NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: First Tee \$24,520 Applicant Requested Amount: \$24,520 \text{9520 \text{00}} Appropriation Request Amount: \$14,500 9,500,00
Executive Summary of Request
First Ice, Truck Gree Pregram · Participaters there (50,000 youth ; Eight week sessions conducted spring three fall.
Is this program/project a fundraiser?
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No Yes No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.
District # Primary Sponsor Signature District # District # Date District # District # Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
NA
Approved by:
Approved by.
Appropriations Committee Chairman Date
Final Appropriations Amount:

D	
Department/Project:	
Es and Trav	
/ (rst /ec	

Additional Signatures
I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

Council Member Signature and Amount

District 1	\$
District 2	\$
District 3	\$
District 4	\$
District 5 Chlamilton / mg 4100	
District 6 And Office	\$ 2000.00
District 7	
District 8	\$
District 9	\$
District 10	\$
District 11	_\$
District 12	\$
District 13	\$
District 14	\$
District 15	\$
District 16	\$
District 17	\$
District 18	\$
District 19	\$
District 20	\$
District 21	\$
District 22 Kolun Engl	\$2500.00
District 23	\$
District 24	\$
District 25	\$
District 26	¢

Legal Name of Applicant Organization Just Del Chalitina, Inc DHA J	inst Tee 31	ratiuille
Program Name and Request Amount \$24		***************************************
	Yes/No/NA	
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	.gcs	
Is the funding proposed by Council Member(s) less than or equal to the request amount?	bes	
Is the proposed public purpose of the program viable and well-documented?	yes	
Will all of the funding go to programs specific to Louisville/Jefferson County?	Mes	
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	. so	
Has prior Metro Funds committed/granted been disclosed?	·ues	
Is the application properly signed and dated by authorized signatory?	ines	
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	· yes	
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?		- N 0
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?		y e 5
Is the current Fiscal Year Budget included?	 1	Yes
Is the entity's board member list (with term length/term limits) included?	· · · · · · · · · · · · · · · · · · ·	163
Is recommended funding less than 33% of total agency operating budget?	[]	405
Does the application budget reflect only the revenue and expenses of the project/program?		Ves
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	[]	NIA
Is the most recent annual audit (if required by organization) included?	[]	NA
Is a copy of Signed Lease (if rent costs are requested) included?		11/2
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A	4.7
Are the Articles of Incorporation of the Agency included?	Attal	Ves
Is the IRS Form W-9 included?	eyest of	Ves .
Is the IRS Form 990 included?	[T	Nec
Are the evaluation forms (if program participants are given evaluation forms) included?	NA	10
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A	
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	AJA	
Prepared by: MyUS Date: 2 - 16 - 18		

Legal Name of Applic (as listed on: http://www	sos.ky.gov/	nization:	ICANT INFORMATIO	<u> </u>
(as listed on: http://www.	sos.ky.gov/	Vanish C-10		
		business/records	Coalition, Inc dba T	The First Tee of Louisville
mani Office Street &	Mailing A		City Tower 101 S 56	th Street, Louisville, KY 40202
Website: www.thefir	stteelouis	ville.org	10, 10, 101 5. 5.	in Street, Louisville, K i 40202
Applicant Contact:		vn Johnson	Title:	Executive Director
Phone:	502-77	2-9494	Email:	
Financial Contact: Barry Pennybaker		Title:	djohnson@thefirstteelouisville.or	
Phone: 502-772-9494		Email:	Barry.Pennybaker@mcmcpa.com	
Organization's Repres	entative	who attended NDF Train		an Barry i Chirybaker@inemepa.com
		AL AREA(S) WHERE PROG		
Program Facility Locat	tion(s):	Shawnee golf course an	d selected surroundin	or orace
Council District(s):		Districts 5, 1, 4, 6, 3	Zip Code(s):	
	SECTI	ON 2 – PROGRAM REQU		40212,40210,40211,40216,40203
PROGRAM/PROJECT N	NAME: Th	ne First Tee of Louisville,	Spring Summer & I	FORIVIATION
Total Request: (\$)	24,520	Total Metro A	ward (this program)	
Purpose of Request (c		hat apply):	- ara (ans program)	in previous year: (\$) 0
		erally cannot exceed 33%	of agency's total on	orating budget
Programmin	g/service	s/events for direct benef	it to community or a	erating budget)
Capital Proje	ct of the	organization (equipment	, furnishing huilding	etc)
The Following are Req			, and an	-
■ IRS Exempt Status Det			Signed lease if	
■ Current year projected			IRS Form W9	t costs are being requested
■ Current financial state				formed in att.
Most recent IRS Form 9	990 or 112	!0-H		f used in the proposed program quired by organization)
Articles of Incorporation	n (curren	t & signed)		ization Certification Form, if applicable
Cost estimates from pr capital expense			Taran Susca Organi	и при сегинскиот гогт, паррисавіе
0045111111CHT 101 (1112 OI	any othe	i brogram or expense in	cludina funde roccius	eceived from Louisville Metro ed through Metro Federal Grants, ement Funds). Attach additional
Source:		Į.	Amount: (\$)	
Source:		100	Amount: (\$)	*
Source:			Amount: (\$)	
tas the applicant contact	rted the I	BBB Charity Review for pa		
las the applicant met th	ne BBB Ch	narity Review Standards?	Yes No	s ■ No

Page 1 Effective May 2016

Applicant's Initials

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

In 2005 The First Tee of Louisville became the 200th chapter of The First Tee and began reaching young people through its programs at Shawnee Golf Course. Our mission is to enrich the lives of young people by providing programs and affordable facilities which promote character development and positive life skills through the game of golf.

Golf is the conduit for a program which brings together youth from disparate zip codes, backgrounds, and households. Not incidentally, these young people are meeting those they otherwise would not, and learning to play and work together. Our goal is to inspire as many young people as possible to live the Nine Core Values of The First Tee -- Honesty, Integrity, Sportsmanship, Respect, Confidence, Responsibility, Perseverance, Courtesy, and Judgment.

Our staff goes through extensive training, helping to increase the on- and off-course success of all participants. Coaches go through a two-year training program which aid participants in setting goals and looking towards their futures. Young people do not automatically act with integrity or demonstrate sportsmanship but acquire these values through personal relationships and individual experiences. Our coaches, staff and volunteers strive to be these mentors.

This year we have 650 participants enrolled for the 25 eight-week sessions we conduct spring through fall at Shawnee, Seneca, and Bobby Nichols golf courses. Many (40%) of the participants receive a "scholarship" for the program as they are eligible for the free/reduced lunches at their schools. Additionally, our staff takes the program to students in Jefferson County Public Schools and to young people via our community partnerships with organizations such as the Boys and Girls Clubs and YMCAs. We reach approximately 15,000 youth annually through this year-round outreach effort.

Over time, The First Tee of Louisville has reached over 60,000 young people by delivering life skills and character education through its programs. Part of a nationwide organization begun in 1977, our program/curriculum was developed by academic professionals, sports psychologists, youth development experts and golf professionals to teach lessons for life as part of the basic program. At a time when our youth face serious health related problems due to inactivity and diet, our program also encourages a healthy lifestyle -- inside and out. Our nine healthy habits center around Energy, Play, Safety, Vision, Mind, Family, Friends, School and Community.

In summary, there are three components of The First Tee of Louisville:

- 1) Outdoor programs
- 2) School programs
- 3) Community partner programs.

SECTION 5 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

We annually enroll over 500 participants in our outdoor (Life Skills) programs at three courses. The Shawnee program is our flagship location. Here our program director and life skills coach meet with 300 young people, spring through fall, during three eight- week sessions. While we have always maintained a balanced budget, we are now challenged to do so while providing the program to all those who wish to participate. Participants may join the program at age six and continue through high school.

In order to remove any barriers to participation we provide each participant with all the necessary equipment. To keep the program attainable to youth from all walks of life, The First Tee charges a bare minimum to our participants which does not reflect our true \$185 per person cost. We remain hesitant to raise the fee, as it will likely deter youth from the most disadvantaged homes from participating.

While we ask each family to contribute \$50 per child to join the program, over 40% of our Shawnee participants cannot afford this minimal requirement and their fee is waived have seen great success; all participants who have stayed with the program through high school have gone on to college and we've awarded \$70,000 in college scholarships to these youth (\$2,500 each). We raise these funds through an annual event held in partnership with the Louisville Urban League. Another component is our National School Program partnership with JCPS. This is a "teach the teacher" model whereby we train educators to deliver our program to their students. We're currently in nine JCPS elementary schools. We also deliver the program through 25 schools vis-a-vis our visiting coaches who are reaching 15,000 students annually September through May

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

We are respectfully requesting funding to help underwrite the participant costs for our Shawnee program, where we have the most need. Funding will also allow for more to participate.

Shawnee Program Assistance Budget:

Coaching Hours Per Session Hours/ Staff Cost
(3 Staff teaching 64 hours each over eight weeks)
Spring Program 192 (hours) X \$20.00/Hr = \$3,840
Summer Program 192 (hours) X \$20.00/Hr = \$3,840
Fall Program 192 (hours) X \$20.00/Hr = \$3,840
Clubs donated
Bags (for 50% of participants) 150 youth x \$40 = \$6,000
Range fees (one year) due Metro Parks = \$6,000
Misc. equipment, supplies and support costs= \$1,000

TOTAL REQUEST BUDGET \$24,520

This total does not reflect additional staff / administration time devoted to preparing for registration, organizing programming, follow up and fund-raising. Our total cost for the Shawnee Program is \$187 per youth (300 participants), which comes to \$56,100 per year.

Applicant's Initials

C: If this request is a fundraiser, please detail how the proceeds will be spent:
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
, and approximation of the second of the sec
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
post resistance in this application.

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The First Tee has demonstrated a commitment to understanding the outcomes of its programs so we know if we are having the desired impact on young people. To measure outcomes, The First Tee (National) commissioned a third-party, evidence-based case study in 2011 and it also conducted comprehensive surveys of teachers who implement the programs in 2008 and 2012. The First Tee of Louisville participates fully in this process and tracks its own data closely so that we can serve our youth to our fullest capacity. Here are a few of the findings:

- 1) Through interviews, 100% of participants said they transferred life skills learned at The First Tee to school.
- 2) Seventy-eight percent responded that they are transferring skills such as decision-making, setting goals and managing their emotions from the golf course to situations involving school, family, friends, jobs and out-of-school activities.
- 3) After three consecutive years of participation in The First Tee, 73% reported high confidence in their ability to do well academically and 82% felt confident in their social skills with peers.
- 4) 52% of the participants credit the program for their ability to appreciate diversity. Likewise, The First Tee of Louisville tracks our participants' retention of program materials, school markers (attendance, behavior and grades) and social outcomes as reported by parents and guardians through surveys. Finally, we evaluate our students' retention of life skills after their fourth session, with the understanding it takes at least 80 hours of contact time with caring adults to make a significant impact on a child's life. Our research-proven programs are having a positive impact on participants, their families, and their communities and we have numerous testimonials from parents and grandparents which confirm this. They report The First Tee is helping their child:
- manage emotions
- set goals
- resolve conflict
- communicate with others

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The First Tee of Louisville has a long-standing successful relationship with the Louisville Urban League. The League has been a strong financial supporter of our program since its inception at Shawnee, underwriting 40% of the executive director's salary. Additionally, they provide substantial manpower and organization towards a major annual donor event which funds college scholarships to our program graduates. To date, \$75,000 in college scholarships have been awarded to 36 participants.

The City of Louisville's Department of Metro Parks is also another highly engaged partner. Metro Parks donated land at Shawnee and Seneca for the development of two par-three courses, which allows our youth to play without incurring fees. (These First Tee-specific courses are important to beginning participants as each tee introduces and reinforces one of the nine core values and healthy habits.)

Metro Parks also:

- maintains the First Tee courses
- offers reduced greens fees to First Tee participants at other courses
- provides office and storage space for The First Tee staff at Shawnee.

We have a growing relationship with many of our city's Youth Development Organizations who are meeting the needs of the under-served: Kentuckiana Boys and Girls Clubs, YMCA, Cabbage Patch, Volunteers of America Community Center, Metro Parks Community Centers and Big Brothers/Big Sisters. We invite each of these youth service providers to come to our facility, or we go to them, to deliver the programming without charge.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	11,520	144,115	155,635
B: Rent/Utilities			
C: Office Supplies		2,000	2,000
D: Telephone		1,400	1,400
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		7,000	7,000
H: Program Materials	13,000	29,500	42,500
I: Community Events & Festivals (See Detailed List on Page 8)		53,800	53,800
J: Machinery & Equipment		2,500	2,500
K: Capital Project		21,000	21,000
L: Other Expenses (See Detailed List on Page 8)	_24,520	11,700	11,700
*TOTAL PROGRAM/PROJECT FUNDS	24,520	273,015	297,535
% of Program Budget	8.3 %	91.7 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	57,500
Fees Collected from Program Participants	17,000
Other (please specify) Grants, Fundraising Euchts	198,515
Total Revenue for Columns 2 Expenses **	273,015

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

Applicant's Initials

^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Coaches Salaries, Course usages fees Program cost		53,800	53,800
Equipment cost			
Program supplies			
Out of School time programs with youth service providers			
Part time coaches fees		11,700	11,700
In School Outreach programing			

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		100 vd 100 d =	
Total	AND A	65,500	65,500

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
35 Volunteers	\$7,000	Hours x \$10/Hour
Board Participation (33 Members)	\$19,800	Hours x \$25/Hour
Golf Equipment	\$5,000	, , , , , , , , , , , , , , , , , , , ,
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$31,800	
DONOR INFORMATION REFERS TO WHO MADE T STED INDIVIDUALLY, BUT GROUPED TOGETHER C RSON PER WEEK		
gency Fiscal Year Start Date: January 1,2018		
· Peraterraperra · ·		
	or decrease in your budget fi YES	om the current fiscal year to th
dget projected for next fiscal year? NO		om the current fiscal year to th
dget projected for next fiscal year? NO		om the current fiscal year to th
dget projected for next fiscal year? NO		om the current fiscal year to th
pes your Agency anticipate a significant increase adget projected for next fiscal year? NO YES, please explain:		om the current fiscal year to th

