNT: \$	55,161.		
2022 AMOUNT: \$	39,865.		
2023 AMOUNT: \$	67,594.		
332028 12-21-23		21	Schedule A (Form 990) 202

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		<b>.</b>							
			al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0047				
	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZUZJ</b> Open to Public				
	ment of the Treasury I Revenue Service								
Nam	e of the organization	of the organization Employer							
Pa	rt I Organiza	TEE OFF FORE LIFE INC.	d Funds or Other Similar Funds or Ac	coun	31-1724122 ts. Complete if the				
		n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor advised funds (	<b>b)</b> Fun	ds and other accounts				
1		nd of year							
2 3		f contributions to (during year) f grants from (during year)							
4		t end of year							
5			writing that the assets held in donor advised func	ls					
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No				
6	U U		dvisors in writing that grant funds can be used or						
	1 1		r donor advisor, or for any other purpose conferri	5	Yes No				
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV,	line 7.					
1		servation easements held by the organization							
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a histo	orically	important land area				
		f natural habitat	Preservation of a certi	fied his	storic structure				
•		of open space							
2	day of the tax year	<b>c c</b> .	fied conservation contribution in the form of a cor	nservat	Held at the End of the Tax Year				
а	5			2a					
b				2b					
с	Number of conserv		ucture included on line 2a	2c					
d		vation easements included on line 2c acqu							
				2d					
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organized	zation	during the tax				
4	year Number of states v	 where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per							
	violations, and enfo	orcement of the conservation easements it	holds?		Yes No				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year				
7	Amount of overage		lling of violations, and enforcing concernation and		a during the year				
7	Amount of expens	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation eas	sement	s during the year				
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h)	(4)(B)(ii)?			Yes No				
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	b				
			note to the organization's financial statements that	at desc	ribes the				
Pa		ounting for conservation easements. Ations Maintaining Collections of	Art, Historical Treasures, or Other S	imila	Assets.				
		f the organization answered "Yes" on Form							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	eet works				
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtheran	ice of p	public				
	· •		ncial statements that describes these items.						
b	-		8, to report in its revenue statement and balance						
		sures, or other similar assets held for public ng amounts relating to these items.	exhibition, education, or research in furtherance	orput	nic service,				
	•	с с		:	\$				
					\$				
2	If the organization		asures, or other similar assets for financial gain, p						
	-	unts required to be reported under FASB A	-						
a					\$				
b	Assets included in	Form 990, Part X			\$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 26

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Schedule D (Form 990) 2023

Sche		RE LIFE INC.				31-172		Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	significant u	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ie organization's ex	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		e if the organizatior	answered "Yes" of	n Form 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi		iarv for contribution	is or other assets no	ot included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII					······ —			
-			ering tablet				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	Tt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,224,224.	1,760,932.	2,158,078	. 2,8	21,097.	2,	429,	972.
b	Contributions	881,099.	479,882.	298,854	. 2	86,481.		694,	625.
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	358,410.	1,016,590.	696,000	. 9	49,500.		303,	500.
f	Administrative expenses								
g	End of year balance	1,746,913.	1,224,224.	1,760,932	. 2,1	58,078.	2,	821,	097.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (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								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the		г		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	t VI Land, Buildings, and Equipm		vment funds.						
T ai	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	V line 10				
							(-1) D1	1	
	Description of property	(a) Cost or ot basis (investm			Accumulate depreciation	d	(d) Bool	< valu	e
1a	Land								·
	Buildings			606,165.	258,	329.		347,	836.
	Leasehold improvements			52,099.	46,	147.		5,	952.
d	Equipment		1	,074,632.	1,062,	847.		11,	785.
e	Other			28,220.				28,	220.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	( line 10c. column	<i>(B</i> ))				393,	793.
						Schedule	D (Form	1 990)	) 2023

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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, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value RIGHT-OF-USE ASSET OPERATING LEASES 516,340. (1) OTHER ASSET - SECURITY DEPOSIT 32,500. (2) (3) (4) (5) (6) (7) (8) (9) 548,840. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes OPERATING LEASES 516,340, (2)(3) (4) (5) (6) (7)(8) (9) 516,340. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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) 2023

