

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**COPY**  
1/17/2012

Name of the organization  
**FIRST TEE NEW YORK, INC.**

Employer identification number  
11-17-2012

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

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Revenue		(a) Event #1 <u>LEW RUDIN</u>	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
	1	Gross receipts . . . . .	216,262.		216,262	
	2	Less: Contributions . . . . .	144,361.		144,361	
	3	Gross income (line 1 minus line 2), . . . . .	71,901.		71,901	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	71,901.		71,901	
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .				
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				71,901
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))												
		1	Gross revenue . . . . .														
Direct Expenses	2	Cash prizes . . . . .															
	3	Noncash prizes . . . . .															
	4	Rent/facility costs . . . . .															
	5	Other direct expenses . . . . .															
	6	Volunteer labor . . . . .	<table border="1" style="font-size: 0.8em;"> <tr> <td style="width: 20px;"></td> <td>Yes _____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>		Yes _____ %	No		<table border="1" style="font-size: 0.8em;"> <tr> <td style="width: 20px;"></td> <td>Yes _____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>		Yes _____ %	No		<table border="1" style="font-size: 0.8em;"> <tr> <td style="width: 20px;"></td> <td>Yes _____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>		Yes _____ %	No	
	Yes _____ %																
No																	
	Yes _____ %																
No																	
	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 conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

		Yes	No
a	The organization's facility	15b	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:



Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FIRST TEE NEW YORK, INC.

Employer identification number

31-1724122

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							

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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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	11.	151,868.			
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public  
Inspection

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FIRST TEE NEW YORK, INC.

Employer identification number  
31-1724122

PART III - LINE 1

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. THUS, IN ADDITION TO LEARNING TO LOVE AND PLAY GOLF,  
THE YOUNGSTERS WILL LEARN PERSONAL FULFILLMENT OF PRIDE, SELF-ESTEEM AND  
SELF-DISCIPLINE.

PART III - LINE 4D

OTHER PROGRAMS ARE AS FOLLOWS:

JUNIOR GOLF TEACHING LONG ISLAND, NY - EXPENSES \$331,854.

JUNIOR GOLF TEACHING BRIDGEPORT, CT - EXPENSES \$308,407.

EDUCATION - EXPENSES \$304,201 - GRANTS \$16,260.

CHAPTER ADMINISTRATIVE OPERATIONS- EXPENSES \$260,185.

JUNIOR GOLF TEACHING PLAINFIELD, NJ - EXPENSES \$202,503 - GRANTS  
\$51,485.

RUDIN SCHOLARSHIPS - EXPENSES \$84,123 - GRANTS \$84,123.

GOLF CAR OPERATIONS - EXPENSES \$34,911.

DRIVING RANGE OPERATIONS - EXPENSES \$17,906.

JUNIOR GOLF TEACHING CHELSEA PIERS, NYC - EXPENSES \$16,021.

PRO SHOP OPERATIONS - EXPENSES \$4,696.

PART VI, SECTION A. - QUESTION 6

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

Name of the organization

FIRST TEE NEW YORK, INC.

Employer identification number

31-1724122

**COPY**

PART VI, SECTION A. - QUESTION 7A

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

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 WAS REVIEWED BY THE SECRETARY AND TREASURER PRIOR TO FILING.

PART VI, SECTION B. - QUESTION 12C

ALL BOARD MEMBERS ARE EXPECTED TO SUBMIT A REPORT OF THEIR ACTIVITIES TO THE EXECUTIVE DIRECTOR PRIOR TO COMMITTEE ASSIGNMENTS.

PART VI, SECTION B. - QUESTIONS 15A & 15B

15A. EXECUTIVE DIRECTOR'S COMPENSATION REVIEW IS DONE BY THE BOARD'S SECRETARY AND HE/SHE MAKES SUGGESTIONS ON SALARY REQUEST.

15B. THE EXECUTIVE DIRECTOR CONDUCTS ANNUAL REVIEW AT THE END OF TAX YEAR WHEN DETERMINING COMPENSATION PACKAGES.

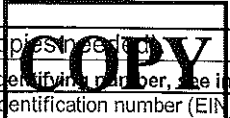
PART VI, SECTION C. - QUESTION 19

FTMNY MAKES IT GOVERNING BODY, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  X

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).



**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies need to be filed).

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FIRST TEE NEW YORK, INC.</b>	Employer identification number (EIN) or <b>31-1724122</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3545 JEROME AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRONX, NY 10467</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  **CARMEN MUNOZ/THE ORGANIZATION,, 3545 JEROME AVENUE BRONX, NY 10467**  
Telephone No.  **718 655-9164** Fax No.  **718 655-9174**

• 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) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2016.

5 For calendar year 2015, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTIVELY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$		0.
8b 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$		0.
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$		0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date



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

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).



- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  FIRST TEE NEW YORK, INC.	Employer identification number (EIN) or  31-1724122
	Number, street, and room or suite no. If a P.O. box, see instructions. 3545 JEROME AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRONX, NY 10467	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **CARMEN MUNOZ / THE ORGANIZATION,, 3545 JEROME AVENUE BRONX, NY 10467**

Telephone No. ▶ 718 655-9164 FAX No. ▶ 718 655-9174

- 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) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2015 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:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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