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

- 1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- 2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- **6.** Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- 7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- **10.** Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signatur	e of Legal Signatory:	Deferm	toh		Date:	Feb 20, 2018
Legal Sig	natory: (please print):		l		Title:	Executive Director
Phone:	502-772-9494	Extension:		Email:	djohnson@th	efirstteelouisville.org

ID# 31290

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAY 19 2004

YOUTH GOLF COALITION INC C/O EDWIN H PERRY 3500 NATIONAL CITY TOWER LOUISVILLE, KY 40202 Employer Identification Number:

DLN:

17053113011044 Contact Person: FAYE NG

Contact Telephone Number:

Contact Terephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Foundation Status Classification:

509(a)(1)

Advance Ruling Period Begins:

March 31, 2004

Advance Ruling Period Ends:

December 31, 2008

Addendum Applies:

No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period

YOUTH GOLF COALITION INC

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

YOUTH GOLF COALITION INC

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

lois G. Herner

Director, Exempt Organizations Rulings and Agreements

Enclosure(s): Form 872-C

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.	
	Porth Golf Cocalition INC		
	2 Business name/disregarded entity name, if different from above The First Tee of Louis Vi	11 .	
page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.	e is entered on line 1. Check o	certain entities, not individuals; see instructions on page 3):
e. ns on	☐ Individual/sole proprietor or ☑ C Corporation ☐ S Corporation single-member LLC	☐ Partnership ☐	Trust/estate Exempt payee code (if any)
t p	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partnership)	>
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fro another LLC that is not disregarded from the owner for U.S. federal tax pu is disregarded from the owner should check the appropriate box for the tax	m the owner unless the owner rposes. Otherwise, a single-market	of the LLC is
eci	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)
S,	5 Address (number, street, and apt. or suite no.) See instructions.		uester's name and address (optional)
See		5. 5th 5t.	
	6 City, state, and ZIP code		
	/		
	7 List account number(s) here (optional)		
	Towns I don't Coation Name to (TIM)		
Par	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name	a siven on line 1 to evold	Social security number
backu reside	p withholding. For individuals, this is generally your social security nument alien, sole proprietor, or disregarded entity, see the instructions for P	ber (SSN). However, for a lart I, later. For other	
TIN, la	s, it is your employer identification number (EIN). If you do not have a neater.	umber, see now to get a	or
	If the account is in more than one name, see the instructions for line 1.	Also see What Name and	Employer identification number
Numb	er To Give the Requester for guidelines on whose number to enter.		
Par	t II Certification		
Unde	penalties of perjury, I certify that:		
Under 1. The 2. I an Ser		kup withholding, or (b) I ha	ve not been notified by the Internal Revenue
Under 1. The 2. I an Ser no	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification numb in not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	kup withholding, or (b) I ha	ve not been notified by the Internal Revenue
Under 1. The 2. I an Ser no 3. I an	penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification numb n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure	kup withholding, or (b) I ha e to report all interest or div	ve not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am
Under 1. The 2. I an Ser no 3. I an 4. The Certif you ha acquis	r penalties of perjury, I certify that: number shown on this form is my correct taxpayer identification numb n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and n a U.S. citizen or other U.S. person (defined below); and	kup withholding, or (b) I hat to report all interest or diversity of the report all interest or diversity of the reporting is a strength of the reporting is tified by the IRS that you are tate transactions, item 2 does not an individual retirement.	eve not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I an correct. Execurrently subject to backup withholding becaus in not apply. For mortgage interest paid, and generally, payments
Under 1. The 2. I an Ser no 3. I an 4. The Certif you ha acquis	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification numb in not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and in a U.S. citizen or other U.S. person (defined below); and in EFATCA code(s) entered on this form (if any) indicating that I am exemp ication instructions. You must cross out item 2 above if you have been no ave failed to report all interest and dividends on your tax return. For real est istition or abandonment of secured property, cancellation of debt, contributio than interest and dividends, you are not required to sign the certification, but Signature of	kup withholding, or (b) I hat to report all interest or diversity of the report all interest or diversity of the reporting is a strength of the reporting is tified by the IRS that you are tate transactions, item 2 does not an individual retirement.	correct. e currently subject to backup withholding becaus s not apply. For mortgage interest paid, nt arrangement (IRA), and generally, payments rrect TIN. See the instructions for Part II, later.
Under 1. The 2. I an Ser no 3. I an 4. The Certif you he acquis other	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification numb in not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and in a U.S. citizen or other U.S. person (defined below); and in EFATCA code(s) entered on this form (if any) indicating that I am exemp ication instructions. You must cross out item 2 above if you have been no ave failed to report all interest and dividends on your tax return. For real est istition or abandonment of secured property, cancellation of debt, contributio than interest and dividends, you are not required to sign the certification, but Signature of	kup withholding, or (b) I hat to report all interest or diversity of the transactions, item 2 does not not an individual retirement you must provide your co Date Form 1099-DIV (divide)	ove not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am correct. The currently subject to backup withholding becaus is not apply. For mortgage interest paid, and arrangement (IRA), and generally, payments in the arrangement (IRA), and generally, payments in the contract TIN. See the instructions for Part II, later.
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Under 1. The 2. I an Ser no 3. I an 4. The Certif you he acquis other Sign Here Sectionoted Futur relate after t	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from bactorice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and a U.S. citizen or other U.S. person (defined below); and a FATCA code(s) entered on this form (if any) indicating that I am exemptication instructions. You must cross out item 2 above if you have been no averalled to report all interest and dividends on your tax return. For real establicition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but signature of U.S. person the Internal Revenue Code unless otherwise on references are to the Internal Revenue Code unless otherwise developments. For the latest information about developments dito Form W-9 and its instructions, such as legislation enacted	kup withholding, or (b) I has to report all interest or diversity of the transactions, item 2 doesn's to an individual retirement you must provide your concept of the transactions of transactions by brokers) Form 1099-B (proceed) Form 1099-K (merchansactions or transactions or transactions or transactions or transactions of the transactions of	ever not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am correct. The currently subject to backup withholding becauses not apply. For mortgage interest paid, not arrangement (IRA), and generally, payments rect TIN. See the instructions for Part II, later. The set of income, prizes, awards, or gross mutual fund sales and certain other is from real estate transactions) at card and third party network transactions)
Under 1. The 2. I an Ser no 3. I an 4. The Certif you ha acquis other Sign Here Gel Section futur relate after t Pur An incinform	r penalties of perjury, I certify that: enumber shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from bactorice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and an a U.S. citizen or other U.S. person (defined below); and a FATCA code(s) entered on this form (if any) indicating that I am exemptication instructions. You must cross out item 2 above if you have been not average failed to report all interest and dividends on your tax return. For real estation or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but the signature of U.S. person Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9. Pose of Form dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	kup withholding, or (b) I has to report all interest or diversity of the IRS that you are set transactions, item 2 does not an individual retirement you must provide your conceeds) Form 1099-DIV (divider funds) Form 1099-B (stock or transactions by brokers) Form 1099-S (proceed Form 1099-K (merchar 1098-T (tuition)	ever not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am correct. The currently subject to backup withholding becauses not apply. For mortgage interest paid, not arrangement (IRA), and generally, payments rect TIN. See the instructions for Part II, later. The set of income, prizes, awards, or gross mutual fund sales and certain other as from real estate transactions) at card and third party network transactions) agage interest), 1098-E (student loan interest),
Under 1. The 2. I an Ser no 3. I an 4. The Certif you he acquis other Sign Here Sectionoted Futur relate after t Pur An ind inform identi	r penalties of perjury, I certify that: enumber shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backing (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and in a U.S. citizen or other U.S. person (defined below); and in a U.S. citizen or other U.S. person (defined below); and in a U.S. citizen or other U.S. person (if any) indicating that I am exempt ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real estication or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but the signature of U.S. person I will be the contribution of the certification, but the contribution of the certification, but the contribution of the certification, but the contribution of the certification of the certification, but the certification of the certification o	kup withholding, or (b) I has to report all interest or diversity of the IRS that you are set transactions, item 2 does not an individual retirement you must provide your conceeds) Form 1099-DIV (divider funds) Form 1099-B (stock or transactions by brokers) Form 1099-S (proceed Form 1099-K (merchar Form 1098-T (tuition)) Form 1099-C (canceled	ever not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am correct. The currently subject to backup withholding becauses not apply. For mortgage interest paid, not arrangement (IRA), and generally, payments rect TIN. See the instructions for Part II, later. The set of income, prizes, awards, or gross mutual fund sales and certain other as from real estate transactions) at card and third party network transactions) gage interest), 1098-E (student loan interest), did debt)
Under 1. The 2. I an Ser no 3. I an 4. The Certif you he acquis other Sign Here Sectionoted Futur relate after t Pur An inc inform identi (SSN)	r penalties of perjury, I certify that: enumber shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from bactorice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and an a U.S. citizen or other U.S. person (defined below); and a FATCA code(s) entered on this form (if any) indicating that I am exemptication instructions. You must cross out item 2 above if you have been not average failed to report all interest and dividends on your tax return. For real estation or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but the signature of U.S. person Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9. Pose of Form dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	kup withholding, or (b) I has to report all interest or diversity of the transactions, item 2 doesns to an individual retirement you must provide your content of the transactions of tran	ever not been notified by the Internal Revenue vidends, or (c) the IRS has notified me that I am correct. The currently subject to backup withholding becauses not apply. For mortgage interest paid, not arrangement (IRA), and generally, payments rect TIN. See the instructions for Part II, later. The set of income, prizes, awards, or gross mutual fund sales and certain other as from real estate transactions) at card and third party network transactions) agage interest), 1098-E (student loan interest),

alien), to provide your correct TIN.

later.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

(EIN), to report on an information return the amount paid to you, or other

amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

2018 Chapter Budget

Chapter Name: The First Tee o	of Louisville	Ө
Region	•	
REVENUE		
Operating		
Golf Course		
Driving Range/Practice Area		W care minority or the
Golf Shop/Clubhouse		
Instruction (Non-TFT)		
Total Operating Revenue	\$	-
Program		
Participant Fees	\$	17,000.00
Group Fees		,
Total Program Revenue	\$	17,000.00
Fundraising		
Designated Capital Campaign		
The First Tee Grants	\$	5,000.00
Government Grants		
Foundation and Association Grants	\$	18,000.00
Corporate Contributions	\$	47,500.00
Individual Contributions	\$	57,500.00
Golf Outings and Events	\$	137,000.00
Non-Golf Events		
LPGA/PGA Event Proceeds		
Outreach Program/Partner Direct Funding	\$	10,000.00
Outreach Community/Campaign Funding	\$	5,500.00
Investments	\$	35.00
In-Kind		
Total Fundraising Revenue	\$	280,535.00
Total Revenue	\$	297,535.00

EXPENSES		
Operating		
Operating Salary and Wages	Ĭ	
Rent/Office Space/Golf Course		
Driving Range/Practice Area	\$	11,000.00
Golf Shop/Clubhouse	T	,
Utilities		
Clubhouse/Pro-shop Maintenance		
Golf Course Maintenance		
In-Kind (Operations)		
Total Operating Expense	\$	11,000.00
. eta. operaning interest	<u> </u>	
Program		
Program Salary and Wages	\$	70,200.00
Camps/Clinics/Life Skills Education/NSP/DRIVE		
Teaching Aids and Supplies	\$	7,700.00
Communications and Marketing	\$	500.00
Technology	\$	3,800.00
Transportation	\$	3,900.00
Education Travel and Entertainment	\$	8,600.00
Outreach Location Investment	\$	7,000.00
Outreach Location Oversight/Management		
In-Kind (Program)		
Total Program Expense	\$	101,700.00
Fundraising		
Fundraising Salary & Wages	\$	55,000.00
Golf Outings and Events	\$	49,500.00
Non-Golf Events		
In-Kind Fundraising		
Other Fundraising	\$	2,500.00
Total Fundraising Expense	\$	107,000.00
Administration		
Administrative Salary and Wages	\$	48,800.00
Professional Fees	\$	8,200.00
Supplies	\$	3,800.00
Administrative Travel and Entertainment	\$	2,000.00
Dues and Subscriptions		
Investment Fees and Interest		
Insurance	\$	9,700.00
In-Kind Administration		
Total Administrative	\$	72,500.00
Total Expense	\$	292,200.00

YOUTH GOLF COALITION, INC.