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	Complete if the organization answered "Yes" on Form 990, Part IV, line				6 069 227
				1	6,068,227
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	20	1,202.		
	Net unrealized gains (losses) on investments		14,500.		
	Donated services and use of facilities		11,000.		
	Recoveries of prior year grants Other (Describe in Part XIII.)		22,581.		
	Add lines <b>2a</b> through <b>2d</b>		,	2e	38,283
	Subtract line 2e from line 1			3	6,029,944
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,029,944
	t XII Reconciliation of Expenses per Audited Financial Sta			Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		· · · · ·	
1	Total expenses and losses per audited financial statements			1	4,376,650
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,500.		
	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	22,581.		
	Add lines 2a through 2d			2e	37,081
	Subtract line 2e from line 1			3	4,339,569
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
n	Other (Describe in Part XIII.)	4b		4	0
	A shall first a state of the second state				
c 5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18</i> <b>t XIII</b> Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	.) ; Part IV, lines 1b and	I 2b; Part V, line 4	4c 5 ; Part X, line 2; I	0 4,339,569 Part XI,
c 5 Par Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18</i> <b>t XIII Supplemental Information</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	.) ; Part IV, lines 1b and	I 2b; Part V, line 4	5	4,339,569
c 5 Par Provid nes 2	Total expenses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18</i> <b>t XIII Supplemental Information</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	.) ; Part IV, lines 1b and	I 2b; Part V, line 4	5	4,339,569
c 5 Provid nes 2 PART	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18</i> <b>t XIII</b> Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	.) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4	5	4,339,569
c 5 Provid nes 2 PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:	.) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4	5	4,339,569
c 5 Par Provid nes 2 PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:	.) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4	5	4,339,569
c 5 Par Provid nes 2 PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:         TEMPORARY RESTRICTED FUNDS ARE FOR THE USE OF SCHOLARSHIPS	.) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4 on.	5	4,339,569
c 5 Provid nes 2 PART PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:         TEMPORARY RESTRICTED FUNDS ARE FOR THE USE OF SCHOLARSHIPS         XI, LINE 2D - OTHER ADJUSTMENTS:         S UP OF SPECIAL EVENT	,) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4 on.	5	4,339,569
c 5 Par Provid ines 2 PART CHE PART SROS	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 <b>t XIII</b> Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:         TEMPORARY RESTRICTED FUNDS ARE FOR THE USE OF SCHOLARSHIPS         XI, LINE 2D - OTHER ADJUSTMENTS:	,) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4 on.	5	4,339,569
c 5 Provid nes 2 PART PART PART BROS	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:         TEMPORARY RESTRICTED FUNDS ARE FOR THE USE OF SCHOLARSHIPS         XI, LINE 2D - OTHER ADJUSTMENTS:         S UP OF SPECIAL EVENT	,) ; Part IV, lines 1b anc y additional informati	I 2b; Part V, line 4 on.	5	4,339,569
c 5 Provid nes 2 PART PART PART BROS	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18         t XIII       Supplemental Information         de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;         2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any         V, LINE 4:         TEMPORARY RESTRICTED FUNDS ARE FOR THE USE OF SCHOLARSHIPS         XI, LINE 2D - OTHER ADJUSTMENTS:         S UP OF SPECIAL EVENT         XII, LINE 2D - OTHER ADJUSTMENTS:	.) ; Part IV, lines 1b and y additional informati 5. 22,581.	I 2b; Part V, line 4 on.	5	4,339,569

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	ies	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection									
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest information		Employer ide	entification number		
		RE LIFE INC.					31-17241			
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 17.	Form 990-E	Z filers are not		
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pur- viduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye			
<b>(i)</b> Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
Total				1						
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is ex	empt from re	egistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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.

