

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED OCT 3 0 20%

EXTENDED TO NOVEMBER 15, 2017

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.lrs.gov/form990.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2016 calendar year, or tax year beginning and ending	<u>g</u>		
В	Check if applicable	C Name of organization		D Employer identific	ation number
_	Addre		[
F	jchang Name		\dashv	59_2	414794
늗	lchang lnitial	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/	/custo	E Telephone number	
F	return Final	1052 CACCADE CIDCLE CW	Suite	•	756-1868
_	return. termin ated			G Gross receipts \$	1,034,120.
Γ	Amen		ļ	H(a) Is this a group re	
F	return Applic			for subordinates	
_	tion pendii		11	H(b) Are all subordinates in	
1	Tax-ex	empt status X 501(c)(3)	527		list (see instructions)
		te: N/A		H(c) Group exemption	
			Year c		State of legal domicile: GA
	art I	Summary			
4)	1	Briefly describe the organization's mission or most significant activities TO DELIV	VER	YOUTH DEVE	LOPMENT
Activities & Governance	Ì	PROGRAMMING THAT PROMOTES CHARACTER DEVELOP	MEN'	T AND LIFE-I	ENHANCING
ra L	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	sets.
o e	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>25</u>
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	8
<u>X</u>	6	Total number of volunteers (estimate if necessary)		6	125
4cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990 T, line 34		7b	0.
	}	Contributions and grants (Part VIII. line 18) RECEIVED	-	Prior Year	Current Year
ē	8	Contributions and grants (art vin, into 190)	590,319.	743,331.	
ēn	9	Program service revenue (Part VIII, line 2010)	-	159,656.	200,734.
Revenue	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d) 2017		175.	141.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.
		Total revenue - add lines 8 through 11 (must equal Partivill, column (A), line 12)	┿-	750,150.	944,206.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1:3)	<u> </u>	0.	0.
)	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		175,758.	226,153.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 40,135.		429,179.	574 OOF
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		604,937.	574,905.
	I.	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	145,213.	801,058. 143,148.
= 0	19	Revenue less expenses Subtract line 18 from line 12	-		
Sisco	20	Total assets (Part X, line 16)	Del	inning of Current Year 1,622,235.	End of Year 1,760,738.
ASS B3	20	Total liabilities (Part X, line 26)	-	91,689.	87,044.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	 	1,530,546.	1,673,694.
P	art II	Signature Block		1,330,340.	1/0/0/004.
_		ilties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre			
		amover 46 low	·	10/4/6	2017
Sig	ın	Signature of officer		Date	
He		MARVIN HIGHTOWER, EXECUTIVE DIRECTOR			
		Type or print name and title			
_		Print/Type preparer's name	0	ate Check	PTIN
Pai	d	BRIAN T. MUIA		self-employe	P01222323
Pre	parer	Firm's name JONES AND KOLB		Firm's EIN	58-1763570
Use	Only	Firm's address 3475 PIEDMONT ROAD NE, SUITE 1500		. —	
		ATLANTA, GA 30305		Phone no. (4)	04)262-7920
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
6320	001 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2016) FIRST TEE OF ATLANTA, INC.	58-24147	94 Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	TO DELIVER YOUTH DEVELOPMENT PROGRAMMING THAT PROMO	TES CHARACTER	
	DEVELOPMENT AND LIFE-ENHANCING VALUES THROUGH THE G.		
	DEVELOPMENT AND DIFE-ENHANCING VALUES THROUGH THE G	AME OF GODI'.	
2	Did the organization undertake any significant program services during the year which were not listed o	n the). GET.
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	rices, as measured by expi	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.	,	
4a) (Revenue \$ 21	00,734.)
Tu	TO POSITIVELY IMPACT THE LIVES OF ATLANTA'S CHILDREN		
	RACE, CREED, SOCIO-ECONOMIC STATUS OR RESIDENCY BY		
	FACILITIES AND EDUCATIONAL PROGRAMS THAT PROMOTE CH	ARACTER DEVELO	DPMENT.
	AND LIFE-ENHANCING VALUES THROUGH THE GAME OF GOLF.		
			