General Information

Organization Number

0582722

Name

YOUTH GOLF COALITION, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

KY

File Date

3/31/2004

Organization Date

3/31/2004

Last Annual Report

4/10/2017

Principal Office

C/O EDWIN PERRY

3500 NATIONAL CITY TOWER 101 SOUTH FIFTH STREET

LOUISVILLE, KY 40202

Registered Agent

3300, LLC

3500 PNC TOWER

101 SOUTH FIFTH STREET LOUISVILLE, KY 40202

Current Officers

President

Edwin H Perry

Secretary

Edwin H. Perry

Treasurer

BARRY PENNYBAKER

Director

Edwin H Perry

Director

Craig Heibert

Director

D'Shawn Johnson

Director

Jason Aberli

Individuals / Entities listed at time of formation

Director

BENJAMIN K RICHMOND

Director

KEVIN GREENWELL

Director

FRANK T SMITH

Incorporator

EDWIN H PERRY

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Registered Agent

12/29/2017 1:04:17

1 page

PDF

name/address change

PM 4/10/2017

2 pages

Annual Report
Annual Report

2/19/2016

1 page

<u>tiff</u> PDF <u>PDF</u>

12:53:19 PM

Annual report 3/18/2005 3/18/2005

Added assumed name 7/15/2004 7/15/2004 THE FIRST TEE OF LOUISVILLE

Add 3/31/2004 3/31/2004 12:57:10 PM

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Certificate of Assumed Name 7/15/2004 1 page
Articles of Incorporation 3/31/2004 8 pages

Form 990-EZ

Extended to November 15, 2016 Short Form

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

A I	For the	2015 calendar year, or tax year beginning	and en	ling						
В	Check if applicab	C Name of organization D Employer identification number								
Г	_	ess change Youth Golf Coalition, Inc.								
	–	d/b/a The First Tee of Louisville								
	Initial	Number and street (or P.O. box, if mail is not delivered to stre	E Telephone	number						
	Final	return/ 3500 National City Tower			502-7	772-9494				
	1	City or town, state or province, country, and ZIP or foreign pos	stal code		F Group Exer	nption				
	Applic	alion pending Louisville, KY 40202			Number 🕨	·				
G /	Accour	nting Method: Cash X Accrual Other (specify)			H Check 🕨	if the organization is				
ı١	Nebsit	e: www.thefirstteelouisville.org			not require	d to attach Schedule B				
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	(Form 990,	990-EZ, or 990-PF).				
K F	orm o	f organization; X Corporation Trust Associa	tion Other							
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts a								
(column	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Asset			> \$	119,493.				
P	art I	Revenue, Expenses, and Changes in Net Asset	s or Fund Balances	(see the instru	actions for Par					
		Check if the organization used Schedule 0 to respond to any question	in this Part I			X				
	1				[T	30,615.				
	2	Program service revenue including government fees and contracts				12,606.				
	3	Membership dues and assessments Investment income			3	16,625.				
	4			ule O	4	100.				
	5a	Gross amount from sale of assets other than inventory								
	b	Less; cost or other basis and sales expenses								
	C	ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events								
ø	a	Gross income from gaming (attach Schedule G if greater than	1 1							
e		\$15,000)								
Revenue	b	Gross income from fundraising events (not including \$	of contribution	IS						
_		from fundraising events reported on line 1) (attach Schedule G if the sur	1 1	C 77 4	40 1					
		gross income and contributions exceeds \$15,000)		$\frac{57,1}{21,4}$	49.					
	C		6c		00-3800-00-5002-0-M	35,710.				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a a	1 1	·····	6d	33,710.				
	7a	Gross sales of inventory, less returns and allowances								
	b	Less: cost of goods sold								
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line	(a)	1110 0	7c 8	2,398.				
	8	Other revenue (describe in Schedule 0)				98,054.				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				20,0346				
	10	Grants and similar amounts paid (list in Schedule 0)			1 1					
	11	Benefits paid to or for members		••••••••••••••••••••••••••••••••••••••		95,747.				
ses	12	Professional fees and other payments to independent contractors				3,870.				
ë	13	Occupancy, rent, utilities, and maintenance		• • • • • • • • • • • • • • • • • • • •	14	3,175.				
Expenses	15	Printing, publications, postage, and shipping		8,257.						
	16	Other expenses (describe in Schedule 0)	See Sched	ule 0	16	86,573.				
	17				▶ 17	197,622.				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				-99,568.				
şţ	19	Net assets or fund balances at beginning of year (from line 27, column (
SSE	'*	(must agree with end-of-year figure reported on prior year's return)				244,150.				
Net Assets	20				1 1	0.				
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	144,582.				
	1-1	<u> </u>				- 000 E7 (sole)				

orm 990-EZ (2015)	d/b/a	The	First	Tee	of	Louisvill	e

Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 139,761. 79,396. 22 Cash, savings, and investments 22 72,545. 88,812. 23 23 Land and buildings 11,174. 24 Other assets (describe in Schedule O) See Schedule O 20,637. 24 249,210. 163,115. 25 25 Total assets 18,533. 5,060. 26 Total liabilities (describe in Schedule 0) See Schedule 0 244,150. 27 144,582. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any guestion in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 See Schedule O 147,786.) If this amount includes foreign grants, check here ... (Grants \$ 29) If this amount includes foreign grants, check here (Grants \$ 30 30a (Grants \$) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here (Grants \$ 32 Total program service expenses (add lines 28a through 31a) 32 147

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) ,786. X Check if the organization used Schedule O to respond to any question in this Part IV (e) Estimated (d) Health benefits, (b) Average hours (C) Reportable contributions to employee benefit plans, and deferred ompensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (if not paid, enter -0-) Edwin Perry 0. 0. 0. 20.00 President and Secretary Jason Aberli 0. 0. 0. 1.00 Treasurer Dale Dodrill 0. 0. 0._ 1.00 Vice President Patrick Potter 0. 0. 0. 1.00 Vice President Marty Storch 1.00 0. 0. 0. Vice President Kevin Greenwell 0. 0. 0. 1.00 Director Michael Mountjoy 0. 0. 1.00 0. Director Artie Robertson 0. 0. 0. 1.00 Director Walter Cosby 0. 0 0. 1.00 Director Jason Blackwell 0. 0. 1.00 0. Director Gregory Adwell 0. 0. 0. 1.00 Director Patrick Welsh 1.00 0. 0. 0. Director Form 990-EZ (2015)

	iden Golf Coalicion, inc.				
	1990-EZ (2015) d/b/a The First Tee of Louisville				Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement	requirements	in the	,	
	instructions for Part V) Check if the organization used Sch. O to respond to any qu	estion in this F			X
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description	n of each			
	activity in Schedule 0		33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amend				
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		Х
35 s	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as	s those reported			
,,,			35a		х
	on lines 2, 6a, and 7a, among others)?		35b	N/	
			200	-17	-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and		05-		х
	requirements during the year? If "Yes," complete Schedule C, Part III		35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If	Yes,"			₩
	complete applicable parts of Schedule N		36	14 (4)	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0.	C. CONNECTOR		77
b	Did the organization file Form 1120-POL for this year?		37b	Now or trade it.	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans	made			
	in a prior year and still outstanding at the end of the tax year covered by this return?		38a	24. 6 E.C.	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A			
39	Section 501(c)(7) organizations. Enter:				17.
a	Initiation fees and capital contributions included on line 9	N/A	14.		
b	Gross receipts, included on line 9, for public use of club facilities	N/A	. ,		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			,	
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit				
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			r - manger vo	
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40ь		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		40 Th
٠	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	7.7		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed				
u		0.			
_	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			•	
6			40e		X
	transaction? If "Yes," complete Form 8886-T		406 [
41	List the states with which a copy of this return is filed KY The remainstrate to the larger of About 1 in the larger of the lar	o. ▶ 502-75	3-6	535	
42 a	The organization's books are in care of ▶ Jason Aberli Located at ▶ 2700 Stanley Gault Parkway Ste 130, Louisville, K	70.4 - 1	022	3	
		_ ZIP + 4 📂 😉	0 44		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		f	Vec	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			. 03	X
	account)?		42b	40.00	A
	If "Yes," enter the name of the foreign country:		*	64.6	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account		5.7		3.7
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here			🟲	
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	<u> N/A</u>		
			(
			اا	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		20 PM		7
	of Form 990-EZ		44b		X
c	Did the organization receive any payments for indoor tanning services during the year?		44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	,		1 11	
•	in Schedule O		44d		A BANDESTY'S

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2015)

Youth Golf Coalition, Inc. Page 4 d/b/a The First Tee of Louisville Form 990-EZ (2015) Yes No 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No X 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (e) Estimated (a) Name and title of each employee (C) Reportable mpensation (Forms W-2/1099-MISC) amount of other per week devoted to compensation position NONE f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (c) Compensation (b) Type of service (a) Name and business address of each independent contractor d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a X Yes No completed Schedule A Under penalties of perjury 1 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Jason Aberli, Treasurer Type or punt name and title	
	Print/Type preparer's name Preparer's signature	Date Check If PTIN
Paid	Neil Zinser	///9/(6 self- employed
Preparer	Firm's name ▶ Strothman & Company PSC	Firm's EIN
Use Only	Firm's address ▶ 325 W. Main St. Suite 1600	Phone no. (502) 585-1600
	Louisville, KY 40202-4251	
Movetho IDC di	course this return with the preparer shown above? See instructions	➤ X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Youth Golf Coalition, Inc.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public
Inspection

Employer identification number

d/b/a The First Tee of Louisville Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (iv) Is the organization (v) Amount of monetary (II) EIN (i) Name of supported listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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		600 to 100 to	70		Co.	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			***		# 1 to 1	
	supported organization) included				2		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			**	<u> </u>		
	Public support. Subtract line 5 from line 4.		*		a sugar		
	tion B. Total Support	1 1 1 1 1 1 1	#1.0040	(-) 0012	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(0) 2014	16) 2013	(I) TOTAL
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		100	1	Carrier 1		
11	Total support. Add lines 7 through 10 Gross receipts from related activities					12	
12	First five years. If the Form 990 is for	r the organization'	s first, second, thi			n 501(c)(3)	
13	organization, check this box and sto						>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14			15	%
16	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶└┴
1	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check this	s box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17:	10% -facts-and-circumstances tes	t - 2015. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% o	r more,
	and if the organization meets the "fa-	cts-and-circumstan	ices" test, check t	nis box and stop	here. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances"	' test. The organiza	ition qualifies as a	publicly supported	d organization		
1	10% -facts-and-circumstances tes	t - 2014. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	1/a, and line 15 is 1	u% or
	more, and if the organization meets	the "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-cir	rcumstances" test.	The organization	qualifies as a publi	cly supported orga	inization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 1 7	b, check this box a	and see instructions	000 57\ 0045

Youth Golf Coalition, Inc.

Schedule A (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville

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

Page 3

(Complete only if you checked the box on line 9 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.)

College Section A Public Support		qualify under the tests listed below, please complete Part II.)							
							4 > 0045	(f) Tatel	
membrashly fear received. (Do not include any runsusal grants.) 2 Gross receipts from admissions, merchandless ead or services performed, or facilities furnished in any activity that is related to the organization's tux-exempt purpose. 3 Gross receipts from admissions performed, or facilities furnished in any activity that is related to the organization's tux-exempt purpose. 3 Gross receipts from admissions are received and any activity that is related to the organization's tux-exempt purpose in the received from a control of the organization's town and the received from a control of the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either persons. 5 An Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts included on lines 1, 2, and 3 received from disqualified persons. 5 Anounts from disqualified persons. 5 Anounts from disqualified persons. 5 Anounts from line 6 (8, 0.24 to 1.130, 879 to 1.55, 0.76 to 240, 183 to 1.7, 193 to 7.11, 355 to 0.4 dolines 7 and 7 for the second of 1.5 dolines 1.5 dolin			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Otal	
Section B. Total Support Section B. Total Support Section B. Total Support Section B. Total Support Section B. Total Support Section B. Total Support Section B. Total Section B. Total Support Section B. Total Support Section B. Total	1								
Gross receipts from exhitistories, formed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513		·		00 006	EO 105	100 650	47 240	308 281	
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization stuckweening purposes 3 dross receipts from activities that are not an unrelated trade or true innest under section 513 4 , 465. 39,963. 67,804. 100,614. 57,149. 269,995. 4 Tax revenues leviad for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons by American discussion lines 2 and 3 reviewed two who have included on lines 1, 2, and 3 received from disqualified persons by American discussion lines 2 and 3 reviewed two who have included on lines 1, 2, and 3 received from disqualified persons by American discussion lines 2 and 3 reviewed two who have included on lines 1, 2, and 3 received from disqualified persons by American discussion lines 2 and 3 reviewed two who have disqualified persons by American discussion lines 2 and 3 reviewed two who have a line 1 and 3 reviewed two who have a line 1 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 2 and 3 reviewed two who have a line 3 review			59,359.	83,826.	/8,19/•	149,039.	47,240.	390,201.	
Tax ravenues levied for the organization's benefit and either paid to or expended on its behalf	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	4,200.	7,090.	9,075.	9,910.	12,804.	43,079.	
Tax revenues levied for the organization's benefit and either pellot or expended on its behalf	3	Gross receipts from activities that							
## Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1,2, and 3 received from disqualified persons b Amounts included on lines 1,2, and 3 received from disqualified persons b Amounts included on lines 1,2, and 3 received from disqualified persons the second through the persons of the second through		are not an unrelated trade or bus-					EE 440	200 005	
tzation's benefit and eithor paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from the property of the senset for governmental to the senset from the property of the senset from the sen		iness under section 513	4,465.	39,963.	67,804.	100,614.	57,149.	269,993.	
the organization without charge of Total. Add lines 1 through 5	4	ization's benefit and either paid to							
6 Total. Add lines 1 through 5	5	furnished by a governmental unit to							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 neceived from other than disqualified persons that exceed the grade of 5,500 or 150 of the moment on line 15 for the year of 3,500 or 150 of the moment on line 15 for the year of 3,500 or 150 of 150 or 150 of the year of 3,500 or 150 of the year of 3,500 or 150 of the year of 3,500 or 150 of 150 or 150 of 150 or 150 or 150 of 150 or 1	6		68,024.	130,879.	155,076.	240,183.	117,193.	711,355.	
3 received from disqualified persons b Amounts included on lines 2 and 3 neceived from cher than designating depresent that exceed the graiter of \$5,000 or 1% of the emotion to him 2 fair the year. • Add lines 7 a and 7 b • Public support. (Sized tee 7 from line 1) • Public support (Sized tee 7 from line 2) • Amounts from line 6 • A mounts from line from l									
Total tube than dispusified persons that exceed the greater of \$5,000 or 'the of the amount on the 13 for the year'								0.	
8 Public support. Schada flar / from line (s) Section B. Total Support Calendar year (or fiscal year beginning in)	k	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6	•	Add lines 7a and 7b			The second secon	The second with the said out a	e was a second to the second to the second to		
Calendar year (or fiscal year beginning in)								/11,355.	
9 Amounts from line 6 10a Gross income from Interest, dividendes, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support, (Add lines 9, 10a, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 15 19 a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 19 is not more than 33 1/3%, check this box and	Se	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·				
9 Amounts row line 9 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 419. 259. 284. 254. 100. 1,316. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, (Add lines 8, 10c, 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 a3 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop her	Cale	ndar year (or fiscal year beginning in) 📂		(b) 2012			(e) 2015		
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Youth Golf Coalition, Inc.