		(a) Event #1	(b) Event #2	(c) Other events		
		FOUNDER'S	PATH TO COLLEGE	.,	(d) Total events	
		INVITATIONAL	INVITATIONAL	12	(add col. <b>(a)</b> through	
		(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue	1 Gross receipts		257,762.	1,134,013.	2,320,329.	
	2 Less: Contributions	439,425.	73,260.	350,339.	863,024.	
	<b>3</b> Gross income (line 1 minus line 2)	489,129.	184,502.	783,674.	1,457,305.	
	4 Cash prizes					
s	5 Noncash prizes					
pense	<b>6</b> Rent/facility costs		88,569.	343,472.	749,585.	
Direct Expenses	7 Food and beverages					
	8 Entertainment					
	9 Other direct expenses					
	<b>10</b> Direct expense summary. Add lines 4	through 9 in column (d)			749,585.	
	11 Net income summary. Subtract line 10	) from line 3, column (d)			707,720.	

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

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes%	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
а	Is the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these	states?		
	Were any of the organization's gaming licenses re			/ear?	Yes No
b	If "Yes," explain:				
33208				Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	TEE OFF FORE LIFE INC.	31-1724122	Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Yes	No
12		neficiary or trustee of a trust, or a member of a partnership or other entity formed		
		·	Yes	No
13	Indicate the percentage of gamin			
				%
				%
14	Enter the name and address of the	ne person who prepares the organization's gaming/special events books and record	s:	
	News			
	Name			
	Address			
15a	Does the organization have a cor	ntract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gan	ning revenue received by the organization \$ and the amount of the amount of the second se	ount	
	of gaming revenue retained by th			
С	If "Yes," enter name and address	s of the third party:		
	News			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	5 5			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
а	Is the organization required under	er state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?			No
b		required under state law to be distributed to other exempt organizations or spent ir	n the	
Pa	organization's own exempt activi rt IV Supplemental Info	ties during the tax year \$ rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dart III, lines 0	0h 10h
ľŭ		s applicable. Also provide any additional information. See instructions.	and Part III, IIIes 9,	90, 100,
	100, 100, 10, and 170, a			
33208	33 09-13-23	20	Schedule G (Form	990) 2023
- 4		32		4 0 4

Schedule G	G (Form 990) Supplemental Info	TEE OFF FORE LIFE INC.		31-1724122	Page 4
Part IV	Supplemental Info	rmation (continued)			
				Cabadula O	(Eorm 000)
332084 04-01-	-23			Schedule G	(i oi iii aa0)
			33		

SCHEDULE I			irants 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		Compr		Attach to Forn				Open to Public	
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection	
Name of the organizat								Employer identification number	
Part I General I	TEE OFF FORE							31-1724122	
	nformation on Grants a zation maintain records t		amount of the grants	ar accietance the	arontooo' oligibilitu	for the grante or age	tance and the colocti	0.0	
-	award the grants or assis		-			-			
2 Describe in Part	IV the organization's pro	ocedures for monitor	oring the use of grant	funds in the United	d States.				
Part II Grants an	d Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
<b>1 (a)</b> Name and ad	ddress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	<b>(f)</b> Method of valuation (book,	(g) Description of	(h) Purpose of grant or assistance	
or go	vernment		(if applicable)	cash grant	noncash assistance	FMV, appraisal, other)	noncash assistance	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 ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 TEE C

TEE OFF FORE LIFE INC.

31-1724122

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.
 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
UDIN NYU	4	40,000.	0.		
PATH TO COLLEGE SCHOLARSHIPS	17	45,000.	0.		
ENERAL SCHOLARSHIPS	2	30,140.	0.		
		· · ·			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
HE RUDIN SCHOLARSHIP: IS EXCLUSIVELY FOR NYU, T	HE PARTICIPANT	HAS TO			
PPLY INDEPENDENTLY TO THE SCHOOL, THE PARTICIPAN	T NEEDS TO LEI	TEE OFF			
ORE LIFE KNOW THEY'RE DOING SO AND THAT THEY LIK	E TO BE CONSII	ERED FOR THE			
CHOLARSHIP. TEE OFF FORE LIFE THEN MAKE SURE THE					
CROLARSHIF. IEE OFF FORE LIFE INEN MAKE SURE INF	APPLICANI 15	A ILL OFF			
ORE LIFE PARTICIPANT IN GOOD STANDING BEFORE SUE	MITTING THEIR	NAME TO NYU			
OR CONSIDERATION. THIS SCHOLARSHIP IS BASED ON F	INANCIAL NEED	AND IS FOR			
20,000 PER SEMESTER. THE PATH TO COLLEGE AND MAN	NS SCHOLARSHIP	S: ARE FOR			
UR PARTICIPANTS IN FIRST TEE METROPOLITAN NEW YC	RK PROGRAM, TH	IEY ALSO ARE			
	,				Schodula I (Form 990) 2