		· · · · · · · · · · · · · · · · · · ·	
		· <u> </u>	
4b	(Code) (Expenses \$) (Revenue \$)
•••	(Oode) (expenses a including gains or a	/ (rievalido 4	
			
			
		_ 	
4c	(Code) (Expenses \$) (Revenue \$)
		, (
			
			
			
			
			
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$	Y	
4e	Total program service expenses 643,720.		
		Fr	orm 990 (2016)
			,,

Form 990 (2016) FIRST TEE OF ATLANTA, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes;" complete Schedule A	_1_	X	
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			
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		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		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			
	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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			<u> </u>
	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	
þ	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		. 1	
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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
þ	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	L
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_	لييا	X
		Form	990 ((2016)

Form 990 (2016)

Note. All Form 990 filers are required to complete Schedule O

632005 11-11-16

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

Form 990 (2016) FIRST TEE OF ATLANTA, INC.

S8-2414794 Page
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.

	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 25	i	'	
	If there are material differences in voting rights among members of the governing body, or if the governing	i l		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	i l		
b	Enter the number of voting members included in line 1a, above, who are independent 25	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	. /		
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ı [
	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 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	,		
	more members of the governing body?	7a		<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		
а	The governing body?	8a	X	
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 reached at the			
	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 Revenue Code.)	 -1		
	Diddle accounting have been broaden as officers	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- 110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i		
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ı	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	/		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	į l		
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	I O	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)	16	امرما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	แกลกเ	UBI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DEBBI MERRYMAN - 404-888-0336			
	1100 SPRING STREET, SUITE 760, ATLANTA, GA 30309			——
	11114	Form	990	(2016)

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT WALKER	1.00	.,		7.					0.	0
CHAIRMAN	1 00	X		X	├—	├	-	0.	0.	0.
(2) PETER CANDLER	1.00	х		X	•		Į	0.	0.	0.
PRESIDENT	1.00	Λ	-	^	-	┼─		· · · · · · · · · · · · · · · · · · ·		<u>U•</u>
(3) TALBOT NUNNALLY	1.00	X		X	1	-		0.	0.	0.
SECRETARY (4) TIM WHITSON	1.00	A	-	^	-	 	-	·	<u>•</u>	
TREASURER	1.00	x		X	(İ	0.	0.	0.
(5) GEE ALDRIDGE	1.00	-			_		_	ļ -		
MEMBER		x	ł		1			0.	o.	0.
(6) HEATHER ALLEN	1.00									
MEMBER		X	ľ			<u> </u>	_	Ĺ	0.	0.
(7) GREGG AUGUSTINE	1.00									
MEMBER		X				L		0.	0.	0.
(8) NATALIE BEASMAN	1.00			}						
MEMBER		X	_				L	0.	0.	0.
(9) TOM CLARK	1.00	1	ŀ		1	1				1
MEMBER		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(10) PAIGE FREEMAN	1.00	[•		}		_	_
MEMBER		X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(11) JIMMY GABRIELSEN, JR.	1.00				}	1	1			
MEMBER	 	X				 		0.	0.	0.
(12) ZACH KLEIN	1.00	.,			Ì		ì		_	•
MEMBER	1 00	X	 	 	-	-	 	0.	0.	0.
(13) CHRIS KUEHN	1.00	x		}	ļ		ļ	0.	0.	0
MEMBER (114) PALE LEWIS	1.00	^		-	┝	+-	-	.	.	0.
(14) DALE LEWIS MEMBER	1.00	X	i	ł	ł		ł	0.	0.	0.
(15) SCOTT MCCUNE	1.00		 -	\vdash	H	t	-	- -	-	
MEMBER		x		}]			0.	o.	0.
(16) DAVE O'HAREN	1.00				I^-	Γ				
MEMBER	<u>-</u>	x	}	1				0.	0.	0.
(17) KEN PARKS	1.00					Π				
MEMBER		X	<u>_</u>		<u> </u>			0.	0.	0.
632007 11-11-16		_		. –						Form 990 (2016)