Schedule A (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville

Page 4

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b 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")? |f "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville age 5 Supporting Organizations (continued) 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 in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes 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). Section D. All Type III Supporting Organizations Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Yes No 2 Activities Test. Answer (a) and (b) 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 how these activities directly furthered their exempt purposes, those supported organizations and explain 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 in (a) 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 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or За trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Youth Gol	f Coal	lition	, Inc.
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Schedule A (Form 990 or 990 EZ) 2015 d/b/a The First Tee of Louisville Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 10 1d d Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

emergency temporary reduction (see instructions)

instructions).

	touch Golf Coa dule A (Form 990 or 990-EZ) 2015 d/b/a The Firs	t Tee of Louis	ville	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			.,
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015		7	
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			Territoria (Control of Control of
	EXCESS distributions carryover, if any, to 2013.			
a_				
<u>b</u>	The second secon		· · · · · · · · · · · · · · · · · · ·	
<u>c</u>	5 0010			
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		3	1,0
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			1
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		**************************************	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	To the transfer of the second		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	1	1	
а			a construction of the cons	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	The second secon			100 miles
C	Excess from 2013	1.0		
-	Excess from 2014		-	
-	Excess from 2015			
			Schedule A	(Form 990 or 990-EZ) 2015

Youth Golf Coalition, Inc. Schedule A (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville

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 B, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2 Page 8 (See instructions.)

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 •

OMB No. 1545-0047

Name of the organization

Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville

Employer identification number

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organi	zation is covered by the General Rule or a Special Rule.	
Note. Only a section	n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
X For an orga	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rom any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ontributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 990-EZ, line 1. Complete Parts I and II.	
year, total	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for tion of cruelty to children or animals. Complete Parts I, II, and III.	
year, cont is checked purpose. I	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., no not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year	
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to	

Name of organization

Youth Golf Coalition, Inc. d/b/a The First Tee of Louisville

mnlover	identification	number

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	World Golf Foundation 1 World Golf Place St. Augustine, FL 32092	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101		\$Schedule B (For	Person Payroll October Payroll Payroll Payroll Payroll Payroll Payroll for noncash contributions.)

Name of organization

Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II it additional space to hoods.	**************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a)	(In)	(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
		\$	
(a)	<i>11.</i>	(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
		\$	
(a)		(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		•	
		\$	
(2)			
(a) No.	(b)	(c) FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(see instructions)	Duto received
(a) No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I			
		\$	

ame of organ			Employer identification number
outh G	Golf Coalition, Inc. The First Tee of Louisvi	11e	
/D/a 1 Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in S	section 501(c)(7), (8), or (10) that total more than \$1,000 for any line entry. For organizations
	the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less	s for the year. (Enter this into. Once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
-			
(a) No.	(1) D	(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(0) 030 07 911	
		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part 1			
		(e) Transfer of gif	t
	Transferee's name, address, a	•	Relationship of transferor to transferee
Ī			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

Name of the organization Youth G	olf Coalition, Inc. he First Tee of Lou	. i e :	· i 1 1	A	Employer ide	ntification number
Part Fundraising Activities.	Complete if the organization answer	red "Ye	s" on	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
required to complete this part 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	ed funds through any of the following e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of i ion of f fundra (includ	non-go governising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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			
					· ·	
		<u> </u>				
		lacksquare				
		+-				
		 		·		
Total 3 List all states in which the organizati	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is exempt from re	egistration
or licensing. KY						

Youth Golf Coalition, Inc.
Schedule G (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported to	nore than \$15,000 s greater than \$5,000.	
\neg		of fundraising event contributions and gro	(a) Event #1 Golf	(b) Event #2 Ladies of	(c) Other events None	(d) Total events (add col. (a) through	
			Scramble (event type)	the Link (event type)	(total number)	col. (c))	
nue						E7 140	
Revenue	1	Gross receipts	42,874.	14,275.		57,149.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	42,874.	14,275.		57,149.	
	4	Cash prizes					
	5	Noncash prizes			:		
Seuses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment		6,970.		21,439.	
	9	Other direct expenses		0,5101	>	21,439.	
	10 11	Not income summany Subtract line 10 from	line 3 column (d)		>	35,710.	
Pa		Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than		
\$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
<u>&</u>	1	Gross revenue					
	2	Cash prizes					
Expenses	3						
E E	3						
Direct	4	Rent/facility costs					
	5	Other direct expenses	Yes %	6 Yes%	Yes %		
	6	Volunteer labor		No	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)		>		
	a Is	nter the state(s) in which the organization cond the organization licensed to conduct gaming "No," explain:	activities in each of these	e states?		Yes No	
		Vere any of the organization's gaming licenses			year?	Yes No	
	b lf	"Yes," explain:					

Page 2

	Youth Golf Coalition, Inc.		Page 3
Sche	dule G (Form 990 or 990-EZ) 2015 d/b/a The First Tee of Louisville	Yes	No No
11	Does the organization conduct gaming activities with nonmembers?	163	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Yes	☐ No
	to administer charitable gaming?		
13	Indicate the percentage of gaming activity conducted in: The organization's facility	13a	<u>%</u>
h	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	•		
	Name		
	Address		
4E.	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No 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 >		
	Mudicas		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Gaming manager compensation is a first section of the compensation is a first section of the compensation is a first section of the compensation o		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
•••	- Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	-atain the state gaming license?		140
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the		
	organization's own exempt activities during the tax year \$\sqrt{V}\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l, lines 9, 9b, 10)b, 15b,
P	Supplemental Information. Provide the explanations required by Part I, line 25, columns (iii) and (v), and Part II 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
	10G, 10, and 17B, as approduct. The provide		
			,
	_		
		OCO OC	00-E7) 2045
	Schedule G (I	Form 990 or 99	7V-EZJ 2U 15

Schedule 0	G (Form 990 or 990-EZ) Supplemental Info	d/b/a The	First Tee	of Louisvi	.11e		Page 4
Part IV	Supplemental Info	rmation (continued)					
						`	

SCHEDULE 0 (Form 990 or 990-EZ)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Youth Golf Coalition, Inc. d/b/a The First Tee of Louisville

Form 990-EZ, Part I, Line 4, Other Investment Income:	A. A
Description of Property:	Amount:
Interest Income - PNC Bank	100.
Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Merchandise Sales	198.
Miscellaneous Income	2,200.
Total to Form 990-EZ, line 8	2,398.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Driving Range Access	15,934.
Instructor Training	10 424
Travel and Entertainment	2,550.
Insurance	9,351.
Depreciation	21,707.
Technology Expenses	1,958.
Annual Fund Expenses	225.
Coaching Expense	10,694.
National School Program Expense	675.
Golf Equipment	6,525.
Vehicle Expense	1,648.
The First Tee Dinner	500.
Bank and Credit Card Fees	1,508.
Dues and Subscriptions	15.
	Sahadula O (Form 900 or 990-E7) (2015)

Name of the organization Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated ompensation (Forms W-2/1099-MISC) amount of other per week devoted to (a) Name and title compensation position (if not paid, enter -0-) Courtney Trimble 0. 0. 0. 1.00 Director Jason Loehr 0. 0. 0. 1.00 Director Mark Page 0. 0. 0. 1.00 Director Aaron Greenwell 0. 0. 0. 1.00 Director Missy Kremer 0. 0. 0. 1.00 Director Craig Heibert 0. 0. 0. 1.00 Director Scooter McCray 0. 0. 0. 1.00 Director Erica McGowan 0. 0. 0. 1.00 Director Von Macklin 0. 0. 0. 1.00 Director John Warmack 0. 0. 0. 1.00 Director Steve McMillen 0. 0. 0. 1.00 Director Thomas Schoenbaechler 0. 1.00 0. 0. Director Helen Vice 0. 0. 0. 1.00 Director John Yarmuth 0. 0. 0. 1.00 Director Ronald Albersen 0. 0. 1.00 0. Director Robert Condo 0. 0. 0. 1.00 Director Chris Dickinson 0. 0. 1.00 0. Director Drew Conliffe 0. 0. 0. 1.00 Director Swain Beard 0. 0. 0. 1.00 Director Jimmy Kirchdorfer 0. 1.00 0. 0. Director D'Shawn Johnson 0. 0. 40.00 Executive Director

Form 8	868 (Rev. 1-2014)					Page 2
If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	box		X
Note.	Only complete Part II if you have already been granted an a	automatic 3	-month extension on a previously file	ed Form 886	38.	
	u are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I (on page 1).	al /na aar	ion pooded)	
Part	II Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the origin	ai (no cop	nes needed).	
			Enter filer's		number, see inst	
Туре	r Name of exempt organization or other filer, see instru	ictions.		Employer i	dentification numb	oer (EIIV) or
print	Youth Golf Coalition, Inc.					
File by th	d/b/a The First Tee of Louis				" COCN	
due date filing you	Number, street, and room or suite not in a 1 . c. box, c	see instruct	ions.	Social seci	urity number (SSN)
return. S	Be 3500 National City Tower					
instructio	City, town or post office, state, and 211 odds. For a .	oreign addı	ress, see instructions.			
	Louisville, KY 40202					
	1		M. M. C. L. Marris			0 1
Enter t	he Return code for the return that this application is for (fil	e a separat	e application for each return)			. [_ 1 _ 1
		Т= .				Return
Applic	ation	Return	Application			Code
ls For		Code	ls For	ų,		
	990 or Form 990-EZ	01	Form 1041-A			08
	990-BL	02	Form 4720 (other than individual)			09
	1720 (individual)	04	Form 5227			10
	990-PF	05	Form 6069			11
	990-T (sec. 401(a) or 408(a) trust)	06	Form 8870	'		12
Form !	990-T (trust other than above) I Do not complete Part II if you were not already grante			ously filed	Form 8868.	
STOP	Tagon Aberli -	2700	Stanley Gault Par	way S	te 130 -	
• TI	books are in the care of Louisville, KY	4022	3	_		
• Inc	ephone No. > 502-753-6635	3020				
lei	ne organization does not have an office or place of busines	e in the l In				
9 17 11	ne organization does not have all office of place of busined his is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole group,	check this
		and atta	ach a list with the names and EINs o	f all membe	rs the extension is	for.
box 1	I request an additional 3-month extension of time until	Novem	ber 15, 2016.			
4 5	For calendar year 2015, or other tax year beginning		, and endir	ng		
6	If the tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final re	eturn	
v	Change in accounting period					
7	and the state of t					
•	Additional time is needed to	gathei	r third party infor	mation	n in orde:	r to
	file a complete and accurate	returi	1			
					<u> </u>	
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions.			8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 600	39, enter ar	ny refundable credits and estimated			
	tax payments made. Include any prior year overpayment	allowed as	a credit and any amount paid	1		^
	previously with Form 8868.			8b	\$	0.
С	Balance due. Subtract line 8b from line 8a. Include your	payment w	ith this form, if required, by using			Λ
	EETDS (Electronic Federal Tax Payment System), See ins	tructions.		8c		0.
	Signature and Verification	ation mu	st be completed for Part II	oniy.		h allad
Under	penalties of perjuly, I deglare that I have examined this form, incl	uding accom	panying schedules and statements, and	to the best of	my knowledge and	Dejlet,
it is tr	ue, correct, and/completel and that ham/authorized to prepare this	S IOITIL.			Colin	111/4
Signa	ture ► 1. Mul 11 Title ►	- CPA		Date		Pov. 1.0014\
	1				FUITH 6008 (Rev. 1-2014)

Extended to November 16, 2015 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990**

A F	or the	2014 calendar year, or tax year beginning	and	ending			
B (heck if pplicable	C Name of organization Youth Golf Coalition,	Inc.		D Employer ider	tificatio	n number
Address dhange d/b/a The First Tee of Louisville							
Name change Doing business as The First Tee of Louisville							
F	Initial return	Number and street (or P.O. box if mail is not del		Room/suite	E Telephone nun	ber	
F	Final return/	3500 National City Tow		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7-3513
L	termin-				G Gross receipts \$		241,637.
_	ated ∏Amend		ZIF of loreign postal code		H(a) Is this a grou	n roturn	
<u> </u>	_return ∏Applica		on Aberli				Yes X No
L	_ tion pendin	same as C above	on Abelli		I .		
			4 (1047/2)/4)	507	H(b) Are all subordina		
			(insert no.) 4947(a)(1)	or 527	1		(see instructions)
		e: www.thefirstteelouisvi		T	H(c) Group exemp		
-		organization:	sociation Other	L Year	of formation: 2004	I M Stat	te of legal domicile: KY
PE	irt I	Summary			+b- 14	~£	
Φ		Briefly describe the organization's mission or most					
SIC.		people in the Metropolitan					1e
Ě	}	Check this box 🕨 🔲 if the organization disco		sed of more	than 25% of its net		2.0
Š		Number of voting members of the governing body				3	30
ত		Number of independent voting members of the gov				4	30
80	5	Total number of individuals employed in calendar y	ear 2014 (Part V, line 2a)	,		5	2
Ě	6	Total number of volunteers (estimate if necessary)				6	30
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
۹.	b	Net unrelated business taxable income from Form	990-T, line 34	· · · · · · · · · · · · · · · · · · ·		7b	0.
					Prior Year		Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)			76,347		119,725.
Revenue	9 1	Program service revenue (Part VIII, line 2g)			8,805		9,910.
e e	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		284		254.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		69,924	ł.	80,496.
	ı	Total revenue - add lines 8 through 11 (must equal			155,360).	210,385.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		().	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		().	0.
(A	l	Salaries, other compensation, employee benefits (F			59,283		88,656.
Expenses		Professional fundraising fees (Part IX, column (A), I			(0.	320.
per	i .	Total fundraising expenses (Part IX, column (D), line	4 4 4	87.			
ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d,			137,076	5.	116,088.
	1	Total expenses. Add lines 13-17 (must equal Part I)			196,35	7.	205,064.
	i	Revenue less expenses. Subtract line 18 from line			-40,99		5,321.
or l					ginning of Current Ye	ar	End of Year
ets	20	Total assets (Part X, line 16)			244,303		249,210.
Assets	21	Total liabilities (Part X, line 26)			5,474		5,060.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		238,829		244,150.
	irt II	Signature Block					
Und	er nena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best o	f mv knov	vledge and belief, it is
	•	t, and complete. Declaration of preparer (other than office					
	001100	Name of the state					
Sig	,	Signature of officer			Date		
Her	- 1	Jason Aberli, Treasure	r				
1 161		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	Į į	Date Check		PTIN
Paid		Third type property a liente	i i oparoi o oignaturo		if	mployed	
	arer	Firm's name	I	L	Firm's EIN		
-	Only	Firm's address			Tamochy	<u> </u>	
J00	J.,,,	Timi o addi 000			Phone no.		
May	tha IE	RS discuss this return with the preparer shown abo	va? (eaa inetructions)		T HORE HU.		Ves No

Youth Golf Coalition, Inc. d/b/a The First Tee of Louisville Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: None Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 154,570 • including grants of \$ _) (Revenue \$ __ To enhance golf facilities presently at Shawnee Golf Club for use as a golf instructional center and facility for life skills training and to provide golf opportunities to the young people of the Louisville, KY Metropolitan area (Code: ______) (Expenses \$ _______ including grants of \$ _______) (Revenue \$ ______ (Code: _____) (Expenses \$________including grants of \$________) (Revenue \$______

4d Other program services (Describe in Schedule O.)