NEED BASED AND NEED TO BE A TEE OFF FORE LIFE PARTICIPANT IN GOOD STANDING.
THE AMOUNT OF THE SCHOLARSHIP IS \$3,000 PER SCHOOL YEAR AND IT'S FOR THE
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 990)

31 - 1724122

Page **2** 

17171107 152490 K4H01A

 Schedule I (Form 990)
 TEE OFF

 Part IV
 Supplemental Information

TEE OFF FORE LIFE INC.

SCHEDULE	Compensation Information		OMB No. 1	1545-004	47	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highe Compensated Employees			20	2023		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		,	
Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.					IC	
Name of the or		Employer id	Inspe entificatio		mber	
	TEE OFF FORE LIFE INC.	31-17	24122			
Part I Qu	stions Regarding Compensation					
				Yes	No	
1a Check the	opropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
Part VII, Se	tion A, line 1a. Complete Part III to provide any relevant information regarding these items.					
First-o	ass or charter travel Housing allowance or residence for perso	nal use				
Trave	or companions Payments for business use of personal re	sidence				
Tax ir	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
Discre	ionary spending account Personal services (such as maid, chauffe	ur, chef)				
	boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	ent or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b			
-	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		-			
trustees, a	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
O la alta ata uni						
	ch, if any, of the following the organization used to establish the compensation of the organization's					
	ive Director. Check all that apply. Do not check any boxes for methods used by a related organizati	onto				
	npensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee					
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee						
		Johnnittee				
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	or a related organization:					
-	everance payment or change-of-control payment?		4a		x	
	n or receive payment from a supplemental nonqualified retirement plan?		41		х	
c Participate	n or receive payment from an equity-based compensation arrangement?		4c		х	
If "Yes" to	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only secti	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
contingent	n the revenues of:					
a The organi					X	
	organization?		5b		X	
	ne 5a or 5b, describe in Part III.					
-	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
•	n the net earnings of:				v	
a The organi	ation?		<u>6a</u>		X X	
	organization?		6b			
	ne 6a or 6b, describe in Part III. listed on Form 200, Part VII. Section 4, line 1a, did the expenientian evolution and perfixed permente					
	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x	
	d on lines 5 and 6? If "Yes," describe in Part III		. 7	1		
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8		x	
	ct exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		0			
	section 53.4958-6(c)?		9			
	Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990	2023	
	readened Ast Reader, see the mona denois for Form 330.	Jenedu		. 550	2020	

LHA 332111 11-06-23

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>B)</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) DANIEL CHELEL	(i)	207,500.	0.	0.	0.	113.	207,613.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) ANTHONY RODRIGUEZ	(i)	140,489.	15,000.	8,700.	0.	9,011.	173,200.	0.
SENIOR PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW RAWITZER	(i)	147,000.	0.	0.	0.	8,592.	155,592.	٥.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

### 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) 2023

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2

Employer identification number

23

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

	TEE OFF FORE LIFE	INC.			31-1724122
Pai	t I Types of Property				
		<b>(a)</b> 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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
ŀ	Books and publications				
5	Clothing and household goods				
5	Cars and other vehicles				
,	Boats and planes				
3	Intellectual property				
)	Securities - Publicly traded	Х	11	107,466.	FMV
)	Securities - Closely held stock				
I	Securities - Partnership, LLC, or				
	trust interests				
2	Securities - Miscellaneous				
	Qualified conservation contribution -				
	Historic structures				
ŀ	Qualified conservation contribution - Other				
5	Real estate - Residential				
;	Real estate - Commercial				
,	Real estate - Other				
3	Collectibles				
)	Food inventory				
)	Drugs and medical supplies				
	Taxidermy				
	Historical artifacts				
	Scientific specimens				
	Archeological artifacts				
;	Other (EXPERIENCE, ROU )	Х	99	198,879.	FMV
;	Other ( )				
	Other (				
3	Other ( )				
)	Number of Forms 8283 received by the organiz	zation durino	, the tax year for co	ontributions	•
	for which the organization completed Form 828	-			
		,			Yes No
)a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	
	must hold for at least 3 years from the date of t				