632007 11-11-16

	EE OF AT								58-241	4794	Page 8
Part VII Section A. Officers, Directors, Tr		ploy	ees			ighe	st C	ompensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated sount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga and	pensation om the anization d related inizations
(18) MACATHER PLUMART MEMBER	1.00	X						0.	0		0.
(19) PATRICK RICE MEMBER	1.00	X						0.	0		0.
(20) ED ROLAND MEMBER	1.00	x						0.	0	•	0.
(21) JIM SANDERS MEMBER	1.00	x						0.	0		0.
(22) HUGH SCOTT, III MEMBER	1.00	x						0.	0	•	0.
(23) KEN SMITH MEMBER	1.00	x						0.	0		0.
(24) TONY TERRELL MEMBER	1.00	x						0.	0		0.
(25) WILLIAM WHITNER MEMBER	1.00	x						0.	0		0.
(26) MARVIN HIGHTOWER	40.00							60.000			
EXECUTIVE DIRECTOR	_ _	<u></u>		X	L_	<u> </u>	Ļ	60,000.	0		<u> </u>
1b Sub-total	VIII							60,000.	0		0.
 c Total from continuation sheets to Part d Total (add lines 1b and 1c) 	VII, Section A							60,000.	0		0.
Total number of individuals (including but compensation from the organization.)		nose	liste	ed at	bov	e) wi	no re		·	•1	0
Somponipation work the organization.									 		Yes No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo	•		e, ke	y en	nplo	уее	, or	highest compensated e	mployee on	3	х
4 For any individual listed on line 1a, is the and related organizations greater than \$	•		•					•	the organization	4	x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co							elat	ed organization or indivi	idual for services	5	х
Section B. Independent Contractors											
1 Complete this table for your five highest	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsation fr	rom
the organization Report compensation f	or the calendar y	ear	endı	ng w	vith	or w	ıthır	the organization's tax	year.		
(A) Name and busine	ss address	N	N	3				(B) Description of s	ervices	(C Comper	
											
							_				
							}				

Form **990** (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts <u>1a</u> 1 a Federated campaigns b Membership dues 1b 10 188,608. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 554,723. similar amounts not included above 11 96,796. 9 Noncash contributions included in lines 1a-1f \$ 743,331 h Total. Add lines 1a-1f Business Code 200,734. 900099 200,734. Program Service 2 a GOLF FEES AND RELATED f All other program service revenue 200,734 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 141 141. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____188,608. of contributions reported on line 1c) See Part IV, line 18 89,914 89,914 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 944,206. 200,734. Total revenue. See instructions. Form 990 (2016) 832009 11-11-18

Form 990 (2016) FIRST TEE OF ATLANTA, INC. Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a responsing include amounts reported on lines 6b,	(Å)	(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			1	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50.000	04 000	20.000	0.000
	trustees, and key employees	60,000.	21,000.	30,000.	9,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,925.	107,461.	38,464.	
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,228.	12,619.	6,725.	884
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,002.		9,002.	<u> </u>
d	Lobbying				
е	· •				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	150.	150.		
12	Advertising and promotion	28,907.			28,907
13	Office expenses	21,222.	6,960.	14,262.	
14	Information technology				
15	Royalties				
16	Occupancy	27,174.	27,174.		
17	Travel	4,341.	4,341.		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,824.	87,824.		
23	Insurance	30,755.	19,186.	10,225.	1,344
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.)				
а	GOLF COURSE MAINTENANCE	224,040.	224,040.		
b	PROGRAM EXPENSES	94,367.	94,367.		
c	EQUIPMENT LEASES	21,436.	21,436.		
q	23 2333 7 3 3 5 5 5	17,050.	8,525.	8,525.	
	All other expenses	8,637.	8,637.		
25	Total functional expenses Add lines 1 through 24e	801,058.	643,720.	117,203.	40,135
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))		}	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 898,218. 916,288 Cash - non-interest-bearing 1 1 57,500. 57,500. 2 2 Savings and temporary cash investments 39,025. 256,562. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 48 36. Inventories for sale or use Я 8 7,427. 7,799. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,126,819. basis. Complete Part VI of Schedule D 10a 586,196. 601,947. 540,623. **b** Less accumulated depreciation 10b Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 1,622,235 1,760,738. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 54,069. Accounts payable and accrued expenses 17 62,766. 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 37,620. 24,278. 23 Secured mortgages and notes payable to unrelated third parties 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 91,689 87,044. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,413,148. 27 Unrestricted net assets 27 1,513,946. 117,398 159,748. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

> 1,760,738. Form 990 (2016)

1,673,694.