154,570.

Total program service expenses

Youth Golf Coalition, Inc.
d/b/a The First Tee of Louisville

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No", go to line 25a	24a		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A surrent or former officer director trucks and trucks and trucks and trucks and trucks are trucks and trucks and trucks are trucks are trucks and trucks are trucks and trucks are trucks			v
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Λ
	contributions? If "Yes," complete Schedule M	20	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			000 /	

	Check it 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	0			
b		0			
С	5 1, 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ			
_	(gambling) winnings to prize winners?		_1c		200000000000
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
D	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				7.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		<u> X</u>
D	If "Yes," enter the name of the foreign country:				
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		_		77
5a	The state of the s		5a		<u>X</u>
0	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5b		X
C Ga	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so		5c		
va					37
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		6a		<u> </u>
	were not tax deductible?		C.L		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	ha navor?	7-		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
			7.0		
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds directly as indirectly to provide the second like of the second like		7e	10002470000000000	WOODS SHOW
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	red?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		
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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
D	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?				
d			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
	the state of the s				
c	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c				
	Did the experimentary receive any property for independent and a series of the series		14-		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	·····	14a 14b		
			וארו		

Youth Golf Coalition, Inc.

Form	OOO	(201	۸۱
rom	990	(ZU I	4)

d/b/a The First Tee of Louisville

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		30			
	If there are material differences in voting rights among members of the governing body, or if the governing						100
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			[2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			···· [6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or	··· [
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			··· [
	persons other than the governing body?			1	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	•	•	100	8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			┈ ├	-		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)				
	This occion b requests information about bolicles not required by the internal ne	venue	Code,/	***************************************		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			···	.υα		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	артого	, armatos,		10b		
11a		, befor	e filing the form	····	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi	e ming the form		Ha	-23	
12a				ľ	12a		Х
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····	120		
·		,			40-		
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			···	12c		<u>X</u>
14	Pid the annual attention to the state of the			··· -	13	Х	
15					14		
15	Did the process for determining compensation of the following persons include a review and approval	i by inc	iependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ľ			37
a	The organization's CEO, Executive Director, or top management official			··· -	15a		<u>X</u>
D	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •			15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the active the contribute assets.						77
	taxable entity during the year?				16a		<u> </u>
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
C	exempt status with respect to such arrangements?		***************************************		16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s on	ly) ava	ilable		
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy,	and fi	nanci	al	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records: >				
	Jason Aberli - 502-585-1600						
	325 W Main Street, Suite 1600, Louisville, KY 4020	2					

Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organic	(B)			(((D)	(E)	(F)
Name and Title	Average	١,,		Pos	ition			Reportable	Reportable	Estimated
, , , , , , , , , , , , , , , , , , , ,	hours per	box	, unles	ss per	son i	than d s both	an	compensation	compensation	amount of
	week	-	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or o	trust		98	ubeus		(W-2/1099-MISC)		organization and related
	below	Jual tr	tional		nploy	st con	_			organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jason Aberli	5.00	Π								
Treasurer	0.00	X		Х				0.	0.	0.
(2) Ron Albertson	1.00								_	_
Director	0.00	X			<u> </u>			0.	0.	0.
(3) Swain Beard	1.00	4							_	
Director	0.00	X				<u> </u>		0.	0.	0.
(4) Jason Blackwell	3.00	<u>ا_</u>								
Director	0.00	X		<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0.
(5) Robert Condo	1.00	ا								
Director	0.00	X	ļ	<u> </u>	<u> </u>			0.	0.	0.
(6) Drew Conliffe	1.00	┨	1							
Director	0.00	X	ļ		-	-	<u> </u>	0.	0.	0.
(7) Walter Cosby	1.00	١.,							_	_
Director	0.00	X	├	-	├	├	_	0.	0.	0.
(8) Chris Dickinson	2.00	٠,						0.	0.	0.
Director	2.00	X	-			\vdash	-	<u> </u>	V •	<u> </u>
(9) Dale Dodrill Director	0.00	x						0.	0.	0.
(10) Aaron Greenwell	1.00	<u> </u>	 	-	┢一	\vdash	┝	<u> </u>	<u> </u>	· · ·
Director	0.00	x						0.	0.	0.
(11) Kevin Greenwell	1.00	╬	╁	\vdash	┢	t^-	_	<u> </u>		
Director	0.00	x						0.	0.	0.
(12) Craig Heibert	5.00	+==	<u> </u>	\vdash	\vdash	\vdash	\vdash			
Director	0.00	\mathbf{x}		x				0.	0.	0.
(13) James Kirchdorfer	1.00	†				†	_			
Director	0.00	\mathbf{x}						0.	0.	0.
(14) Jason Loehr	1.00									
Director	0.00	x						0.	0.	0.
(15) Vontwill Macklin	1.00									
Director	0.00	x						0.	0.	0.
(16) Carleton McCray	1.00									
Director	0.00	X					L	0.	0.	0.
(17) Erica McGowan	1.00	_								
Director	0.00	X	1	1	1	1		0.	0.	0.

Page 7

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	Compensated Employee	s (continued)		
(A)	(B)			(4	C)			(D)	(E)		(F)
Name and title	Average	(do	not c		itior more	ገ than	one	Reportable	Reportable		Estimated
	hours per week	box	k, unle	ss pe	rson	is bot or/trus	h an	'	compensation		amount of
	(list any	⊢	T	Ī	T	T	T	from the	from related		other
	hours for	or director				_		organization	organizations (W-2/1099-MIS		compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC)	(***2/1003-14110	,c,	organization
	organizations	trust	lal tru		yee	эши		(,			and related
	below	Individual trustee	Institutional trustee	Jac	Key employee	Highest compensated employee	Former	: 			organizations
	line)	i <u>ā</u>	ls l	Officer	Şe	E	Ē				
(18) Steve McMillen	1.00	l									_
Director	0.00	X	<u> </u>	-	_	_	lacksquare	0.		0.	0.
(19) Michael Mountjoy	1.00	l								_	_
Director	0.00	X	┞	<u> </u>	_	_	<u> </u>	0.		0.	0.
(20) Mark Page	1.00	ļ								_	_
Director	0.00	X		<u> </u>			↓_	0.		0.	0.
(21) Edwin Perry	20.00	l					1				
President	0.00	X		X	<u> </u>		ـــــ	0.		0.	0.
(22) Patrick Potter	2.00										
Director	0.00	X	_	X		<u> </u>	ــــ	0.		0.	0.
(23) Artie Robertson	1.00										
Director	0.00	X	<u> </u>			<u> </u>	<u> </u>	0.		0.	0.
(24) Thomas Schoenbaechler	5.00	l									
Director	0.00	X	<u> </u>	X		<u> </u>	↓_	0.		0.	0.
(25) Marty Storch	1.00									_	
Director	0.00	X	ļ	X		ļ	┞	0.		0.	0.
(26) Helen Vice	1.00	l									_
Director		X	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	0.		0.	0.
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization											0
O Did the second stire list and Comments	-1:							lateda a de la como como de la Como			Yes No
3 Did the organization list any former officer,				-	•	•		•		1	- 17
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su											- 1
and related organizations greater than \$150	J,000 ? If "Yes,	" CO	mple	ete S	sche	edule	9 <i>J 1</i>	for such individual			4 X
5 Did any person listed on line 1a receive or a									lual for services		_ \
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	∋ J f	or st	ich i	oers	on .				1	5 X
	mpanastad ind	lono	ndo	a+ ac		o e t e u	vo +1	hat race is sad many than the	100 000 -1		t f
, ,									•	ensat	ion from
the organization. Report compensation for	trie Caleridar ye	ear e	riuii	ig w	iui c	or wi	unin		ear.		
(A) Name and business	address	NIC	ONE	2				(B) Description of s	ervices	С	(C) ompensation
			7111				-				
							\neg				
Control of the Contro							\neg				
WOMEN CONTROL OF THE	***************************************						\dashv				
- A TOTAL CONTRACTOR OF THE STATE OF THE STA											
2 Total number of independent contractors (ii	ncludina but na	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than		
Also see 1						 \			o urear		

Youth Golf Coalition, Inc. d/b/a The First Tee of Louisville

	he First									
Part VII Section A. Officers, Directors,		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(c	(C) Position (check all that apply)				oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) John Warmack, Jr. Director	1.00	x						0.	0.	0
28) Patrick Welsh	1.00	 		┢		\vdash	T		<u> </u>	
Director		x						0.	0.	C
(29) John Yarmuth	0.00									
Director	0.00	Х						0.	0.	0
		_								

										Marin arminin di
V MANAGEMENT AND										
									W	***************************************

										· · · · · · · · · · · · · · · · · · ·
Fotal to Part VII, Section A, line 1c										

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
হ য	1 a	Federated campaigns	1a					
ts, Grants Amounts	b	Membership dues	1b					
Am		Fundraising events						
ilar An	d	Related organizations	1d					
Ϊ		Government grants (contribut						
	f	All other contributions, gifts, gran	1 1	110 505			10.00	
걸		similar amounts not included abo		119,725.				
contributions, Gin and Other Similar	_	Noncash contributions included in lines			110 705			
ع ه	h	Total. Add lines 1a-1f			119,725.			
.	0 0	Youth Programmi	na	Business Code 713990	9,910.	9,910.		
	z a b			713330	3,910.	9,910.		
ine	C							
Ş.	d			1 1				
Revenue	e							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			9,910.			
	3	Investment income (including						
		other similar amounts)	•••••	>	254.	254.	***************************************	
	4	Income from investment of tax		· · ·				
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
ı		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)		.				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis						
	_	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)			and the second s	om or an illustration of the marks to content of the 2000 to 2		
		Gross income from fundraising						
enne		including \$	of					
e		contributions reported on line						
Other Rev		Part IV, line 18		111,748.				
ŧ١		Less: direct expenses		31,252.				
_		Net income or (loss) from fund			80,496.			80,496.
	9 a	Gross income from gaming ac						
	1-	Part IV, line 19		I E				
		Less: direct expenses Net income or (loss) from gam						
4		Gross sales of inventory, less	-					
	Ja	and allowances			10000000000000000000000000000000000000			
	b	Less: cost of goods sold		1 6				
		Net income or (loss) from sales						
F		Miscellaneous Revenue	······································	Business Code	9		10.5	
1	1 a				an entermonentalist transfer de transfer de la company		estantia de la companya de la compa	
-	b							
1	С							
	•							
	d	All other revenue						
	d	All other revenue Total. Add lines 11a-11d			210,385.	10,164.	0.	80,496.

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in t	this Part IX (B)	(C)	(D)
	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	61 722	27 022	15 000	7 022
	trustees, and key employees	61,732.	37,933.	15,866.	7,933
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	24 240	24 240		
_	persons described in section 4958(c)(3)(B)	24,348.	24,348.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		- 410		
9	Other employee benefits	2,576.	2,576.		
10	Payroll taxes	4,3/6.	4,3/0.		
11	Fees for services (non-employees):				
a					
b	Legal	4,680.		4 600	
C	<u> </u>	4,000.		4,680.	
d	, , , , , , , , , , , , , , , , , , , ,	220			200
e	Professional fundraising services. See Part IV, line 17	320.			320
f					
g	, ,	27 021	27 021		
	column (A) amount, list line 11g expenses on Sch O.)	27,821.	27,821.		
12	Advertising and promotion	3,954.	1 475	0 1 - 1	3,954.
13	Office expenses	5,406.	1,475.	2,151.	1,780.
14	Information technology	750.		750.	
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	0 004	0.004		
17	Travel	9,284.	9,284.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 700	0 1 5 0	4 550	
19	Conferences, conventions, and meetings	3,722.	2,150.	1,572.	
20	Interest	6 052	<i>E</i> 0.52		
21	Payments to affiliates	6,953.	6,953.		
22	Depreciation, depletion, and amortization	19,815.	19,010.	E OFO	
23	Insurance	5,950.		5,950.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
-	Golf Course Maintenance	11,298.	11,298.		
a h	Teaching Aids and Suppl	6,808.	6,808.		
<u>د</u> ۔	Golf Equipment	4,109.	4,109.		· · · · · · · · · · · · · · · · · · ·
d	Bank and Credit Card Fe	2,574.	Ŧ, LUJ•	2,574.	
		2,964.		2,764.	200
e	· · · · · · · · · · · · · · · · · · ·	205,064.	154,570.	36,307.	200.
25	Total functional expenses. Add lines 1 through 24e	203,004.	154,570.	30,307.	14,187.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014

II.C	πх	Charle if Schoolule O contains a response or note to any line in this Pa	+ V			
		Check if Schedule O contains a response or note to any line in this Par	tχ		<u> </u>	
			1	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		152,052.	1	139,761.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		11,650.	3	7,350.
	4	Accounts receivable, net		5,328.	4	1,900.
	5	Loans and other receivables from current and former officers, directors		5/5251	-	
	"	trustees, key employees, and highest compensated employees. Comp				
		Part II of Schedule L	344		5	
	6	Loans and other receivables from other disqualified persons (as define				
	"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con				
		employers and sponsoring organizations of section 501(c)(9) voluntary	anbaarig			
		employees' beneficiary organizations (see instr). Complete Part II of Sc	hı 🏻		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		·	8	
	9	Prepaid expenses and deferred charges		4,146.	9	11,387.
	1	Land, buildings, and equipment: cost or other				
	""		,385.			
	l h	Less: accumulated depreciation 10b 134	,573.	71,127.	10c	88,812.
	11	Investments - publicly traded securities	·		11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		244,303.	16	249,210.
	17	Accounts payable and accrued expenses		5,474.	17	5,060.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		*****	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
w	22	Loans and other payables to current and former officers, directors, trus	050	2.50		
Liabilities		key employees, highest compensated employees, and disqualified per-	sons.			
abil		Complete Part II of Schedule L	4.50		22	Marani i 3 s. s. s. (16,2), million 3 cris este su s'imbi este un restaure an vintre le le le l'Asteri, è all transvelleire
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	I .		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,474.	26	5,060.
		Organizations that follow SFAS 117 (ASC 958), check here	and			
Ş		complete lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		227,876.	27	239,135.
lala	28	Temporarily restricted net assets		10,953.	28	5,015.
g B	29	Permanently restricted net assets		Manual College and American Section 1995	29	
揊		Organizations that do not follow SFAS 117 (ASC 958), check here				
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
4ss	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		000 000	32	
Z	33	Total net assets or fund balances		238,829.	33	244,150.
	34	Total liabilities and net assets/fund balances		244,303.	34	249,210.