	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
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?	31	х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Part II

31-1724122 Page 2 **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.		
332142 09-11-23		Schedule M (Form 990) 2023
	41	

2023.05000 TEE OFF FORE LIFE INC. K4H01A\_1

SCHEDULE	0
(Form 990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 31–1724122

TEE OFF FORE LIFE INC.

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

UNIQUE TO GOLF, SUCH AS HONOR, INTEGRITY, AND GOOD SPORTSMANSHIP,

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEWARK AND HENRICKS FIELD HAD 527 UNIQUE REGISTRATIONS

EXPENSES \$ 2,092,724. INCLUDING GRANTS OF \$ 70,140. REVENUE \$ 88,026.

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:

THE FIRST TEE NEW YORK, INC. ("FTMNY") WAS INCORPORATED AS A MEMBERSHIP

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

PROSPECTIVE MEMBERS ARE NOMINATED AND VOTED ON BY FULL BOARD OF DIRECTORS.

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

THE FORM 990 WAS REVIEWED 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

THE EXECUTIVE DIRECTOR PRIOR TO COMMITTEE ASSIGNMENTS.

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

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

Schedule O (Form 990) 2023

42

Name of the organization	Employer identification number
TEE OFF FORE LIFE INC.	31-1724122
15A. EXECUTIVE DIRECTOR'S COMPENSATION REVIEW IS DONE BY THE BOARD'S	

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:

TEE OFF FORE LIFE MAKES IT GOVERNING BODY, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

17171107 152490 K4H01A

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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 or	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification numbers				oer (TIN)
Print	TEE OFF FORE LIFE INC.			31-1724122	
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, s 3545 JEROME AVENUE	ee instruct	ions.		
instructions.	City, town or post office, state, and ZIP code. For a for BRONX, NY 10467	oreign addi	ress, see instructions.		
Enter the F	Return Code for the return that this application is for (fil	e a separat	e application for each return)		01
Applicatio	n Is For	Return	Application Is For		Return
		Code			Code
Form 990 or Form 990-EZ		01	Form 4720 (other than individual)		09
Form 4720 (individual)		03	Form 5227		10
Form 990-I	PF	04	Form 6069		11
Form 990- <sup>-</sup>	T (sec. 401(a) or 408(a) trust)	05	Form 8870		12
Form 990- <sup>-</sup>	T (trust other than above)	06	Form 5330 (individual)		13
Form 990- <sup>-</sup>	T (corporation)	07	Form 5330 (other than individual)		14
Form 1041	-A	08			
<ul> <li>After you</li> </ul>	u enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	only for an extension of	
time to file	Form 5330.				
<ul> <li>If this ap</li> </ul>	plication is for an extension of time to file Form 5330, y	vou must e	nter the following information.		
Plan	Name				
Plan	Number				
Plan	Year Ending (MM/DD/YYYY)				

Part II - Automatic Extension of Time To File for Exempt Organ	nizations (see instructions)

The books are in the care of MELLISSA COHEN CONTROLLER

	3545 JEROME AVENUE - BRONX, NY 10467			
-	Telephone No. 718-655-0655 Fax No			
•	If the organization does not have an office or place of business in the United States, check this box			
•	If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	his is fo	r the wh	ole group, check this
	. If it is for part of the group, check this box and attach a list with the names and TINs of al			
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file t	ne exem	ipt orga	nization return for
	the organization named above. The extension is for the organization's return for:			
	X calendar year 20 23 or			
	tax year beginning, 20, and ending			, 20
2	If the tax year entered in line 1 is for less than 12 months, check reason:	nal retur	n	
	Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0.
b	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.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Ear	Privacy Act and Denerwork Reduction Act Nation, and instructions		Ec	vrm 9969 (Dov. 1 2024)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.