31

32

33

530,546.

31 32

33

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.lrs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

Maii	ie oi r	ne organization						Lilibiole	identification ii	aimbei
		FIRS	T TEE OF A	TLANTA, INC.			I	5	8-241479	4
Pa	rt I	Reason for Public (mplete th	ıs part) Se	e instruction			
The	organ	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box)				
1		A church, convention of chi	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 99	90·EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in coi	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's na	ıme,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	or operat	ted by a go	overnmental	unit describ	ed in	
		section 170(b)(1)(A)(iv). (C		•						
6	\Box	A federal, state, or local gov		nental unit described in :	section 17	70(b)(1)(A)	(v).			
7	$\overline{\mathbf{x}}$		=					he general	public described	1 in
•	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)									
8	Γ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)								
9	一	An agricultural research org				ed in coniu	nction with a	land-grant	college	
		or university or a non-land-g								
		university	, and conogo of agric	and (000 mon actions)			,		- •.	
10	Γ	An organization that normal	Ilv receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipt	s from
		activities related to its exem	-						-	
		income and unrelated busin	•	•					-	
		See section 509(a)(2). (Cor		(1000 000 110 110 110 110 110 110 110 11				g		
11		An organization organized a		ively to test for public sa	fety. See s	section 50)9(a)(4)			
12	Ħ	An organization organized a						arry out the	purposes of one	e or
-		more publicly supported org	•	•	•			•		
		lines 12a through 12d that	•	· · · ·						
а		Type I. A supporting orga	• •	• •				_	aivina	
_		the supported organization								
		organization. You must c								
b		Type II. A supporting org	•		tion with it	s supporte	ed organization	on(s), by ha	vina	
_		control or management of								
		organization(s). You mus							,	
c		Type III functionally inte	•		ın connec	tion with, a	and functiona	llv integrate	ed with.	
Ū		its supported organization						,		
d		Type III non-functionally	, , ,	•		-	-	rted organi	zation(s)	
_		that is not functionally int	• •					_	• •	
		requirement (see instructi	-	-						
е		Check this box if the orga	•	•				II, Type III		
		functionally integrated, or					<i>,</i> , ,,			
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,						
g	Prov	vide the following information	about the supporte	d organization(s).						
	(i) Name of supported	(II) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instr	uctions)
	-									
										_
						<u></u>				
	_					1		Ī		
			l l			1				

Schedule A (Form 990 or 990-EZ) 2016 FIRST TEE OF ATLANTA, INC. 58-24147

[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 gualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					•	
	ınclude any "unusual grants ")	420,040.	602,876.	943,872.	657,596.	743,331.	3367715.
2	Tax revenues levied for the organ-					 	
	ızatıon'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	420,040.	602,876.	943,872.	657,596.	743,331.	<u>3367715.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				!		
	amount shown on line 11,						
	column (f)						1022628.
	Public support. Subtract line 5 from line 4						2345087.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	420,040.	602,876.	943,872.	657,596.	743,331.	3367715.
8	Gross income from interest,	1				Í	
	dividends, payments received on						
	securities loans, rents, royalties		ľ		ı		
	and income from similar sources	187.	152.	274.	<u> </u>	141.	<u>929.</u>
9	Net income from unrelated business]					
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	l					
	assets (Explain ın Part VI.)						
11	Total support. Add lines 7 through 10	L			<u> </u>		3368644.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	880,434.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here	,				
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	69.62 %
	Public support percentage from 2015		•	••	1	15	<u>67.96 %</u>
16a	33 1/3% support test - 2016, If the c	-			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-		•		►X
þ	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	•	• • •				▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•		t VI how the organ	
	meets the "facts-and-circumstances"	•	•		•		▶□
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the						, —
	organization meets the "facts-and-circ		•	•		•	▶⊨
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 FIRST TEE OF ATLANTA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	elow, please com	piete r art ii.j	 		 	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	I			}	İ	
	include any "unusual grants ")	ı				<u> </u>	
2	Gross receipts from admissions,			T			
	merchandise sold or services per-				İ	1	1
	formed, or facilities furnished in	1					
	any activity that is related to the organization's tax-exempt purpose						l
3	Gross receipts from activities that			 	 		
Ü	are not an unrelated trade or bus-		1				l
	iness under section 513					1	l
		L 	 	 	 		
4	Tax revenues levied for the organ-				}	}	
	ization's benefit and either paid to			1	}	į.	ì
	or expended on its behalf			 	 	 	
5	The value of services or facilities	•			}		}
	furnished by a governmental unit to			1	1		}
	the organization without charge			ļ	 		
6	Total. Add lines 1 through 5		L	<u> </u>	 	<u> </u>	
7 <i>a</i>	Amounts included on lines 1, 2, and				}		}
	3 received from disqualified persons				L	<u> </u>	
Ŀ	Amounts included on lines 2 and 3 received				1	}	}
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			}		ł	}
	amount on line 13 for the year						}
c	Add lines 7a and 7b						
8	Public support. (Subtract fine 7c from line 6)						[
	ction B. Total Support		, , , , , , , , , , , , , , , , , , , ,				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest,		1				
	dividends, payments received on	•	}	ł	1	1	}
	securities loans, rents, royalties and income from similar sources	•			1		
	Unrelated business taxable income		 	 	 	 	
•	(less section 511 taxes) from businesses			1)		}
	acquired after June 30, 1975	•		1	1	1	
			 			 	