Pa	rt XI Reconciliation of Net Assets			<u> </u>	ge
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	0,3	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20.	5,0	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	238	8,8	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			***************************************
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	244	4,1	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • • • • • • • • • • • • • • • • • • •		
				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 in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ny-pinagapanyaa	Х
	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:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspe

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported	organizations					
g	Provide the following information	n about the supporte	ed organization(s).				<u> </u>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o listed i governing o	in your	support (see	(vi) Amount of other support (see
			(see instructions))	Yes	No	Instructions)	Instructions)
<u>Tota</u>	I.						

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			-			
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						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly		100000000000000000000000000000000000000				
	supported organization) included					200	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc /see instruction	ine)		1	12	<u>.</u>
	First five years. If the Form 990 is for			d fourth or fifth to			
10	organization, check this box and stor	=			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2014 (I	ine 6. column (f) di	vided by line 11. o	column (fl)		14	%
	Public support percentage from 2013			(//	***************************************	15	%
	33 1/3% support test - 2014. If the						······································
	stop here. The organization qualifies	~		•			
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
J	more, and if the organization meets the	-				•	J/0 UI
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		did not oneon a	557 OH MIC 10, 10	a, 100, 11a, 01 111		dule A (Form 990 c	v 000-E7) 2014

Youth Golf Coalition, Inc.

Schedule A (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

~	qualify under the tests listed b	elow, please comp	lete Part II.)								
	ction A. Public Support		A. I. G		4 11 65 45	4.10544	40 T : 1				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not	77 420	59,359.	83,826.	78,197.	129,659.	428,471.				
	include any "unusual grants.")	77,430.	59,359.	03,040.	70,197.	149,639.	420,4/1.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,000.	4,200.	7,090.	9,075.	9,910.	39,275.				
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513	7,055.	4,465.	39,963.	67,804.	100,614.	219,901.				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	93,485.	68,024.	130,879.	155,076.	240,183.	687,647.				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c	Add lines 7a and 7b						0.				
	Public support (Subtract line 7c from line 6.)						687,647.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
	Amounts from line 6	93,485.	68,024.	130,879.	155,076.	240,183.	687,647.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	357.	419.	259.	284.	254.	1,573.				
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
c	Add lines 10a and 10b	357.	419.	259.	284.	254.	1,573.				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,500.	1,000.	1,000.	1,000.	1,200.	12,700.				
13	Total support. (Add lines 9, 10c, 11, and 12.)	102,342.	69,443.	132,138.	156,360.	241,637.	701,920.				
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,				
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage				>				
	Public support percentage for 2014 (I			olumn (f))		15	97.97 %				
16 Sec	Public support percentage from 2013					16	%				
17	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)										
	18 Investment income percentage from 2013 Schedule A, Part III, line 17										
	19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not										
100	more than 33 1/3%, check this box ar						► X				
h	33 1/3% support tests - 2013. If the										
	line 18 is not more than 33 1/3%, che	-					·				
20	Private foundation. If the organization		-								
	23 00-17-14		, , , , , , , , , , , , , , , , ,	:-, -/		edule A (Form 99					

Youth Golf Coalition, Inc. Schedule A (Form 990 or 990 EZ) 2014 d/b/a The First Tee of Louisville

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) 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.)

	Yes	No
1		
2 3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c 6		
7		
8		
9a		
9b		
9c		
10a		

Vouth	Golf	Coalition,	Inc.
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Schedule A (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville Page 5 Supporting Organizations (continued) 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 in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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, 2 supervised, 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). Section D. Type III Supporting 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C 2 Activities Test. Answer (a) and (b) below. Yes_ No 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 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) 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 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI. За 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

Youth Golf Coalition, Inc. Schedule A (Form 990 or 990 EZ) 2014 d/b/a The First Tee of Louisville Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

Schedul	le A (Forn	n 990 or 990	-F7\ 2014

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Youth Golf Coalition, Inc. Schedule A (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (i) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: 3 а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: а b

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Youth Golf Coalition, Inc. Schedule A (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1/b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

	outh Golf Coalition, Inc. /b/a The First Tee of Louisville
Organization type (check o	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note. Only a section 501(c)(General Rule	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Youth Golf Coalition, Inc.

Employer identification number

d/b/a The First Tee of Louisville

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Beneke Wire Company 5540 National Turnpike Louisville, KY 40214	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US Bank 4000 West Broadway Robbinsdale, MN 55422	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	World Golf Foundation 1 World Golf Place St. Augustine, FL 32092	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Frank Harshaw Louisville, KY 40205	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Kirchdorfer Foundation PO Box 4969 Louisville, KY 40204	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humana, Inc. PO Box 740083 Louisville, KY 40202	\$\$	Person X Payroll

Name of organization
Youth Golf Coalition, Inc.
d/b/a The First Tee of Louisville

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
***************************************		\$	

Name of orga			Employer identification number
Youth	Golf Coalition, Inc.		
d/b/a Part III	The First Tee of Louist Exclusively religious, charitable, etc., contitude year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	ributions to organizations described in columns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less	section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations so for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, at	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	Transieree's name, audress, an	III ZIF T T	nelationship of transfer of to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, al	(e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Youth Golf Coalition, Inc.

Emple

Open to Public

Inspection

OMB No. 1545-0047

d/b/a The First Tee of Louisville

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year ▶		_
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year >
7	Amount of expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, and expenses incurred in monitoring in the context in th	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the o	organization's accounting for
III San Artista	conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	•••••	▶ \$
þ			

	edule D (Form 990) 2014 Q/D/a T	ne First T	<u>ee o</u>	I Loui	sville		<u> </u>			E	age 2
Ра	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at are a s	ignifican	t use of its	collectio	ı item:	s
	(check all that apply):										
а	Public exhibition	C	i 🔙	Loan or exc	change prog	rams					
b	Scholarly research	•	,	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further tl	he organizat	ion's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit of							•			
	to be sold to raise funds rather than to be ma								Yes	Г	No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answered	"Yes" to	Form 9	90. Part IV.			
***************************************	reported an amount on Form 990, Pa	rt X, line 21.		Ŭ				,,	0, 0.		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not	included	1		**********	
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								res	L	NO
~	in 100, oxplain the arrangement in 1 are xiii	and complete the for	nowing (abic.					A 222 01 11		
С	Beginning balance							_	Amour	IL	
									-		
d	• • • • • • • • • • • • • • • • • • • •						10				
4	Distributions during the year										
f	Ending balance			•••••							
2a	Did the organization include an amount on Fo						lity?	L	_ Yes	<u>_</u>	_ No
The second of	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete in									- Andrews	<u> </u>
I al	T V Endowment Funds. Complete				· · · · · · · · · · · · · · · · · · ·				T		
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administe	red for th	ne organ	ization			
	by:	ŭ					9			Yes	No
	-								3a(i)	103	140
	AND I A I A								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Sched								
4	Describe in Part XIII the intended uses of the	•					• • • • • • • • • • • • • • • • • • • •	•••••	3b		
Par			WINEIN I	urius.							
grossgy-rage	Complete if the organization answered		Dart IV	line 11a Se	00 Form 990	Dort V	lina 10				
	Description of property										
	Description of property	(a) Cost or or basis (investm		,	or other		ccumula		(d) Boo	k value	9
	Lond		ioiil)	Dasis	(other)	ae	preciatio	л	**		
	Land								·		
	Buildings			4 5	_ ^^^		0.0				
	Leasehold improvements				<u>5,982.</u>		90,8			5,13	
d	Equipment			7	7,403.		43,	/28.	3	3,6°	<u>75.</u>
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part)	K. colum	nn (B). line 10	Oc.)			▶	8	8,81	<u>12.</u>

Schedule D (Form 990) 2014

Schedule [) (Form	990)	2014
OCHEGUE E	7 (1 OIIII	330)	2017

(a) Desc	Complete if the organization answered "Yes" intion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
		.,		
-	cial derivatives ly-held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part V	II Investments - Program Related.			
	Complete if the organization answered "Yes"	to 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)				
(7) (8)				
(7) (8) (9)				
(8) (9) otal. (Co	. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9)	Other Assets.			
(8) (9) otal. (Co	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Rock value
(8) (9) (otal. (Co Part I)	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, line	o 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Col Part I)	Other Assets. Complete if the organization answered "Yes"		a 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Co Part I) (1) (2)	Other Assets. Complete if the organization answered "Yes"		o 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Co Part I) (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Co Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		911d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Co Part I) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (otal. (Co Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description	a 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (otal. (Co) Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description	9.11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description e 15.)		(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Complete if the organization answered "Yes" (a) County (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)		(b) Book value
(8) (9) (otal. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (C. Part X	Complete if the organization answered "Yes" (a) County (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (otal. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (C) Part X	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Fotal. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) F (2) (3)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (11. (1) F (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (4)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Fotal. (Co Part I) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) F (2) (3)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (11. (1) F (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (4)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (otal. (Co Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) F (2) (3) (4) (5) (6) (6)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) (otal. (Co) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (C) Part X (1) (1) (2) (3) (4) (5) (6) (7) (7)	Complete if the organization answered "Yes" (a) Dolumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	≥ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value

Youth Golf Coalition, Inc. d/b/a The First Tee of Louisville Schedule D (Form 990) 2014 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d е 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Information	about Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.o	gov/form 990.	Inspection
Name of the organization Youth 6	Solf Coalition, Inc.				Employer ide	entification number
	The First Tee of Lo					
Part I Fundraising Activities required to complete this part	 Complete if the organization answert. 	red "Y	'es" to	Form 990, Part IV, I	ine 17 om 555 L z	- mers a <mark>re not</mark>
1 Indicate whether the organization rai	sed funds through any of the followin	g activ	ities.	Check all that apply.		
a X Mail solicitations			_	overnment grants		
b X Internet and email solicitation				nment grants		
c Phone solicitations	g X Special	fundra	aising	events		
d X In-person solicitations2 a Did the organization have a written	or oral agreement with any individual	(in al				
	Part VII) or entity in connection with pr					
b If "Yes," list the ten highest paid ind					Yes	
compensated at least \$5,000 by the			ug. oc	and whom	ine fanaraiser is to t	<i>,</i> C
	T	г			<u> </u>	T
(i) Name and address of individual	ATTA A maticality	(iii) fundi	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	ustody itrol of utions?	from activity	fundraiser	to (or retained by) organization
Washington Co.		COMEID	utions?		listed in col. (i)	J
		Yes	No			

To the state of th						
Total						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit co	ontribu	itions	or has been notified	it is exempt from re	gistration
XY						

Youth Golf Coalition, Inc.

Schedule G (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or rep

Page 2

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(A) T-4-1
			Golf	Tales of the		(d) Total events
			Scramble	Tin Cup	4	(add col. (a) through
an an			(event type)	(event type)	(total number)	col. (c))
Ju.						
Revenue	1	Gross receipts	31,651.	68,963.	11,134.	111,748.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	31,651.	68,963.	11,134.	111,748.
	4	Cash prizes				
	5	Noncash prizes	3,600.	453.		4,053.
ses						
Direct Expenses	6	Rent/facility costs	4,320.	8,856.		13,176.
Ä						
rect	7	Food and beverages	84.			84.
۵	_			1 000		
	8	Entertainment	740.	1,099.		1,099.
	9	Other direct expenses Direct expense summary. Add lines 4 through	O : (-1)			12,840.
	10	, ,	\ /			31,252.
Pa	11 rt			000 Dod IV line 10		80,496.
200.00		\$15,000 on Form 990-EZ, line 6a.	answered res to ronn	990, Part IV, IIIIe 19, Or re	ported more than	
		T. O, COC OTT CHIL COC CE, INIO CC.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
e.						(-) (-)
ď	1	Gross revenue				
S	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
Ä						
Direct	4	Rent/facility costs	***************************************			
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_	Direct constant All Park			_	
- [7	Direct expense summary. Add lines 2 through	5 in column (d)			
l	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	<u> </u>	Not gaining income summary. Subtract line 7	nomina i, column (a)	***************************************	>	
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac		etates?		Yes No
		No," explain:		states:		Yes No
•						
10a	We	re any of the organization's gaming licenses re	voked, suspended or ten	minated during the tax ve	ar?	Yes No
		Yes," explain:				

	Youth Golf Coalition, Inc.		
	edule G (Form 990 or 990-EZ) 2014 d/b/a The First Tee of Louisville		Page 3
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
	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
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:	<u> </u>	
	Name Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party \$		
_	If "Yes," enter name and address of the third party:		
٠	n 103, onter name and address of the tillid party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	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 > \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	nes 9 9b 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	100 0, 00, 10	υ, του,
	, and a second of the second o	*****	

	Youth	Golf Coal:	ition, Ind	c.		
Schedule G (Form 990 or Part IV Suppleme	990-EZ)	The First	Tee of Lo	ouisville		Page 4
Albert Standard Standard Standard	100	Jillilaea)				
N-4444						

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Youth Golf Coalition, Inc.

d/b/a The First Tee of Louisville



Form 990, Part I, Line 1, Description of Organization Mission: programs and affordable facilities which promote character development and positive life skills through the game of golf Form 990, Part VI, Section B, line 11: The 990 was presented to all Board members for review prior to filing Form 990, Part VI, Section B, line 12: The Organization is in the process of putting a conflict of interest policy in place. Form 990, Part VI, Section C, Line 19: All Organizational documents are available upon request Form 990, Part IX, Line 11g, Other Fees: Golf Course Usage Fees: Program service expenses 11,688. Management and general expenses 0. Fundraising expenses 0. Total expenses 11,688. National School Program: Program service expenses 11,495. Management and general expenses 0._ Fundraising expenses 0. Total expenses 11,495.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Youth Golf Coalition, Inc.	Employer identification number
d/b/a The First Tee of Louisville	
Transportation:	
Program service expenses	4,638.
Management and general expenses	
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,638.
Motol Othon Book on Born 000 Davit TV 15- 11. G 1 3	
Total Other Fees on Form 990, Part IX, line 11g, Col A	27,821.

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		▶ X
Note. Only complete Part II if you have already been granted an a	automatic :	3-month extension on a previously file	ed Form	8868.	
If you are filing for an Automatic 3-Month Extension, complete	ete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensior	of Time. Only file the origin	al (no c	opies nee	ded).
		Enter filer's	identifyi	ng number,	see instructions
Type or Name of exempt organization or other filer, see instru	ıctions.		Employe	er identificat	on number (EIN) or
print Youth Golf Coalition, Inc.					
File by the due date for home street and reserve the distance of the street and reserve the				_	
filing your Number, street, and room or suite no. If a P.O. box, s	see instruct	tions.	Social se	cunty numi	oer (55N)
return. See instructions. City Tower					W. C.
City, town or post office, state, and ZIP code. For a to	oreign add	ress, see instructions.			
Louisville, KY 40202					
Enter the Datum code for the return that this annihing in fact (5)					
Enter the Return code for the return that this application is for (file	e a separat	e application for each return)	•••••	••••••	0 1
Application	Return	Application			
Is For	Code	Is For			Return
Form 990 or Form 990-EZ	01	13 0			Code
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 autom	atic 3-month extension on a previo	usly file	d Form 886	
Jason Aberli					
• The books are in the care of > 325 W Main Stre	eet, S	uite 1600 - Louisv	ille,	KY 40	202
Telephone No. ► 502-585-1600		Fax No. ▶			
 If the organization does not have an office or place of business 	in the Uni	ted States, check this box			
 If this is for a Group Return, enter the organization's four digit (Group Exer	mption Number (GEN) If	this is fo	r the whole	group, check this
box . If it is for part of the group, check this box	and atta	ch a list with the names and EINs of a	all memb	ers the exte	nsion is for.
4 I request an additional 3-month extension of time until	Novemb	<u>ver 15, 2015</u> .			
5 For calendar year 2014 , or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months, ch	heck reaso	n: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
Additional time is needed to g		third party inform	<u>natio</u>	<u>n in o</u>	rder to
file a complete and accurate r	eturn				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or bubb, e	nter the tentative tax, less any			•
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,			8a	\$	0.
tax payments made. Include any prior year overpayment allo					
previously with Form 8868.	weu as a (credit and any amount paid			0
Balance due. Subtract line 8b from line 8a. Include your pay	mont with	this form if required by	8b	\$	0.
EFTPS (Electronic Federal Tax Payment System). See instru		this form, it required, by using		•	0
Signature and Verificati	on must	be completed for Part II on	8c lv	\$	0.
Under penalties of perjury. I declare that I have examined this form, includi-	nn accompa			my knowled.	o and hall-f
t is true, correct, and complete, and that I am authorized to prepare this for	rm.	and statements, and to the	16 D62f 01	my knowiedg	e and belief,
Signature ▶ Title ▶ T	reasu	rer	Date	_	
110			Date		

(Three-Year Terms; No Term limits) **BOARD OF DIRECTORS** THE FIRST TEE OF LOUISVILLE

Xerox Kentucky Golf Foundation **Drew Conliffe** Gregory Adwell Nick D'Andrea Swain Beard

> Leigh Cement Robert Condo

UPS Polo Fields R.G. Davis

Amec PGA Professional, Seneca Kevin Greenwell PGA Professional, Shawnee Ret. ASRC **Craig Heibert Executive Director** D'Shawn Johnson Meade Activity Center

Dale Dodrill

Aaron Greenwell

Chris Dickinson

Community Volunteer, Parent Missy Kremer Retired JCPS Von Macklin

Scooter McCray Erica McGowan JCPS Teacher Mark Page

Mountjoy Clinton Medley Ret. Attorney Edwin H Perry Retired, Ernst & Young Thomas Schoenbaechler

U of L Women's Golf Coach **Courtney Trimble** Design + John Warmack

Patrick Welsh

Ret, Bingham Greenebaum Doll

U.S. Congress

John Yarmuth

City of Louisville

Special Operations Director

Marty Storch

Barry Pennybaker

Lazyboy

Isco Pipe

Jimmy Kirchdorfer

THE FIRST TEE OF LOUISVILLE - STAFF 2016

A critical cornerstone to our program's success is our staff. We believe positive youth development happens through a meaningful, quality relationship between the coach and participant. Young people do not care what a coach knows until they know a coach cares. The teacher/student relationship must be strong in order for a caring, supportive learning environment to be created. (Joe L. Barrow, Jr., CEO).

We currently operate with three full time staff, two part-time seasonal coaches and 15 volunteer assistant coaches. Each coach has been trained to deliver The First Tee curriculum to our participants.

Through a progressive series of activities and educational experiences, coaches learn to empower youth to explore options and make their own decisions, two elements that are critical to the development of a child's value system. Staff are currently progressing through several stages of The First Tee Coach Program:

- Assistant Coach
- The First Tee Coach-in Training (Level I, II, III)
- The First Tee Coach
- The First Tee Master Coach

D'Shawn Johnson, Executive Director: D'Shawn became The First Tee of Louisville's executive director eleven years ago, following a distinguished 17-year career with the Louisville Police Department. D'Shawn directs all fiscal and program operations, implements Board policies, evaluates program and service data, provides detailed reports to the Board, and serves as the key fundraising/development figure and community outreach liaison. D'Shawn was instrumental in helping to establish the first session in 2005, where he taught 70 young people the Life Skills program at Shawnee Golf Course. Today, he oversees an organization reaching 600 participants in the Life Skills program and over 15,000 through the school programs.

R.G. Davis, Program Director. R.G. has served as program director for three years, and is responsible for daily program operations, developing and modifying lesson plans, leading volunteer coaches and participants, and implementing policy. R.G. played golf for Western Kentucky University, where he received his degree in political science and was the assistant golf professional at Shawnee Golf Course before joining The First Tee of Louisville.

Scott Guzinski, Life Skills Coach. Scott joined the staff in 2015 and leads The First Tee Life Skills Experience utilizing *The First Tee coaching methodology and curriculum* which were developed by the National program.

APR 0 1 2004

Bobbie Holsclaw, Clerk
By______D.C.

ARTICLES OF INCORPORATION OF YOUTH GOLF COALITION, INC.

0582722.09

JDozie. NAOI

Trey Grayson
Secretary of State
Received and Filed
03/31/2004 12:57:09 PM
Fee Receipt: \$8.00

The undersigned hereby incorporates a nonprofit corporation ("Corporation") without capital stock or stockholders, under the provisions of KRS 273.161 *et seq.*, and for that purpose adopts the following Articles of Incorporation.

ARTICLE I

NAME OF CORPORATION

The name of the Corporation is Youth Golf Coalition, Inc.

ARTICLE II

PURPOSES AND POWERS

- (1) Any provision of these Articles of Incorporation to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity, which in any way contravenes, or is in conflict with, the other provisions of this ARTICLE II of these Articles of Incorporation.
- (2) The objects and purposes of the Corporation, and the powers it shall have and may exercise, are as follows:
- (a) As general and controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code") (references herein to sections or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.
- (b) As a particular purpose in furtherance of, consistent with, and subject to, the general and controlling purposes set forth in Section (2)(a) of this ARTICLE II, to organize, promote, foster, assist (whether financially or otherwise) and conduct such charitable, scientific, and educational enterprises, activities and institutions as from time may be determined, selected or decided upon by the Corporation's Board of Directors ("Board") consistent with the purposes stated above.
- (c) In furtherance of, and at all times subject to, the aforesaid purposes, enterprises, activities and projects:

- (i) To solicit and acquire by gift, exchange or otherwise, property of any and all kinds, and to sell, transfer and otherwise dispose of any property it so acquires.
- (ii) To invest and reinvest any such property and the increments in, and avails or proceeds of, any such property in such investments as may be deemed advisable from time to time by the Board including, but not limited to, stocks, bonds, secured and unsecured obligations, undivided interests, leases, commercial paper, financial and governmental instruments, savings and other depository accounts and other securities and properties.
- (iii) To give, donate and contribute to any of the activities the Corporation may elect to sponsor, or in furtherance of any of the aforesaid purposes for which the Corporation is organized, such money or property, or both, as the Board may from time to time determine.
- (iv) To take title to, and hold in its own name, such real or personal property, or both, and such interests in either such type of property as the Corporation may acquire, for the purposes herein set out, and to sell, transfer and dispose of any such property or reinvest the proceeds thereof as herein permitted.
- (v) To accept gifts, bequests or devises of property of any kind which any individual, firm, corporation or other entity may make to the Corporation, upon the terms, trusts and conditions set forth in the deed of gift, will or other instrument of writing executed by any such donor or testator, but only for the purposes and upon the terms and conditions and with the powers set forth in these Articles of Incorporation.
- (vi) To borrow money and give security therefor by pledging, mortgaging or otherwise hypothecating any property it may own, or any interest it may have in such property.
- (vii) To become a member of any other nonstock or nonprofit corporation organized under the laws of any state, or to become affiliated with any other organization of like character existing under the laws of any state; provided, however, that such corporation or organization is an exempt organization under section 501(c)(3) of the Code.
- (viii) To the extent permitted by law, to enter into contracts with any corporate trust company for the purpose of delegating to it the power, or employing it, to make investments on behalf of the Corporation, and to do such other things permitted by these Articles of Incorporation as the parties may agree upon, and without limiting the generality of the foregoing, but in furtherance thereof, to enter into trust agreements, irrevocable or otherwise, with any such corporate trustee and therein to authorize any such corporate trustee to employ agents, attorneys, accountants and others in connection with the performance of any duty or trust arising under such agreement.
- (ix) To do any and all things which the Board may determine, consistent with the provisions hereof, to be necessary or appropriate to effectuate the purposes for which the Corporation is organized as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any

other applicable law or statute of the Commonwealth of Kentucky, or section 501(c)(3) of the Code.

- (3) Notwithstanding any other provision of these Articles of Incorporation, if, at any time, the Corporation shall be determined to be a private foundation or private operating foundation as defined in section 509 or section 4942 of the Code, then:
- (a) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Code.
- **(b)** The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Code.
- (c) The Corporation shall not purchase nor retain any excess business holdings as defined in section 4943(c) of the Code.
- (d) The Corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Code.
- (e) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.

ARTICLE III

DURATION

The Corporation shall have perpetual duration.

ARTICLE IV

MEMBERS

There shall be no members of the Corporation.

ARTICLE V

BOARD OF DIRECTORS

- (1) All corporate powers shall be exercised by or under the authority of, and the business and affairs of the Corporation managed under the direction of, its Board.
- (2) The Board shall consist of such number of individuals as may be fixed in the Bylaws of the Corporation ("Bylaws"); provided, however, that the Board shall not consist of fewer than three individuals.

(3) A director may be removed as provided in the Bylaws.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial Board is five, and the name and mailing address of each person who is to serve as an initial director is as follows, each person to serve until the first annual meeting of the Board and until such director's successor in office is elected and shall qualify:

<u>Name</u>	ADDRESS
Benjamin K. Richmond	Louisville Urban League 1535 West Broadway Louisville, Kentucky 40203
Kevin Greenwell	Shawnee Golf Course 460 Northwestern Parkway Louisville, Kentucky 40212
Frank T. Smith	United States Golf Teachers Federation 405 North Hite Avenue Louisville, Kentucky 40206
Marty Storch	2310 PeeWee Reese Road Louisville, Kentucky 40205
Edwin H. Perry	Greenebaum Doll & McDonald PLLC 3500 National City Tower 101 South Fifth Street Louisville, Kentucky 40202

ARTICLE VII

REGISTERED OFFICE; REGISTERED AGENT

The street address of the initial registered office of the Corporation is 3500 National City Tower, 101 South Fifth Street, Louisville, Kentucky 40202, and the name of its initial registered agent at such office is 3300 LLC.

ARTICLE VIII

PRINCIPAL OFFICE

The mailing address of the principal office of the Corporation is c/o Edwin H. Perry, 3500 National City Tower, 101 South Fifth Street, Louisville, Kentucky 40202.

ARTICLE IX

DISTRIBUTION OF ASSETS UPON DISSOLUTION

If, at any time, the Corporation dissolves, the assets of the Corporation shall be applied and distributed as follows:

- (a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provision shall be made therefor.
- (b) Assets that have been received and are held by the Corporation subject to limitations permitting their use only for charitable, scientific, literary, religious, educational or similar purposes shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.
- (c) Other assets, if any, shall be transferred or conveyed to (i) one or more corporations, societies or organizations organized under the laws of any state that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law.
- (d) Any assets not disposed of pursuant to the previous provisions of this ARTICLE IX shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations, as the court shall determine, which are organized and operated exclusively for charitable purposes and are exempt under section 501(c)(3) of the Code.

ARTICLE X

INCORPORATOR

Edwin H. Perry, whose mailing address is 3500 National City Tower, 101 South Fifth Street, Louisville, Kentucky 40202, is the sole incorporator of the Corporation.