-	: Add lines 10a and 10b Net income from unrelated business		 	+	 	 	
• • •	activities not included in line 10b,			1	1		
	whether or not the business is]				1
	regularly carried on		 	 	 	 	ļ
12	Other income Do not include gain or loss from the sale of capital		}	1	1	1	
	assets (Explain in Part VI)			<u> </u>	 	<u> </u>	
13	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>		<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, thi	ird, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here			·_·			
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (I	ine 8, column (f) o	divided by line 13,	column (f))	•	15	%
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	,	 		
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
18				.,,		18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2015. If the	•	•	•	• •	•	and
	line 18 is not more than 33 1/3%, che	=					
20			-			=	
	23 09-21-16	sia not oncon a		Sa, or Tob, origon t			0 or 990-EZ) 2016
	LO 07 6 1 1V				301		

14370919 751928 306302

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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) 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

	Yes	No
		l
1	}	
2	 	L
3a	ł	
<u> </u>		'
1		ı
3b_	<u> </u>	
_3c	[
30		
4a		
1		
4b		
		
		i
4c		
}		
_		
5a	-	
5b		
5c		
	ı	ı
1		
		ı
6		
7		
8		
9a		
9b		<u></u>
9c		
1 30		
10a		
10b		
n 990 or 99	10-EZ	2016

Schedule A (Form 990 or 990-EZ) 2016

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

instructions)

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2	016 FIRST ?	CEE OF	ATLANTA,	INC.		58-2414794 Page 8
Part VI	Supplemental Inf	formation. Proves 1, 2, 3b, 3c, 4b, D. lines 2 and 3. F	ride the expl 4c, 5a, 6, 9a Part IV, Secti	anations required a, 9b, 9c, 11a, 11b on E, lines 1c, 2a,	by Part II, line 10 , and 11c; Part IV 2b, 3a, and 3b, F	/, Section B, lines 1 Part V, line 1, Part V	17b; Part III, line 12, and 2; Part IV, Section C, Section B, line 1e; Part V,
	(Occ mondenous)						
					 		
				- , - , - ,			
				· · · · · · · · · · · · · · · · · · ·			
		 					
							
				 			
		· · · · · · · · · · · · · · · · · · ·					
			•				
							
						·	
							
						 	
							
						 	
							
				 	 -		
					·		
	 						·
							
					· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FIRST TEE OF ATLANTA INC. **Employer identification number**