ARTICLE XI

INDEMNIFICATION OF DIRECTORS AND OFFICERS

- To the fullest extent permitted by, and in accordance with the provisions of, Kentucky **(1)** law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, the Corporation shall indemnify each director and officer of the Corporation against expenses (including, but not limited to, attorney's fees), judgments, taxes, penalties, fines (including, but not limited to, any excise tax assessed with respect to any employee benefit plan) and amounts paid in settlement (collectively, a "Liability"), incurred by such director or officer in connection with defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative) to which such director or officer is, or is threatened to be made, a party because such director or officer is or was a director or officer of the Corporation, or is or was serving at the request of the Corporation as a member, director, officer, partner, trustee or agent of another domestic or foreign corporation, partnership, limited liability company, joint venture, trust or other enterprise, including, but not limited to, service with respect to benefits plans. A director or officer of the Corporation shall be considered to be serving an employee benefit plan at the Corporation's request if the duties of such director or officer to the Corporation also impose duties on, or otherwise involve services by, such director or officer to the plan or to participants in or beneficiaries of the plan.
- (2) To the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, the Corporation shall pay or reimburse expenses (including, but not limited to, attorney's fees) incurred by a director or officer of the Corporation who is a party to a proceeding in advance of final disposition of such proceeding.
- (3) The indemnification against Liability and advancement of expenses provided by, or granted pursuant to, this ARTICLE XI shall, to the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of ARTICLE II, not be deemed exclusive of other rights, if any, to which such director or officer of the Corporation seeking such indemnification or advancement may be entitled under the Bylaws or any agreement, action of disinterested directors or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office of the Corporation, shall continue as to a person who has ceased to be a director or officer of the Corporation, and shall inure to the benefit of the heirs, executors and administrators of such a person.
- (4) Any repeal or modification of this ARTICLE XI shall not adversely affect any right or protection of a director or officer of the Corporation under this ARTICLE XI with respect to any act or omission occurring prior to the time of such repeal or modification.

ARTICLE XII

ELIMINATION OF CERTAIN LIABILITY OF DIRECTORS

A director of the Corporation shall not be personally liable to the Corporation for monetary damages for breach of such director's duties as a director; provided, that this provision shall not eliminate or limit the liability of a director for the following: (a) for any transaction in which such director's personal financial interest is in conflict with the financial interests of the Corporation, (b) for acts or omissions not in good faith or which involve intentional misconduct or are known to such director to be a violation of law or (c) for any transaction from which such director derived an improper personal benefit. This ARTICLE XII shall continue to be applicable with respect to any such breach of duties by a director of the Corporation as a director notwithstanding that such director may thereafter cease to be a director and shall inure to the personal benefit of such director's heirs, executors and administrators.

ARTICLE XIII

PRIVATE PROPERTY OF INCORPORATOR AND DIRECTORS

None of the private property of the incorporator or any director of the Corporation shall be subject to any of the Corporation's debts and liabilities.

ARTICLE XIV

SEVERABILITY OF PROVISIONS

Except as may conflict with the provisions of ARTICLE II, if any provision of these Articles of Incorporation, or its application to any person or circumstances, shall be held invalid by a court of competent jurisdiction, the invalidity shall not affect any other provisions or applications of these Articles of Incorporation that can be given effect without the invalid provision or application, and to this end the provisions of these Articles of Incorporation are severable.

IN TESTIMONY WHEREOF, witness the signature of the undersigned on this the day of March, 2004.

EDWIN H. PERRY, Incorporator

CONSENT OF REGISTERED AGENT

The undersigned, having been named in the Articles of Incorporation as the registered agent of the Corporation, hereby consents to serve in that capacity.

3300 LLC

By: Chiles foule

Title: Manager

This instrument was prepared by:

Patrick X Welsh

GREENEBAUM DOLL & MCDONALD PLLC

3500 National City Tower

Louisville, Kentucky 40202

502.587.3679

LOU:852589.3

The First Tee of Louisville

Statement of Financial Position December 31, 2015

Assets

Cash and cash equivalents	\$ 79,396
Receivables Board pledges	8,600
Other	1,650
Prepaid expenses	924
Property and equipment, net of accumulated depreciation	72,545
Total Assets	\$ 163,115
Liabilities and Net Assets	
Liabilities	
Accounts payable	\$ 10,893
Accrued expenses	5,140
Deferred Revenue	 2,500
Total Liabilities	18,533
Net Assets	
Unrestricted	135,482
Temporarily restricted	 9,100
Total Net Assets	144,582
Total Liabilities and Net Assets	\$ 163,115

Unaudited Page 1

The First Tee of Louisville

Statement of Activities

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For the Year Ended December 31, 2015

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Total	Budget	% of Budget
Revenue, Gains and Other Support	11007133003	1100 1133003	10111	- Dauget	Duuget
Education					
Participant fees - Shawnee	\$ 6,935		6,935		
Participant fees - Seneca	4,585		4,585		
Participant fees - Affilates	2,485		2,485		
Participant fees - Fort Knox	2,620		2,620		
Total Education	16,625	-	16,625	\$ 10,000	166.25%
Fundraising					
Foundation and association grants	\$ 538	6,600	\$ 7,138	10,000	71.38%
Corporate contributions	11,679		11,679	35,000	33.37%
Individual contributions	11,798		11,798	40,000	29.50%
Golf outings and events	20,414		20,414	5,000	408.28%
Annual Fund	3,097		3,097	10,000	30.97%
The First Tee Golf Shamble revenues	42,874		42,874	32,000	133.98%
Tales of the Tin Cup Event revenues	-		-	33,000	
Ryder Cup license plate revenue	3,370		3,370	3,500	96.29%
National School Program			-	6,500	
Fort Knox Funding			-	10,000	
In-kind donations	1,170		1,170	1,200	97.50%
Total Fundraising	94,940	6,600	101,540	186,200	
Other					
Interest income	100		100	300	33.33%
Merchandise sales	198		198	2,700	7.33%
Miscellaneous income	2,200		2,200		
Net assets released from restrictions	2,515	(2,515)			
Total Other	5,013	(2,515)	2,498	3,000	
Total Revenues, Gains and Other Support	116,578	4,085	120,663	199,200	60.57%
Expenses and Losses					
Education Expenses					
Executive Director wages	\$ 8,605		\$ 8,605	\$ 7,750	111.03%
Program Director wages	38,000		38,000	38,000	100.00%
Golf and Lifeskills Coach wages	23,000		23,000	23,000	100.00%
Employer payroll taxes	4,667		4,667	4,600	101.46%
Coaches expense - programming	7,899		7,899	7,000	112.84%
Coaches expense - administrative	540		540	800	67.50%
Coaches expense - in schools	2,255		2,255	4,200	53.69%
National School Program	675		675	6,500	10.38%
Driving range and course access	15,934		15,934	9,300	171.33%
Golf equipment - clubs and bags	5,271		5,271	3,000	175.70%
Golf equipment - clothing	1,254		1,254	500	250.80%
Teaching aids and supplies	1,628		1,628	1,500	108.53%
Instructor and administrative training	4,200		4,200	3,000	140.00%
Instructor and administrative training - travel	8,234		8,234	4,500	182.98%
Communication and marketing	25		25	400	6.25%
Session food and entertainment Tournaments/Travel team	499 		499 	200 1,000	249.50%
Total Education Expenses	122,686	-	122,686	115,250	106.45%

The First Tee of Louisville

Statement of Activities

4

For the Year Ended December 31, 2015

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Total	Budget	% of Budget
Operating Expenses					
Golf course and practice area maintenance	1,745		1,745	2,000	87.25%
Vehicle expenses	1,648		1,648	4,000	41.20%
Merchandise costs			•	500	
Depreciation	21,707		21,707	-	
In-kind operating expenses	20		20	-	
Total Operating Expenses	25,120	-	25,120	6,500	386.46%
Fundraising Expenses					
Executive Director wages	8,605		8,605	7,750	111.03%
The First Tee Golf Shamble expenses	14,269		14,269	9,000	158.54%
The First Tee Dinner Event expenses	500		500	17,000	2.94%
Golf Outings and Events	8,019		8,019	500	1603.80%
Annual Fund expenses	225		225	1,000	22.50%
General marketing	5,664		5,664	2,500	226.56%
In-kind fundraising expenses	150		150	200	75.00%
Total Fundraising Expenses	37,432	-	37,432	37,950	98.64%
Management					
Accounting fees	3,870		3,870	3,800	101.84%
Accounting fees: in-kind	1,000		1,000	1,000	100.00%
Executive Director Wages	12,870		12,870	15,500	83.03%
Printing and supplies	722		722	2,000	36.10%
Travel and entertainment	2,051		2,051	1,000	205.10%
Postage	218		218	100	218.00%
Bank and credit card fees	1,508		1,508	2,500	60.32%
Dues and subscriptions	15		15	100	15.00%
Volunteer checks			-	400	
Insurance	9,351		9,351	9,200	101.64%
Telephone expense	1,430		1,430	1,400	102.14%
Technology and website expenses	1,958		1,958	1,500	130.53%
Total Management	34,993	-	34,993	38,500	90.89%
otal Expenses and Losses	220,231	-	220,231	198,200	111.12%
Decrease in Net Assets	(103,653)	4,085	(99,568)		
Net Assets Beginning of Year	239,135	5,015	244,150		
Net Assets at December 31, 2015	\$ 135,482	\$ 9,100	\$ 144,582		

The First Tee of Louisville Cash Operating Budget - Final

For the Year Ended December 31, 2016

or the Year Ended December 31, 2016	2016 Budget
Revenue, Gains and Other Support	
Education	
Participation fees	\$ 15,000
Fundraising	
Foundation and association grants	65,000
Corporate contributions	30,000
Individual contributions	20,000
Annual Fund	5,500
The First Tee Golf Shamble	35,000
The First Tee Golf Dinner Event	47,000
Ladies of the Links	15,000
Golf Outings and Events	5,000
Ryder Cup License Plates	3,500
Fort Knox Funding	_
National School Program	10,000
Apparel sales and other	500
In-kind donations	1,200
Interest Income	 200
Total Revenues, Gains and Other Support	\$ 252,900
Expenses and Losses	
Education Expenses	
Executive Director Wages	\$ 7,750
Coaches expense - programming	7,000
Coaches expense - in-school	3,000
Coaches expense - program director	38,000
Coaches expense - program coach	27,000
Coaches expense - payroll taxes	5,000
National School Program	6,500
Driving range and course access - sessions	11,000
Golf equipment - clubs and bags	8,000
Golf equipment - clothing	1,300
Teaching aids and supplies	1,500
Coaches training	3,000
Coaches training - Travel	5,000
Communications and Marketing	200
Transportation	400
Session Food and Entertainment	500
Tournaments/Travel Team	
Total Education Expenses	\$ 125,150

The First Tee of Louisville Cash Operating Budget - Final

Operating Expenses		
Vehicle Expenses	\$	2,500
Depreciation		21,000
Golf course and practice area maintenance		2,000
Total Operating Expenses	\$	25,500
Fundraising Expenses		
Executive Director Wages	\$	7,750
The First Tee Golf Shamble		14,000
Tales of the Tin Cup		30,000
Ladies of The Links expenses		7,000
Annual Fund expenses		1,300
Golf Outings and Events		1,500
Fundraising expenses: in-kind		200
General Marketing		2,000
Total Fundraising Expenses	\$	63,750
Management		
Accounting fees	\$	4,300
Accounting fees: in-kind		1,000
Management salary and wages		15,500
Supplies		1,500
Travel and entertainment		1,000
Postage		500
Bank fees		2,400
Dues and subscriptions		100
Volunteer background checks		100
Insurance		9,200
Telephone expense		1,400
Website management and technology		1,500
Total Management		38,500
Total Expenses and Losses	\$	252,900
Excess (Deficit) of Receipts over Disbursements	_\$_	_



Louisville Metro Government Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Youth Golf Coalition Inc, dba The First Tee of Louisville
Grantee Representative Name: D'Shawn Johnson
I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.
Please check:
XX I viewed the NDF training material on the website
Answer the following questions before signing (Circle or write in the correct answer).
 The NDF funding your agency received is a gift from LMG? True or False Name the three budget categories that require a detail list. Client Assistance,Community Event and Festivals_andOther Expenses If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False Which four questions should your financial support documentation answer at all times? Who,What,When andWhere Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.
Grantee Representative Signature March 26,2018 Date
NOTE: Please return to Roxanne Steele E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219 Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St. Louisville, KY 40202

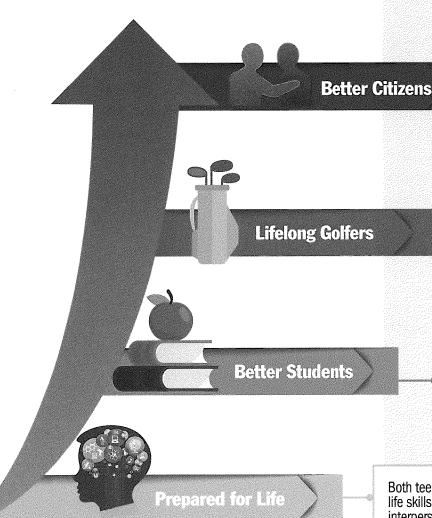


Good Golfers. Better People.

What Our Teens & Alumni Say About The First Tee

A Lasting Impact: The First Tee's Role in Fostering Positive Youth Development Springfield College Center for Youth Development & Research, 2015

Empowering Youth Over Time



Community Service

ALUMNI ALUMN
ENGAGED WHILE IN THE FIRST TEE
STILL ENGAGE IN SERVICE

Compared to 22% of youth aged 16-24 who engage in community service¹.

Lifelong Golfers

83% 90% TEENS ALUM

Improved Golf Skills

96% 90%

- · Percentage of teens and alumni who consider themselves lifelong golfers.
- ·Teens who credit The First Tee for improving their golf skills.

Better Students

84% 85% TEENS ALUMNI Teens and alumni who credit The First Tee for helping them be a better student.

Both teens and alumni reported they developed and applied more life skills the longer they stayed in the program. Life skills included interpersonal skills, managing emotions, goal-setting and resilience.

The Power of Mentors

Empathy

High Positive Expectations

Advocacy

Improved Mentor Relationship

84% 87% TEENS ALUMNI

Both teens and alumni said their relationship with their coaches were meaningful and grew stronger over time. These relationships were based on empathy, high positive expectations and advocacy (open doors and eyes to new experiences).