58-2414794 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) \bot Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ີ Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche Par		EE OF ATLA			oosuros o	r Other			14794	
L										
3	Using the organization's acquisition, accessi	on, and other record	as, cneci	k any of the	tollowing tha	t are a sigr	imcant i	use of its	collection	items
_	(check all that apply)			l aan ar awa	hanaa araara	ma				
а	Public exhibition				hange progra	ins				
b	Scholarly research	•	e	Other						
C	Preservation for future generations		41	6	h				4 VIII	
4	Provide a description of the organization's co	•		•	=			ose III Fai	t AIII.	
5	During the year, did the organization solicit of					er Sirillar a	SSUIS	Γ-	Yes	□ No
Day	to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to be sold to raise funds rather than to be multiple to be sold to be so					'Voo" on E	000	Dort IV		NO
rai	reported an amount on Form 990, Pa	•	ete ii ii ie	organizacio	ili alisweleu	res on re	טוווו פפר	, ran iv,	1110 J, OI	
	Is the organization an agent, trustee, custod		diant for	contribution	e or other as	eete not in	cluded			
18	on Form 990, Part X?	an or other interme	diary lor	COMMIDULION	is or other as	5615 1101 111	Cidded	_	Yes	No
	•	and camplete the fe	allanuma e	 Jahlar	•			_	_) res	L NO
D	If "Yes," explain the arrangement in Part XIII	and complete the it	ollowing i	labie.			Γ		Amount	
	December halance						1		Amount	
	Beginning balance			••			1c			
	Additions during the year			••			1d			
e	Distributions during the year						1e			
1	Ending balance	000 D- 4 V I	04 (· ·			<u>_1f</u>		٦,,	
	Did the organization include an amount on F						7	L	」 Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII									
Fai	t V Endowment Funds. Complete								1	
	_	(a) Current year	<u> (b)</u> ⊢	rior year	(c) Two year	S Dack (d) Inree y	ears back	(e) Four y	ears back
1a	Beginning of year balance		├							
þ	Contributions				ļ				 _	
С	Net investment earnings, gains, and losses		ļ		<u> </u>				 	
d	Grants or scholarships		ļ						<u> </u>	
е	Other expenditures for facilities		l		Į.	}			1	
	and programs		├ -							
f	Administrative expenses		<u> </u>		 				<u> </u>	
9	End of year balance		<u> </u>		L				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	ınd admınıste	red for the	organiz	ation	_	
	by·								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	schedule R?	ı				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990	, Part X, Iir	ie 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (invest	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings				7,000.	14	15,3	12.	41	,688.
С	Leasehold improvements			72	5,113.	25	6,3	42.		,771.
đ	Equipment .			21	4,706.	18	34,5	42.	30	,164.
ее	Other				I					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pan	t X, colur	nn (B), line 1	10c)				540	,623.

Schedule D (Form 990) 2016

	the organization answered "Yes" or Category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	e. deregery (modernigment or occurry)	(2)	(4)		·····
(2) Closely-held equity in	terests			 	
3) Other	1010313				
(A)					
(B)					
(C)					
(D)		• • • • • • •			
(E)		 			· · · · · · · · · · · · · · · · · · ·
(F)		 			
					
(G) (H)					
	orm 990, Part X, col. (B) line 12.)				
	ents - Program Related.			 	
	•	na Farm 000 Part IV	/ line 11a See Form 000	Dort V. Ima 12	
	the organization answered "Yes" of investment	(b) Book value			d-of-year market value
	on or investment	(b) Book valdo	(o) metriod or v	aldation. Goot of on	a or your market value
					
(2)					
(3)					
				 	
(5)					
(6)					
					
(8)					
(9)	200 5 17 1 10 1				
	orm 990, Part X, col. (B) line 13.)				
				D 4 3/ 1 45	
Complete if			/, line 11d See Form 990,	Part X, line 15.	(h) Pook value
		on Form 990, Part N Description	/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)			/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) ! equal Form 990, Part X, col. (B) line	Description	/, line 11d See Form 990,	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must 6	egual Form 990, Part X, col. (B) line	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must 6	equal Form 990, Part X, col. (B) line sibilities. the organization answered "Yes"	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must 6 Part X Other Lia	egual Form 990, Part X, col. (B) line	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must 6 Part X Other Lia	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income to	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income to (2)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income to (2) (3)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income to (2) (3) (4)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income t: (2) (3) (4) (5)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income to (2) (3) (4) (5) (6)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income t: (2) (3) (4) (5) (6) (7)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	Description	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income t: (2) (3) (4) (5) (6) (7) (8) (9)	equal Form 990, Part X, col. (B) line abilities. the organization answered "Yes" (a) Description of liability	e 15) on Form 990, Part IV	/, line 11e or 11f. See Forn		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e Part X Other Lia Complete if 1. (1) Federal income t: (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must e	equal Form 990, Part X, col. (B) line sibilities. the organization answered "Yes" (a) Description of liability axes	Description 9 15) on Form 990, Part IV	/, line 11e or 11f. See Forn (b) Book value	n 990, Part X, line 25	5.

Schedule D (Form 990) 2016

		INC.		4794 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		044 006
1	Total revenue, gains, and other support per audited financial statements		1	944,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 2c		
ç	Recoveries of prior year grants Other (Describe in Part XIII)	2d		
d e	Add lines 2a through 2d	20 1	2e	0.
3	Subtract line 2e from line 1		3	944,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			221/2001
a	investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	944,206.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	 	
1	Total expenses and losses per audited financial statements		1	801,058.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	_2d		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	801,058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII) Add lines 4a and 4b	. [40]		0.
C				
5		18)	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line : t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information.	4, Part IV, lines 1b and 2b,	5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	801,058.
Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	801,058.

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

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization FIRST TE	EE OF ATLANTA, INC				1	identification number 14794
	Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 17 Form 99	0-EZ filers are not
Indicate whether the organization raise	e Solicitat f Solicitat g Special oral agreement with any individual rt VII) or entity in connection with p duals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-g gover using d ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
		Yes	No			
					·	
					<u> </u>	
			<u></u>			
						
			<u> </u>			
			L <u></u> -			
Total 3 List all states in which the organization or licensing	ıs registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt fro	om registration
						

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 FIRST TEE OF ATLANTA, INC.	58-2414794 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes 🔲
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?	YesI
13 Indicate the percentage of gaming activity conducted in	
a 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 reco	rds:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes I
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address ▶	
16 Gaming manager information	
Name	
Gaming manager compensation > \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	L_ Yes L_ I
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III Jings O Ob 10b 15b
15c. 16, and 17b, as applicable. Also provide any additional information. See instructions	rait iii, iiiles 9, 90, 100, 130
	
	
	·
632083 09-12-16 Schedule	e G (Form 990 or 990-EZ) 2

Schedule G	(Form 990 or 990-EZ)	FIRST TEE OF	' ATLANTA,	INC.	58-2414794 Page 4
Part IV	Supplemental Info	FIRST TEE OF rmation (continued)			
					
	•				
					
				 	
					- , , ,
					
				·	
					
					
				 	
					
					
					
					
-					-

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

58-2414794 FIRST TEE OF ATLANTA, INC. Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1q Art - Works of art Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts X 210 70,296.FAIR VALUE OF ITEMS (BICYCLES AND) 25 Other -26,500 FAIR VALUE OF X (CONSTRUCTION) 26 Other -27 Other -Other -28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

632141 08-23-16

LHA

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016) FIRST TEE	OF ATLANTA,	INC.	58-2414794	Page 2
Part II	(Form 990) (2016) FIRST TEE Supplemental Information. Pro is reporting in Part I, column (b), the nu this part for any additional information	ovide the information re mber of contributions,	quired by Part I, lines 30b, the number of items receiv	32b, and 33, and whether the organized, or a combination of both. Also cor	ation nplete
	·				
					
					
		 			-
					
		 			
	 				
					
					

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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.

| Employer identification number

OMB No 1545-0047

2016
Open to Public Inspection

Name of the organization

58-2414794 FIRST TEE OF ATLANTA, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VALUES THROUGH THE GAME OF GOLF. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S EXECUTIVE DIRECTOR, TREASURER AND ACCOUNTANT REVIEW THE FORM 990 IN DETAIL. UPON THEIR APPROVAL, THE FORM 990 IS SENT TO ALL OTHER MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: INITIALLY DIRECTORS, OFFICERS, AND EMPLOYEES COMPLETE A CONFLICT OF INTEREST SIGNATURE FORM. ANNUALLY, THERE IS A REVIEW OF SIGNATURE FORMS FOR CHANGES/UPDATES. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS DETERMINES, VOTES UPON, AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING UPON REQUEST AT THE ORGANIZATION'S OFFICE LOCATED ON 1053 CASCADE CIRCLE, SW. ATLANTA, GA 30311.

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$

Schedule O (Form 990 or 990-EZ) (2016)